

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 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of 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 ☐ an amended return/report ☐ the final 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 ☒ special extension (enter description) <u>PUERTO RICO HURRICANE FIONA</u> ☐ automatic extension ☐ the DFVC program
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 <u>INDIVIDUAL MANAGEMENT CONSULTANT, INC. RETIREMENT PLAN</u>
1b	Three-digit plan number (PN) ▶ <u>001</u>
	1c Effective date of plan <u>01/01/2016</u>
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) <u>INDIVIDUAL MANAGEMENT CONSULTANT, INC.</u> <u>PO BOX 330150</u> <u>PONCE, PR 00733-0150</u>
2b	Employer Identification Number (EIN) <u>66-0674009</u>
2c	Plan Sponsor's telephone number <u>787-848-0529</u>
2d	Business code (see instructions) <u>541990</u>

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.	01/25/2023	KARINA ZENGOTITA
	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

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

Form 5500 (2021)
v. 210624

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	497
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)	379
a(2) Total number of active participants at the end of the plan year		6a(2)	406
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	406
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	406
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	397
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	8
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2G 3C			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (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	
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		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan INDIVIDUAL MANAGEMENT CONSULTANT, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 INDIVIDUAL MANAGEMENT CONSULTANT, INC.	D Employer Identification Number (EIN) 66-0674009

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 MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY
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(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
04-1590850	65935	RM 86344-1	397	01/01/2021	12/31/2021

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 15310	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid EDUARDO RODRIGUEZ TORRES 273 AVE PONCE DE LEON STE E HATO REY, PR 00917
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4831			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid DORCAS SANTIAGO GONZALEZ 273 AVE PONCE DE LEON STE SAN JUAN, PR 00917

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4689			3

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

LISMARY GONZALEZ PONTON

38 CEIBA
COTTO LAUREL, PR 00780

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4689			3

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

FERNANDO F. LOPEZ GARCIA

273 AVE PONCE DE LEON STE
HATO REY, PR 00917

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1101			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	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	2104510

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ 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** 45944

c	Additions: (1) Contributions deposited during the year	7c(1)	426981	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	545	
	(4) Transferred from separate account.....	7c(4)	0	
	(5) Other (specify below)	7c(5)	567	

▶ LN INT, LN PRIN

(6) Total additions **7c(6)** 428093

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 474037

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	9457	
(2) Administration charge made by carrier.....	7e(2)	978	
(3) Transferred to separate account.....	7e(3)	426112	
(4) Other (specify below)	7e(4)	2680	

▶ LN DISTRIB

(5) Total deductions **7e(5)** 439227

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 34810

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
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan INDIVIDUAL MANAGEMENT CONSULTANT, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 INDIVIDUAL MANAGEMENT CONSULTANT, INC.	D Employer Identification Number (EIN) 66-0674009	

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
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(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)

MASSACHUSETTS MUTUAL LIFE INS. CO

04-1590850

(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?
52 68 60 72 64 62	CONTRACT ADMINISTRATOR	26998	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

ORIENTAL BANK

66-0259436

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
25	TRUSTEE	5688	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ORIENTAL BANK

66-0259436

(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	RECORD KEEPER	3987	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 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>INDIVIDUAL MANAGEMENT CONSULTANT, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>INDIVIDUAL MANAGEMENT CONSULTANT, INC.</u>	D Employer Identification Number (EIN) <u>66-0674009</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-CB (REAL ESTATE)</u>				
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>04-1590850-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2815</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-CBW (MM S&P MID CAP INDEX)</u>				
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>90-0779283-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5805</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-CCC (MM MSCI EAFE INTL INDX)</u>				
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>90-0779283-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7585</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-CHQ (MM RETIRESMART 2055)</u>				
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>90-0779283-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>169817</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-JZB (SMALL CAP VALUE)</u>				
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>04-1590850-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1008</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-E7 MM RETIRESMART BY JPM IN IV</u>				
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>90-0779283-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5402</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-G (PREM U.S. GOVT MONEY MRKT)</u>				
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>04-1590850-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5876</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-GY (PREM OPNHMRFDS STRAT EMRG M		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY		
c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2079
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-H6 (MM RETIRESMART 2050)		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY		
c EIN-PN 90-0342299-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 253918
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-I7 (MM RETIRESMART 2025)		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY		
c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 96393
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-J7 MM RETIRESMART BY JPM IN RET		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY		
c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4011
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-K2 (MM RETIRESMART 2020)		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY		
c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 61505
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-K7 (MM RETIRESMART 2030)		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY		
c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 222557
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-LS (PREMIER SM CAP OPP II)		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY		
c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6067
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-LI (PREMIER INT'L EQUITY)		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY		
c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 932
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-LK (SELECT FUNDAMENTAL VAL)		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY		
c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5877
a Name of MTIA, CCT, PSA, or 103-12 IE: SA-LC (SELECT SM CP GR)		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY		
c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1201

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-LV (SELECT EQUITY OPPS)		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY		
c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8936
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-M2 (MM RETIRESMART BY JPM2040)		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY		
c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 217789
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-QE (SELECT STRATEGIC BOND)		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY		
c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41547
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-RP(SELECTAMERICANCENTURYMIDVAL)		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY		
c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 860
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-W1(SELECT TRP/LS BLUECHIPGROWTH)		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY		
c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6085
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-W9(SELECT MID CAP GR)		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY		
c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 919
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-Y7(MM RETIRESMART BY JPM 2035)		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY		
c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 182923
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-YX (MM S&P 500 INDEX)		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY		
c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9039
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-Z7 (MM RETIRESMART BY JPM 2045)		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY		
c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 285413
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)

(Complete as many entries as needed to report all participating plans)

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
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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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan INDIVIDUAL MANAGEMENT CONSULTANT, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 INDIVIDUAL MANAGEMENT CONSULTANT, INC.	D Employer Identification Number (EIN) 66-0674009	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
	Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	1652303	2104510
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(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)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	1652303 2104510
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f).....	1l	1652303 2104510

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	136078
	(B) Participants	2a(1)(B)	290903
	(C) Others (including rollovers).....	2a(1)(C)	
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	426981
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)	86
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	86
(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)	
	(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)	
	(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)	0
(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)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		252493
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		679560
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	190680	
(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)		190680
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	36673	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		36673
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		227353
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		452207
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: **OJEDA CPA GROUP, PSC**

(2) EIN: **66-0688644**

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

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.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
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?	X		175000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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.)	X		
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 ☐ 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 2021 This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan INDIVIDUAL MANAGEMENT CONSULTANT, INC. RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 INDIVIDUAL MANAGEMENT CONSULTANT, INC.		D Employer Identification Number (EIN) 66-0674009
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): 66-0259436		
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) 2021 v. 201209		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (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) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 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 _____

**INDIVIDUAL MANAGEMENT AND
CONSULTANT, INC. RETIREMENT PLAN**
Financial Statements

December 31, 2021 and 2020

(With Independent Auditors' Report Thereon)

**INDIVIDUAL MANAGEMENT AND CONSULTANT, INC.
RETIREMENT PLAN**

December 31, 2021 and 2020

Financial Statements

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SUPPLEMENTAL SCHEDULES:	
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All other schedules required by 29 CFR 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.	



Ojeda CPA Group, P.S.C.

PMB 204 PO Box 7105
Ponce, PR 00732-7105

Phone: 787-843-7866
Fax: 787-843-7867
E-mail: ejedacpa@hotmail.com

Plazoleta Morell Campos
Carr. 123 Km 7.2
Ponce, PR 00732

INDEPENDENT AUDITOR'S REPORT

To the Participants and Administrator of
Individual Management and Consultant, Inc.
Retirement Plan
Ponce, Puerto Rico

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

We have performed audits of the financial statements of **Individual Management and Consultant, Inc. Retirement Plan, ("the Plan")** an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) ("**ERISA Section 103(a)(3)(C) audit**"). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021 and 2020, and the related statements of changes in net assets available for benefits for the years ended December 31, 2021 and 2020, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits 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 audits need not extend to any statements or information related to assets held for investment of **the Plan** (investment information) by Massachusetts Mutual Life Company ("MassMutual Life Insurance") 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 Mass Mutual Life Insurance 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, 2021 and 2020, and for the years ended December 31, 2021 and 2020, stating that the certified investment information, as described in Notes 3, 4 and 6 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits 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 accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the accompanying financial statements related to assets held by and certified to by a Mass Mutual Life Insurance 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

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about **the Plan's** ability to continue as a going concern for a reasonable period of time.

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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

In performing an audit in accordance with GAAS, we:

- Exercise our professional judgment and maintain our 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 Matter

Supplemental Schedules Required by ERISA

The supplemental schedule of (1) Schedule H Line 4i – Schedules of Assets Held for Investment Purposes (held at end of year) as of December 31, 2021 and 2020 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.

Other Matter, Continued

Supplemental Schedules Required by ERISA, Continued

Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements.

The information 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. 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 schedule, we evaluated whether the supplemental schedule, 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 schedule, other than the information in the supplemental schedule 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 schedule related to assets held by and certified to by Mass Mutual Life Insurance agrees to, or is derived from, in all material respects, the information prepared and certified by Mass Mutual Life Insurance that management determined meets the requirements of ERISA Section 103(a)(3)(C).

October 19, 2022

License No. 330
Ponce, Puerto Rico

Ojeda CPA Group, PSC

Stamp number E505674 was
affixed to the original report.

**INDIVIDUAL MANAGEMENT AND CONSULTANT, INC.
RETIREMENT PLAN**

Statements of Net Assets Available for Benefits

December 31, 2021 and 2020

	2021	2020
ASSETS		
Investments:		
Investment at fair value	<u>\$ 2,104,510</u>	<u>\$ 1,652,303</u>
 TOTAL ASSET AND NET ASSETS AVAILABLE FOR BENEFITS	 <u>\$ 2,104,510</u>	 <u>\$ 1,652,303</u>

See accompanying notes to financial statements.

**INDIVIDUAL MANAGEMENT AND CONSULTANT, INC.
RETIREMENT PLAN**

Statements of Changes in Net Assets Available for Benefits

For the years ended December 31, 2021 and 2020

	2021	2020
Additions to Net Assets Attributed to:		
Investment income:		
Net appreciation (depreciation) in fair value of investments	\$ 252,493	\$ 184,897
Loan interest income	86	
Contributions:		
Participants'	290,903	334,053
Employer's	<u>136,078</u>	<u>146,277</u>
Total additions	<u>679,560</u>	<u>665,227</u>
Deductions from Net Assets Attributed to:		
Benefits paid to participants	190,680	190,749
Administrative expenses	<u>36,673</u>	<u>21,912</u>
Total deductions	<u>227,353</u>	<u>212,661</u>
Net increase in net assets	452,207	452,566
Net assets available for benefits:		
Beginning of year	<u>1,652,303</u>	<u>1,199,737</u>
End of year	<u><u>\$ 2,104,510</u></u>	<u><u>\$ 1,652,303</u></u>

See accompanying notes to financial statements.

**INDIVIDUAL MANAGEMENT AND CONSULTANT, INC.
RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2021 and 2020

1. PLAN DESCRIPTION

The following description of the **Individual Management and Consultant, Inc. Retirement Plan (the Plan)** provides only general information. Participants should refer to **the Plan** agreement for a more complete description of **the Plan's** provisions.

General - The Plan is a defined contribution plan covering all employees of Individual Management and Consultant, Inc. ("**the Company**") who have three months of service, are age twenty-one or older and be a resident and perform services in Puerto Rico. **The Plan** is subject to the provisions of ERISA.

Contributions - Each year, participants may make salary deferral contribution up to \$15,000 for the calendar years 2021 and 2020, of their compensation or any other limit as established in the Puerto Rico Code Section 1165(e) from time to time. Participants who have attained age 50 before the end of **the Plan** year are eligible to make catch-up contributions. Participants direct the investment of their contributions into various investment options offered by **the Plan**. **The Plan** currently offers the separate account option which invests in various mutual funds and a group annuity contract known MassMutual Retire Smart Fund as investment options for participants. **The Company** contributes up to 3% of participants' compensation that a participant contributes to **the Plan**. All employers and employees' contributions are invested in MassMutual Retirement Services Business. Contributions are subject to certain limitations.

Participant Accounts - Each participant's account is credited with the participant's contribution and allocations of (a) **the Company's** contribution and (b) plan earnings, (c) forfeitures of terminated participants' non vested accounts and (d) charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting - Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in **the Company's** contribution portion of their accounts plus earnings thereon is based on years of continuous service. A participant is 100 percent vested after three years of credited service.

Payment of Benefits - On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution

Forfeited Accounts - These accounts will be used to reduce future employer contributions and these accounts will be reallocated to participants in the same manner as employer contributions.

**INDIVIDUAL MANAGEMENT AND CONSULTANT, INC.
RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2021 and 2020

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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 certain reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

Investment Valuation and Income Recognition - **The Plan's** investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

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

Payment Benefits - Benefits are recorded when paid.

Administrative Expenses – All expenses of maintaining **the Plan** are paid by **the Company**.

3. INVESTMENTS

The following represents investments that represent five percent (5%) or more of **the Plan's** net assets.

	2021	2020
MM RetireSMART 2025	\$ 142,425	\$ 96,393
MM RetireSMART 2030	268,501	222,557
MM RetireSMART 2035	203,503	182,923
MM RetireSMART 2040	290,542	217,789
MM RetireSMART 2045	371,554	285,413
MM RetireSMART 2050	337,189	253,918
MM RetireSMART 2055	<u>228,417</u>	<u>169,817</u>
	<u>\$ 1,842,131</u>	<u>\$ 1,428,810</u>

**INDIVIDUAL MANAGEMENT AND CONSULTANT, INC.
RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2021 and 2020

4. INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan entered into a benefit-responsive investment contract with MassMutual Life Insurance Company (“MassMutual Life Insurance”). MassMutual Life Insurance maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to **the Plan**.

Because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment contract is presented on the face of the statement of net assets available for benefits at fair value with an adjustment to contract value in arriving at net assets available for benefits. Contract value, as reported to **the Plan** by MassMutual Life Insurance, 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 fair value of the investment contract at December 31, 2021 and 2020 is \$34,810 and \$45,945, respectively. The crediting interest rate is based on a formula agreed upon with the issuer.

Certain events limit the ability of **the Plan** to transact at contract value with the issuer. Such events include the following: (1) amendments to **the Plan** documents (including complete or partial plan termination or merger with another plan), (2) changes to **the Plan's** prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of **the Plan** sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. **The Plan** administrator does not believe that any events which would limit **the Plan's** ability to transact at contract value with participants are probable of occurring prohibited transaction exemption under ERISA. **The Plan** administrator does not believe that any events which would limit **the Plan's** ability to transact at contract value with participants are probable of occurring.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

INDIVIDUAL MANAGEMENT AND CONSULTANT, INC.
RETIREMENT PLAN

Notes to Financial Statements

December 31, 2021 and 2020

5. FAIR VALUE MEASUREMENTS

The Plan's investment are reported at fair value, in the accompanying statements of net assets available for benefits, with gains or losses resulting from changes in fair value recognized currently in earnings.

FASB ASC 820, "Fair Value Measurements", established a framework for defining and measuring fair value under generally accepted accounting principles. It applies to the fair value of all assets and liabilities that are subject to accounting measurement. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly (not forced) transaction between market participants at the measurement date. The sale takes place in the principal market that the asset is normally sold, and the price is not adjusted for transaction cost. The market participants (buyer or sale) must be knowledgeable, able to transact, not forced to transact, and not related to each other.

FASB ASC 820 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels, which are described in more detail below. ASC 820 describes inputs as either observable or unobservable. Observable inputs can be seen in the market, whereas unobservable inputs are assumptions made by the value based upon the best available information. ASC 820 requires that the observable inputs be used wherever possible, resulting in the classification of the hierarchy.

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 markets that the Plan has the ability to access. |
| Level 2 | Inputs to the valuation methodology include <ul style="list-style-type: none">• Quoted prices for similar assets or liabilities in active market.• Quoted prices for identical or similar assets or liabilities in inactive markets.• Inputs other than quoted prices those are observable for the asset or• 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 measurements |
|---------|---|

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

**INDIVIDUAL MANAGEMENT AND CONSULTANT, INC.
RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2021 and 2020

5. FAIR VALUE MEASUREMENTS, Continued

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, 2021 and 2020.

Mutual funds: Valued at the net asset value (NAV) of shares held by **the Plan** at year end.

Guaranteed investment contract: Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer (See note 4).

The preceding methods described may produce a fair value 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.

The following table sets forth by level, within the fair value hierarchy, **the Plan's** assets at fair value as of December 31, 2021:

	Assets at Fair Values as of December 31, 2021			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Value</u>
Group Annuity Contract				
Guaranteed	\$	\$	\$ 34,810	\$ 34,810
Contract with separate accounts				
Holding Account		2		2
Prm Short-Dur Bond		99		99
Participant loans		18,401		18,401
Selected Strategic Bond		38,123		38,123
MM RetireSMART Int Ret		126		126
MM RetireSMART Int RetIII		4,936		4,936
MM RetireSMART Int RetIV		6,951		6,951
MM RetireSMART 2020		71,809		71,809
MM RetireSMART 2025		142,425		142,425
MM RetireSMART 2030		268,501		268,501
MM RetireSMART 2035		203,503		203,503
MM RetireSMART 2040		290,542		290,542

**INDIVIDUAL MANAGEMENT AND CONSULTANT, INC.
RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2021 y 2020

5. FAIR VALUE MEASUREMENTS, Continued

The following table sets forth by level, within the fair value hierarchy, **the Plan's** assets at fair value as of December 31, 2021 Continued:

Assets at Fair Values as of December 31, 2021			
Level 1	Level 2	Level 3	Value
MM RetireSMART 2045	371,554		371,554
MM RetireSMART 2050	337,189		337,189
MM RetireSMART 2055	228,417		228,417
Sel Fndmntl Val (Wlgn/BrwHnly)	5,508		5,508
Selected Eq Opps (Wellington/TRP)	8,482		8,482
Sel Am Cent Mid Cap Val	755		755
MM S&P Md Cp Indx (Nrtm Tr)	8,371		8,371
Sel Mid Cap Gr (TRP/Frontier)	763		763
Small Cap Value (Franklin)	10,906		10,906
Sel Sm Cp Gr (Wllngtn/Inv)	1,011		1,011
MM MSCI EAFE Intl Idx (N Tr)	6,985		6,985
Prem Intl Equity (OFI Inst)	886		886
Premier Strat Emrg Mrkts (Inv)	1,764		1,764
Real Estate (Invesco Oppenheimer)	2,899		2,899
Prm US Gvt Mnkt (Barings/U)	9,942		9,942
MM S&P 500 Index (Northrn Trst)	13,562		13,562
Premier Sm Cap OppII (Invesco)	5,260		5,260
Sel TRP/LS Blue Chip Growth	10,028		10,028
<u>\$</u>	<u>\$ 2,069,700</u>	<u>\$ 34,810</u>	<u>\$ 2,104,510</u>

The following table sets forth a summary of changes in the fair value of **the Plan's** level 2 and 3 assets for the year ended December 31, 2021:

	Level 2 Contract with Separate Accounts	Level 3 Group Annuity Contract
Balance, beginning of year	\$ 1,606,359	\$ 45,944
Deposits	669,017	10,544
Withdrawals	(181,223)	(9,457)
Transfers	11,243	(11,243)
Investment return		
Charges, fees	(35,696)	(978)
Balance, end of year	<u>\$ 2,069,700</u>	<u>\$ 34,810</u>

**INDIVIDUAL MANAGEMENT AND CONSULTANT, INC.
RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2021 y 2020

5. FAIR VALUE MEASUREMENTS, Continued

The following table sets forth by level, within the fair value hierarchy, **the Plan's** assets at fair value as of December 31, 2020:

	Assets at Fair Values as of December 31, 2020			
	Level 1	Level 2	Level 3	Value
Group Annuity Contract				
Guaranteed	\$	\$	\$ 45,945	\$ 45,945
Contract with separate accounts				
Select Strategic Bond		41,547		41,547
MM RetireSMART Int Ret		4,011		4,011
MM Retire SMART Int Ret IV		5,402		5,402
MM RetireSMART 2020		61,505		61,505
MM RetireSMART 2025		96,393		96,393
MM RetireSMART 2030		222,557		222,557
MM RetireSMART 2035		182,923		182,923
MM RetireSMART 2040		217,789		217,789
MM RetireSMART 2045		285,413		285,413
MM RetireSMART 2050		253,918		253,918
MM RetireSMART 2055		169,817		169,817
Sel Fndmntl Val (Wlgn/BrwHnly)		5,877		5,877
Select Eq Opps (Wellington/TRP)		8,936		8,936
Sel Am Cent Mid Cap Val		860		860
MM S&P Md Cp Ind (NrTr)		5,805		5,805
Sel Mid Cap Gr (TRP/Frontier)		919		919
Small Cap Value (Franklin)		1,008		1,008
Sel Sm Cp Gr (Wllngtn/Inv)		1,200		1,200
MM MSCI EAFE Intl Idx (N Tr)		7,585		7,585
Prem Intl Equity (OFI Inst)		932		932
Premier Strat Emrg Mkts (Inv)		2,079		2,079
Real Estate (Invesco Oppenheimer)		2,815		2,815
Prm US Gvt Mny Mkt (Barings/U)		5,876		5,876
MM S&P 500 Index (Northrn Trst)		9,039		9,039
Premier Sm Cap OppII (Invesco)		6,067		6,067
Sel TRP/LS Blue Chip Growth		6,085		6,085
	<u>\$</u>	<u>\$ 1,606,358</u>	<u>\$ 45,945</u>	<u>\$ 1,652,303</u>

**INDIVIDUAL MANAGEMENT AND CONSULTANT, INC.
RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2021 and 2020

5. FAIR VALUE MEASUREMENTS, Continued

The following table set forth a summary of changes in the fair value of **the Plan's** level 2 and 3 assets for the year ended December 31, 2020:

	Level 2 Contract with Separate Accounts	Level 3 Group Annuity Contract
Balance, beginning of year	\$ 1,190,097	\$ 9,640
Deposits	464,541	15,789
Withdrawals	(185,840)	(4,909)
Transfers	(25,494)	25,494
Investment return	186,422	474
Charges, fees	<u>(23,368)</u>	<u>(543)</u>
Balance, end of year	<u>\$ 1,606,358</u>	<u>\$ 45,945</u>

6. INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN

The following is a summary of the investment information regarding **the Plan** as December 31, 2021 and 2020, and for the years then ended, included in **the Plan's** financial statements and supplemental schedule, that was prepared by, or derived from, information provided by Massachusetts Mutual Life Insurance Company, ("the custodian") that such information is completed and accurate.

	2021	2020
Investment contract with insurance company at fair value:		
Equity mutual funds	\$ 2,069,700	\$ 1,606,358
Group annuity contract	<u>34,810</u>	<u>45,945</u>
	<u>\$ 2,104,510</u>	<u>\$ 1,652,303</u>

7. PLAN TERMINATION

Although it has not expressed any intent to do so, **the Company** has the right under **the Plan** to discontinue its contributions at any time and to terminate **the Plan**. In the event of any termination (full or partial) or discontinuance of contributions, all amounts credited to the participants' account shall become one hundred percent (100%) vested and shall not be subject to forfeiture.

**INDIVIDUAL MANAGEMENT AND CONSULTANT, INC.
RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2021 and 2020

8. TAX STATUS

The Puerto Rico Treasury Department has determined and informed **the Plan** by a letter, that **the Plan** and related trust are designed in accordance with applicable sections of the Puerto Rico Internal Revenue Code.

9. RISKS AND UNCERTAINTIES

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

10. UNCERTAINTY AND SUBSEQUENT EVENTS

Uncertainty:

On January 7, 2020, the southwest area of Puerto Rico suffered a major earthquake which significantly affected the structure of many real estate properties. The damage of this earthquake to this real estate has been severe and in some cases the damage suffered makes them uninhabitable. The structures are in the process of being evaluated by structural engineers to be able to value the damages and make the claims of damages to the insurance companies.

For a period of several weeks the southwest area has continued to receive constant and recurring earthquakes which have significantly affected the operations of businesses in this area.

As of the date of these financial statements, it is impossible to determine the valuation of the damages and the possible recovery of the expenses that must be incurred to put these structures and businesses into operation. The federal government has recognized the southwest area of Puerto Rico as a disaster zone.

Currently, **the Plan** does not have any real property, so the uncertainty described above has no economic effect on the financial statements.

Subsequent events

The Plan adopted ASC 855 related to Subsequent Events. ASC 855 establishes the general standards for accounting and disclosure of events that occurred after the statement date, but before the date of issuance of the financial statements.

**INDIVIDUAL MANAGEMENT AND CONSULTANT, INC.
RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2021 and 2020

10. UNCERTAINTY AND SUBSEQUENT EVENTS, Continued

Specifically, it establishes the period after the issue date of the statement of Net Assets Available for Benefits during which **the Plan** Management must evaluate events or transactions that could have occurred and that would need to be recorded or disclosed in the financial statements, the circumstances under which **the Plan** should recognize and disclose such events, and the type of disclosure that should be provided for these events that occurred after the statement date.

We have evaluated the consequences of COVID-19 on the operations of **the Plan** according to the codification of accounting standards FASB (ASC FASB) 855, Subsequent Events.

As of March 15, 2020, the Governor of Puerto Rico, Honorable Wanda Vazquez Garced, through various administrative orders, has established the closure of government agencies and private businesses, limiting their normal operation. These closings have the main purpose of combating the effects of COVID-19 and controlling the risk of contagion in Puerto Rico.

Since the imposition of the limitation imposed by these administrative orders, **the Plan** has limited the access of its participants to its facilities. As a result, the economic activity of **the Plan** in 2021 has been affected. As of the date of these financial statements, it is difficult to establish what the economic effect, if any, of these changes will be on the operations of the current year.

INDIVIDUAL MANAGEMENT AND CONSULTANT, INC. RETIREMENT PLAN

Schedule of Assets Held For Investment Purpose

For the year ended December 31, 2021

Schedule 1

EIN Number: 66-0674009

Contract Number: RM 86344-1

<u>Issuer</u>	<u>Mutual Funds</u>	<u>Description</u>	<u>Maturity Date</u>	<u>Interest Rate</u>	<u>Carrying Value</u>	<u>Market Value</u>
MassMutual Life Insurance	Holding Account	Mutual Fund	None	None	2	2
MassMutual Life Insurance	Premium Short-Dur Bond	Mutual Fund	None	None	99	99
MassMutual Life Insurance	Select Strategic Bond	Mutual Fund	None	None	38,123	38,123
MassMutual Life Insurance	MM RetireSmart Int Ret IV	Mutual Fund	None	None	6,951	6,951
MassMutual Life Insurance	MM RetireSmart Int Ret III	Mutual Fund	None	None	4,936	4,936
MassMutual Life Insurance	MM RetireSmart 2020	Mutual Fund	None	None	71,809	71,809
MassMutual Life Insurance	MM RetireSmart 2025	Mutual Fund	None	None	142,425	142,425
MassMutual Life Insurance	MM RetireSmart 2030	Mutual Fund	None	None	268,501	268,501
MassMutual Life Insurance	Prem US Govt Money market	Mutual Fund	None	None	9,942	9,942
MassMutual Life Insurance	MM RetireSmart 2035	Mutual Fund	None	None	203,503	203,503
MassMutual Life Insurance	MM RetireSmart 2040	Mutual Fund	None	None	290,542	290,542
MassMutual Life Insurance	MM RetireSmart 2045	Mutual Fund	None	None	371,554	371,554
MassMutual Life Insurance	MM RetireSmart 2050	Mutual Fund	None	None	337,189	337,189
MassMutual Life Insurance	MM RetireSmart 2055	Mutual Fund	None	None	228,417	228,417
MassMutual Life Insurance	Select Fundamental Val	Mutual Fund	None	None	5,508	5,508
MassMutual Life Insurance	Select Equity Opps	Mutual Fund	None	None	8,482	8,482
MassMutual Life Insurance	MM S&P500 Index	Mutual Fund	None	None	13,562	13,562
MassMutual Life Insurance	Select TRP/LS Blue Chip Gro	Mutual Fund	None	None	10,028	10,028
MassMutual Life Insurance	Sel Am Cent Mid Cap Val	Mutual Fund	None	None	755	755
MassMutual Life Insurance	MM S&P Mid Cap Val	Mutual Fund	None	None	8,371	8,371
MassMutual Life Insurance	Select Mid Cap Gr	Mutual Fund	None	None	763	763
MassMutual Life Insurance	Small Cap Value	Mutual Fund	None	None	10,906	10,906
MassMutual Life Insurance	Primer Sm Cap Opp II	Mutual Fund	None	None	5,260	5,260
MassMutual Life Insurance	Select Sm Cp Gr	Mutual Fund	None	None	1,011	1,011
MassMutual Life Insurance	MM MSCI EAFE Intl Index	Mutual Fund	None	None	6,985	6,985
MassMutual Life Insurance	Premier Int'l Equity	Mutual Fund	None	None	886	886
MassMutual Life Insurance	Premier Start Emrg Mkts	Mutual Fund	None	None	1,764	1,764
MassMutual Life Insurance	Real Estate	Mutual Fund	None	None	2,899	2,899
MassMutual Life Insurance	Participant loans	Mutual Fund	None	None	18,401	18,401
MassMutual Life Insurance	MM Retire Smart Int Ret	Mutual Fund	None	None	126	126
Total Mutual Funds					2,069,700	2,069,700
		Money Market				
MassMutual Life Insurance	Guaranteed	Fund	None	None	34,810	34,810
					<u>\$ 2,104,510</u>	<u>\$ 2,104,510</u>

INDIVIDUAL MANAGEMENT AND CONSULTANT, INC. RETIREMENT PLAN

Schedule of Assets Held For Investment Purpose

For the year ended December 31, 2020

Schedule 1

EIN Number: 66-0674009

Contract Number: RM 86344-1

<u>Issuer</u>	<u>Mutual Funds</u>	<u>Description</u>	<u>Maturity Date</u>	<u>Interest Rate</u>	<u>Carrying Value</u>	<u>Market Value</u>
MassMutual Life Insurance	Select Strategic Bond	Mutual Fund	None	None	\$ 41,547	\$ 41,547
MassMutual Life Insurance	MM RetireSmart Int Ret IV	Mutual Fund	None	None	5,402	5,402
MassMutual Life Insurance	MM RetireSmart 2020	Mutual Fund	None	None	61,505	61,505
MassMutual Life Insurance	MM RetireSmart 2025	Mutual Fund	None	None	96,393	96,393
MassMutual Life Insurance	MM RetireSmart 2030	Mutual Fund	None	None	222,557	222,557
MassMutual Life Insurance	Prem US Govt Money Market	Mutual Fund	None	None	5,876	5,876
MassMutual Life Insurance	MM RetireSmart 2035	Mutual Fund	None	None	182,923	182,923
MassMutual Life Insurance	MM RetireSmart 2040	Mutual Fund	None	None	217,789	217,789
MassMutual Life Insurance	MM RetireSmart 2045	Mutual Fund	None	None	285,413	285,413
MassMutual Life Insurance	MM RetireSmart 2050	Mutual Fund	None	None	253,918	253,918
MassMutual Life Insurance	MM RetireSmart 2055	Mutual Fund	None	None	169,817	169,817
MassMutual Life Insurance	Select Fundamental Val	Mutual Fund	None	None	5,877	5,877
MassMutual Life Insurance	Select Equity Opps	Mutual Fund	None	None	8,936	8,936
MassMutual Life Insurance	MM S&P 500 Index	Mutual Fund	None	None	9,039	9,039
MassMutual Life Insurance	Select TRP/LS Blue Chip Gro	Mutual Fund	None	None	6,085	6,085
MassMutual Life Insurance	Sel Am Cent Mid Cap Val	Mutual Fund	None	None	860	860
MassMutual Life Insurance	MM S&P 500 Cap Index	Mutual Fund	None	None	5,805	5,805
MassMutual Life Insurance	Select Mid Cap Gr	Mutual Fund	None	None	919	919
MassMutual Life Insurance	Small Cap Value	Mutual Fund	None	None	1,008	1,008
MassMutual Life Insurance	Primer Sm Cap Opp II	Mutual Fund	None	None	6,067	6,067
MassMutual Life Insurance	Select Sm Cp Gr	Mutual Fund	None	None	1,200	1,200
MassMutual Life Insurance	MM MSCI EAFE Intl Index	Mutual Fund	None	None	7,585	7,585
MassMutual Life Insurance	Premier Int'l Equity	Mutual Fund	None	None	932	932
MassMutual Life Insurance	Premier Strat Emrg Markts	Mutual Fund	None	None	2,079	2,079
MassMutual Life Insurance	Real Estate	Mutual Fund	None	None	2,815	2,815
MassMutual Life Insurance	MM Retire Smart Int Ret	Mutual Fund	None	None	4,011	4,011
Total Mutual Funds		Money Market Fund			1,606,358	1,606,358
MassMutual Life Insurance	Guaranteed	Fund	None	None	45,945	45,945
					<u>\$ 1,652,303</u>	<u>\$ 1,652,303</u>



Ojeda CPA Group, P.S.C.

PMB 204 PO Box 7105
Ponce, PR 00732-7105

Phone: 787-843-7866
Fax: 787-843-7867
E-mail: ejedacpa@hotmail.com

Plazoleta Morell Campos
Carr. 123 Km 7.2
Ponce, PR 00732

October 19, 2022

Ojeda CPA Group, P.S.C.

PMB 204 PO BOX 7105
Ponce, PR 00732-7105

We are providing this letter in connection with your audits of the financial statements of **Individual Management and Consultant, Inc. Retirement Plan** as of December 31, 2021 and 2020, and for the years then ended. As permitted by Regulation 2520.103-8 of the Department of Labor (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), we have instructed you not to perform any auditing procedures with respect to information summarized in Note 6, prepared and certified to by Massachusetts Mutual Life Insurance Company ("Mass Mutual Life Insurance"), the trustee of **the Plan**, in accordance with DOL Regulation 2520.103-8, except for comparing the information with the related information included in the financial statements and supplemental schedules.

1. We are responsible for the fair presentation in the financial statements of net assets available for benefits and statement of changes in net assets available for benefits in conformity with accounting principles generally accepted in the United States of America.
2. We have made available to you all:
 - a. Financial records and related data.
 - b. Minutes of the meetings of **Individual Management and Consultant, Inc. Retirement Plan** board of trustees from the period from January 1, 2021 to December 31, 2021, or summaries of actions of recent meetings for which minutes have not yet been prepared.
 - c. Amendments made to **the Plan** instrument (including amendments made to comply with applicable laws), the trust agreement, or issuance contracts.
3. There have been no -
 - a. Irregularities involving management or employees who have significant roles in the internal control structure.
 - b. Irregularities involving other employees that could have a material effect on the financial statements.
 - c. Communications from regulatory agencies concerning noncompliance with, or deficiencies in, financial reporting practices or other plan matters that could have a material effect on the financial statements.

4. Investments are valued at fair value.
5. We have no plans or intentions that may materially affect the carrying value or classification of assets and liabilities.
6. The following have been properly recorded or disclosed, if any, in the financial statements:
 - a. Related party transactions and related accounts receivable or payable, including sales, purchases, loans, transfers, leasing arrangements, and guarantees, if any.
 - b. Arrangements with financial institutions involving compensating balances or other arrangements involving restrictions on cash balances and line-of-credit or similar arrangements.
 - c. Commitments to purchase or sell investments or agreements to repurchase assets previously sold.
7. The current variance in **the Plan** and trust documents have been filed with the appropriate agency.
8. We believe that **the Plan** and the trust established under **the Plan** are qualified under the appropriate section of the Internal Revenue Code and Departamento de Hacienda regulations, and we intend to continue them as a qualified plan and trust.
9. **The Plan** has complied with the fidelity bonding requirements of ERISA.
10. There are no -
 - a. Violations or possible violations of laws or regulations (including ERISA, DOL, IRS and Departamento de Hacienda regulations) whose effect should be considered for disclosure in the financial statements or as a basis for recording a loss contingency.
 - b. Other material liabilities or gain or loss contingencies that are required to be accrued or disclosed by Statement of Financial Accounting Standards No. 5.
11. There are no unasserted claims or assessments that may be probable of assertions and must be disclosed in accordance with Statement of Financial Accounting Standard No. 5.
12. There are no material transactions that have not been properly recorded in the accounting records underlying the financial statements.
13. There are no:
 - a. Nonexempt transactions with parties in interest, as defined in ERISA section 3(14) and related regulations, that were not disclosed in the supplemental schedules or financial statements.
 - b. Investments, loans, or leases in default or considered to be uncollectible that was not disclosed in the supplemental schedules.
 - c. Reportable transactions as defined in ERISA section 103(b)(3)(H) and related regulations that were not disclosed in the supplemental schedules.

14. **The Plan** has satisfactory title to all owned assets, and there are no liens or encumbrances on such assets nor has any asset been pledged.
15. **The Plan** has complied with all aspects of contractual agreements that would have a material effect on the financial statements in the event of noncompliance.
16. We have identified all accounting estimates that could be material to the financial statements, including the key factors and significant assumptions underlying those estimates, and we believe the estimates are reasonable in the circumstances.
17. The form and content of the information included in the financial statements and schedules is presented in compliance with the DOL Rules and Regulations for Reporting and Disclosure under ERISA.
18. We have complied with the applicable reporting and disclosure requirements under ERISA relating to the Summary Plan Description, Summary of Material Modifications, and the Summary Annual Report, as applicable.
19. No events have occurred subsequent to the date of **the Plan's** financial statements that would require adjustment to, or disclosure in, the financial statements.
20. **The Plan** does not have a fidelity bond for the period examined.

Signature: _____

Title: _____

**INDIVIDUAL MANAGEMENT AND
CONSULTANT, INC. RETIREMENT PLAN**
Financial Statements

December 31, 2021 and 2020

(With Independent Auditors' Report Thereon)

**INDIVIDUAL MANAGEMENT AND CONSULTANT, INC.
RETIREMENT PLAN**

December 31, 2021 and 2020

Financial Statements

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All other schedules required by 29 CFR 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.



Ojeda CPA Group, P.S.C.

PMB 204 PO Box 7105
Ponce, PR 00732-7105

Phone: 787-843-7866
Fax: 787-843-7867
E-mail: ejedacpa@hotmail.com

Plazoleta Morell Campos
Carr. 123 Km 7.2
Ponce, PR 00732

INDEPENDENT AUDITOR'S REPORT

To the Participants and Administrator of
Individual Management and Consultant, Inc.
Retirement Plan
Ponce, Puerto Rico

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

We have performed audits of the financial statements of **Individual Management and Consultant, Inc. Retirement Plan, ("the Plan")** an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) ("**ERISA Section 103(a)(3)(C) audit**"). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021 and 2020, and the related statements of changes in net assets available for benefits for the years ended December 31, 2021 and 2020, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits 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 audits need not extend to any statements or information related to assets held for investment of **the Plan** (investment information) by Massachusetts Mutual Life Company ("MassMutual Life Insurance") 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 Mass Mutual Life Insurance 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, 2021 and 2020, and for the years ended December 31, 2021 and 2020, stating that the certified investment information, as described in Notes 3, 4 and 6 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits 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 accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the accompanying financial statements related to assets held by and certified to by a Mass Mutual Life Insurance 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

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about **the Plan's** ability to continue as a going concern for a reasonable period of time.

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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

In performing an audit in accordance with GAAS, we:

- Exercise our professional judgment and maintain our 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 Matter

Supplemental Schedules Required by ERISA

The supplemental schedule of (1) Schedule H Line 4i – Schedules of Assets Held for Investment Purposes (held at end of year) as of December 31, 2021 and 2020 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.

Other Matter, Continued

Supplemental Schedules Required by ERISA, Continued

Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements.

The information 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. 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 schedule, we evaluated whether the supplemental schedule, 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 schedule, other than the information in the supplemental schedule 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 schedule related to assets held by and certified to by Mass Mutual Life Insurance agrees to, or is derived from, in all material respects, the information prepared and certified by Mass Mutual Life Insurance that management determined meets the requirements of ERISA Section 103(a)(3)(C).

October 19, 2022

License No. 330
Ponce, Puerto Rico

Ojeda CPA Group, PSC

Stamp number E505674 was
affixed to the original report.

**INDIVIDUAL MANAGEMENT AND CONSULTANT, INC.
RETIREMENT PLAN**

Statements of Net Assets Available for Benefits

December 31, 2021 and 2020

	2021	2020
ASSETS		
Investments:		
Investment at fair value	<u>\$ 2,104,510</u>	<u>\$ 1,652,303</u>
 TOTAL ASSET AND NET ASSETS AVAILABLE FOR BENEFITS	 <u>\$ 2,104,510</u>	 <u>\$ 1,652,303</u>

See accompanying notes to financial statements.

**INDIVIDUAL MANAGEMENT AND CONSULTANT, INC.
RETIREMENT PLAN**

Statements of Changes in Net Assets Available for Benefits

For the years ended December 31, 2021 and 2020

	2021	2020
Additions to Net Assets Attributed to:		
Investment income:		
Net appreciation (depreciation) in fair value of investments	\$ 252,493	\$ 184,897
Loan interest income	86	
Contributions:		
Participants'	290,903	334,053
Employer's	<u>136,078</u>	<u>146,277</u>
Total additions	<u>679,560</u>	<u>665,227</u>
Deductions from Net Assets Attributed to:		
Benefits paid to participants	190,680	190,749
Administrative expenses	<u>36,673</u>	<u>21,912</u>
Total deductions	<u>227,353</u>	<u>212,661</u>
Net increase in net assets	452,207	452,566
Net assets available for benefits:		
Beginning of year	<u>1,652,303</u>	<u>1,199,737</u>
End of year	<u><u>\$ 2,104,510</u></u>	<u><u>\$ 1,652,303</u></u>

See accompanying notes to financial statements.

**INDIVIDUAL MANAGEMENT AND CONSULTANT, INC.
RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2021 and 2020

1. PLAN DESCRIPTION

The following description of the **Individual Management and Consultant, Inc. Retirement Plan (the Plan)** provides only general information. Participants should refer to **the Plan** agreement for a more complete description of **the Plan's** provisions.

General - The Plan is a defined contribution plan covering all employees of Individual Management and Consultant, Inc. ("**the Company**") who have three months of service, are age twenty-one or older and be a resident and perform services in Puerto Rico. **The Plan** is subject to the provisions of ERISA.

Contributions - Each year, participants may make salary deferral contribution up to \$15,000 for the calendar years 2021 and 2020, of their compensation or any other limit as established in the Puerto Rico Code Section 1165(e) from time to time. Participants who have attained age 50 before the end of **the Plan** year are eligible to make catch-up contributions. Participants direct the investment of their contributions into various investment options offered by **the Plan**. **The Plan** currently offers the separate account option which invests in various mutual funds and a group annuity contract known MassMutual Retire Smart Fund as investment options for participants. **The Company** contributes up to 3% of participants' compensation that a participant contributes to **the Plan**. All employers and employees' contributions are invested in MassMutual Retirement Services Business. Contributions are subject to certain limitations.

Participant Accounts - Each participant's account is credited with the participant's contribution and allocations of (a) **the Company's** contribution and (b) plan earnings, (c) forfeitures of terminated participants' non vested accounts and (d) charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting - Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in **the Company's** contribution portion of their accounts plus earnings thereon is based on years of continuous service. A participant is 100 percent vested after three years of credited service.

Payment of Benefits - On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution

Forfeited Accounts - These accounts will be used to reduce future employer contributions and these accounts will be reallocated to participants in the same manner as employer contributions.

**INDIVIDUAL MANAGEMENT AND CONSULTANT, INC.
RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2021 and 2020

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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 certain reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

Investment Valuation and Income Recognition - **The Plan's** investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

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

Payment Benefits - Benefits are recorded when paid.

Administrative Expenses – All expenses of maintaining **the Plan** are paid by **the Company**.

3. INVESTMENTS

The following represents investments that represent five percent (5%) or more of **the Plan's** net assets.

	2021	2020
MM RetireSMART 2025	\$ 142,425	\$ 96,393
MM RetireSMART 2030	268,501	222,557
MM RetireSMART 2035	203,503	182,923
MM RetireSMART 2040	290,542	217,789
MM RetireSMART 2045	371,554	285,413
MM RetireSMART 2050	337,189	253,918
MM RetireSMART 2055	<u>228,417</u>	<u>169,817</u>
	<u>\$ 1,842,131</u>	<u>\$ 1,428,810</u>

**INDIVIDUAL MANAGEMENT AND CONSULTANT, INC.
RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2021 and 2020

4. INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan entered into a benefit-responsive investment contract with MassMutual Life Insurance Company (“MassMutual Life Insurance”). MassMutual Life Insurance maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to **the Plan**.

Because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment contract is presented on the face of the statement of net assets available for benefits at fair value with an adjustment to contract value in arriving at net assets available for benefits. Contract value, as reported to **the Plan** by MassMutual Life Insurance, 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 fair value of the investment contract at December 31, 2021 and 2020 is \$34,810 and \$45,945, respectively. The crediting interest rate is based on a formula agreed upon with the issuer.

Certain events limit the ability of **the Plan** to transact at contract value with the issuer. Such events include the following: (1) amendments to **the Plan** documents (including complete or partial plan termination or merger with another plan), (2) changes to **the Plan's** prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of **the Plan** sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. **The Plan** administrator does not believe that any events which would limit **the Plan's** ability to transact at contract value with participants are probable of occurring prohibited transaction exemption under ERISA. **The Plan** administrator does not believe that any events which would limit **the Plan's** ability to transact at contract value with participants are probable of occurring.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

INDIVIDUAL MANAGEMENT AND CONSULTANT, INC.
RETIREMENT PLAN

Notes to Financial Statements

December 31, 2021 and 2020

5. FAIR VALUE MEASUREMENTS

The Plan's investment are reported at fair value, in the accompanying statements of net assets available for benefits, with gains or losses resulting from changes in fair value recognized currently in earnings.

FASB ASC 820, "Fair Value Measurements", established a framework for defining and measuring fair value under generally accepted accounting principles. It applies to the fair value of all assets and liabilities that are subject to accounting measurement. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly (not forced) transaction between market participants at the measurement date. The sale takes place in the principal market that the asset is normally sold, and the price is not adjusted for transaction cost. The market participants (buyer or sale) must be knowledgeable, able to transact, not forced to transact, and not related to each other.

FASB ASC 820 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels, which are described in more detail below. ASC 820 describes inputs as either observable or unobservable. Observable inputs can be seen in the market, whereas unobservable inputs are assumptions made by the value based upon the best available information. ASC 820 requires that the observable inputs be used wherever possible, resulting in the classification of the hierarchy.

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 markets that the Plan has the ability to access. |
| Level 2 | Inputs to the valuation methodology include <ul style="list-style-type: none">• Quoted prices for similar assets or liabilities in active market.• Quoted prices for identical or similar assets or liabilities in inactive markets.• Inputs other than quoted prices those are observable for the asset or• 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 measurements |
|---------|---|

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

**INDIVIDUAL MANAGEMENT AND CONSULTANT, INC.
RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2021 and 2020

5. FAIR VALUE MEASUREMENTS, Continued

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, 2021 and 2020.

Mutual funds: Valued at the net asset value (NAV) of shares held by **the Plan** at year end.

Guaranteed investment contract: Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer (See note 4).

The preceding methods described may produce a fair value 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.

The following table sets forth by level, within the fair value hierarchy, **the Plan's** assets at fair value as of December 31, 2021:

	Assets at Fair Values as of December 31, 2021			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Value</u>
Group Annuity Contract				
Guaranteed	\$	\$	\$ 34,810	\$ 34,810
Contract with separate accounts				
Holding Account		2		2
Prm Short-Dur Bond		99		99
Participant loans		18,401		18,401
Selected Strategic Bond		38,123		38,123
MM RetireSMART Int Ret		126		126
MM RetireSMART Int RetIII		4,936		4,936
MM RetireSMART Int RetIV		6,951		6,951
MM RetireSMART 2020		71,809		71,809
MM RetireSMART 2025		142,425		142,425
MM RetireSMART 2030		268,501		268,501
MM RetireSMART 2035		203,503		203,503
MM RetireSMART 2040		290,542		290,542

**INDIVIDUAL MANAGEMENT AND CONSULTANT, INC.
RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2021 y 2020

5. FAIR VALUE MEASUREMENTS, Continued

The following table sets forth by level, within the fair value hierarchy, **the Plan's** assets at fair value as of December 31, 2021 Continued:

Assets at Fair Values as of December 31, 2021			
Level 1	Level 2	Level 3	Value
MM RetireSMART 2045	371,554		371,554
MM RetireSMART 2050	337,189		337,189
MM RetireSMART 2055	228,417		228,417
Sel Fndmntl Val (Wlgn/BrwHnly)	5,508		5,508
Selected Eq Opps (Wellington/TRP)	8,482		8,482
Sel Am Cent Mid Cap Val	755		755
MM S&P Md Cp Indx (Nrtm Tr)	8,371		8,371
Sel Mid Cap Gr (TRP/Frontier)	763		763
Small Cap Value (Franklin)	10,906		10,906
Sel Sm Cp Gr (Wllngtn/Inv)	1,011		1,011
MM MSCI EAFE Intl Idx (N Tr)	6,985		6,985
Prem Intl Equity (OFI Inst)	886		886
Premier Strat Emrg Mrkts (Inv)	1,764		1,764
Real Estate (Invesco Oppenheimer)	2,899		2,899
Prm US Gvt Mnkt (Barings/U)	9,942		9,942
MM S&P 500 Index (Northrn Trst)	13,562		13,562
Premier Sm Cap OppII (Invesco)	5,260		5,260
Sel TRP/LS Blue Chip Growth	10,028		10,028
<u>\$</u>	<u>\$ 2,069,700</u>	<u>\$ 34,810</u>	<u>\$ 2,104,510</u>

The following table sets forth a summary of changes in the fair value of **the Plan's** level 2 and 3 assets for the year ended December 31, 2021:

	Level 2 Contract with Separate Accounts	Level 3 Group Annuity Contract
Balance, beginning of year	\$ 1,606,359	\$ 45,944
Deposits	669,017	10,544
Withdrawals	(181,223)	(9,457)
Transfers	11,243	(11,243)
Investment return		
Charges, fees	(35,696)	(978)
Balance, end of year	<u>\$ 2,069,700</u>	<u>\$ 34,810</u>

**INDIVIDUAL MANAGEMENT AND CONSULTANT, INC.
RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2021 y 2020

5. FAIR VALUE MEASUREMENTS, Continued

The following table sets forth by level, within the fair value hierarchy, **the Plan's** assets at fair value as of December 31, 2020:

	Assets at Fair Values as of December 31, 2020			
	Level 1	Level 2	Level 3	Value
Group Annuity Contract				
Guaranteed	\$	\$	\$ 45,945	\$ 45,945
Contract with separate accounts				
Select Strategic Bond		41,547		41,547
MM RetireSMART Int Ret		4,011		4,011
MM Retire SMART Int Ret IV		5,402		5,402
MM RetireSMART 2020		61,505		61,505
MM RetireSMART 2025		96,393		96,393
MM RetireSMART 2030		222,557		222,557
MM RetireSMART 2035		182,923		182,923
MM RetireSMART 2040		217,789		217,789
MM RetireSMART 2045		285,413		285,413
MM RetireSMART 2050		253,918		253,918
MM RetireSMART 2055		169,817		169,817
Sel Fndmntl Val (Wlgn/BrwHnly)		5,877		5,877
Select Eq Opps (Wellington/TRP)		8,936		8,936
Sel Am Cent Mid Cap Val		860		860
MM S&P Md Cp Ind (NrTr)		5,805		5,805
Sel Mid Cap Gr (TRP/Frontier)		919		919
Small Cap Value (Franklin)		1,008		1,008
Sel Sm Cp Gr (Wllngtn/Inv)		1,200		1,200
MM MSCI EAFE Intl Idx (N Tr)		7,585		7,585
Prem Intl Equity (OFI Inst)		932		932
Premier Strat Emrg Mkts (Inv)		2,079		2,079
Real Estate (Invesco Oppenheimer)		2,815		2,815
Prm US Gvt Mny Mkt (Barings/U)		5,876		5,876
MM S&P 500 Index (Northrn Trst)		9,039		9,039
Premier Sm Cap OppII (Invesco)		6,067		6,067
Sel TRP/LS Blue Chip Growth		6,085		6,085
	<u>\$</u>	<u>\$ 1,606,358</u>	<u>\$ 45,945</u>	<u>\$ 1,652,303</u>

**INDIVIDUAL MANAGEMENT AND CONSULTANT, INC.
RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2021 and 2020

5. FAIR VALUE MEASUREMENTS, Continued

The following table set forth a summary of changes in the fair value of **the Plan's** level 2 and 3 assets for the year ended December 31, 2020:

	Level 2 Contract with Separate Accounts	Level 3 Group Annuity Contract
Balance, beginning of year	\$ 1,190,097	\$ 9,640
Deposits	464,541	15,789
Withdrawals	(185,840)	(4,909)
Transfers	(25,494)	25,494
Investment return	186,422	474
Charges, fees	<u>(23,368)</u>	<u>(543)</u>
Balance, end of year	<u>\$ 1,606,358</u>	<u>\$ 45,945</u>

6. INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN

The following is a summary of the investment information regarding **the Plan** as December 31, 2021 and 2020, and for the years then ended, included in **the Plan's** financial statements and supplemental schedule, that was prepared by, or derived from, information provided by Massachusetts Mutual Life Insurance Company, ("the custodian") that such information is completed and accurate.

	2021	2020
Investment contract with insurance company at fair value:		
Equity mutual funds	\$ 2,069,700	\$ 1,606,358
Group annuity contract	<u>34,810</u>	<u>45,945</u>
	<u>\$ 2,104,510</u>	<u>\$ 1,652,303</u>

7. PLAN TERMINATION

Although it has not expressed any intent to do so, **the Company** has the right under **the Plan** to discontinue its contributions at any time and to terminate **the Plan**. In the event of any termination (full or partial) or discontinuance of contributions, all amounts credited to the participants' account shall become one hundred percent (100%) vested and shall not be subject to forfeiture.

**INDIVIDUAL MANAGEMENT AND CONSULTANT, INC.
RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2021 and 2020

8. TAX STATUS

The Puerto Rico Treasury Department has determined and informed **the Plan** by a letter, that **the Plan** and related trust are designed in accordance with applicable sections of the Puerto Rico Internal Revenue Code.

9. RISKS AND UNCERTAINTIES

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

10. UNCERTAINTY AND SUBSEQUENT EVENTS

Uncertainty:

On January 7, 2020, the southwest area of Puerto Rico suffered a major earthquake which significantly affected the structure of many real estate properties. The damage of this earthquake to this real estate has been severe and in some cases the damage suffered makes them uninhabitable. The structures are in the process of being evaluated by structural engineers to be able to value the damages and make the claims of damages to the insurance companies.

For a period of several weeks the southwest area has continued to receive constant and recurring earthquakes which have significantly affected the operations of businesses in this area.

As of the date of these financial statements, it is impossible to determine the valuation of the damages and the possible recovery of the expenses that must be incurred to put these structures and businesses into operation. The federal government has recognized the southwest area of Puerto Rico as a disaster zone.

Currently, **the Plan** does not have any real property, so the uncertainty described above has no economic effect on the financial statements.

Subsequent events

The Plan adopted ASC 855 related to Subsequent Events. ASC 855 establishes the general standards for accounting and disclosure of events that occurred after the statement date, but before the date of issuance of the financial statements.

**INDIVIDUAL MANAGEMENT AND CONSULTANT, INC.
RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2021 and 2020

10. UNCERTAINTY AND SUBSEQUENT EVENTS, Continued

Specifically, it establishes the period after the issue date of the statement of Net Assets Available for Benefits during which **the Plan** Management must evaluate events or transactions that could have occurred and that would need to be recorded or disclosed in the financial statements, the circumstances under which **the Plan** should recognize and disclose such events, and the type of disclosure that should be provided for these events that occurred after the statement date.

We have evaluated the consequences of COVID-19 on the operations of **the Plan** according to the codification of accounting standards FASB (ASC FASB) 855, Subsequent Events.

As of March 15, 2020, the Governor of Puerto Rico, Honorable Wanda Vazquez Garced, through various administrative orders, has established the closure of government agencies and private businesses, limiting their normal operation. These closings have the main purpose of combating the effects of COVID-19 and controlling the risk of contagion in Puerto Rico.

Since the imposition of the limitation imposed by these administrative orders, **the Plan** has limited the access of its participants to its facilities. As a result, the economic activity of **the Plan** in 2021 has been affected. As of the date of these financial statements, it is difficult to establish what the economic effect, if any, of these changes will be on the operations of the current year.

INDIVIDUAL MANAGEMENT AND CONSULTANT, INC. RETIREMENT PLAN

Schedule of Assets Held For Investment Purpose

For the year ended December 31, 2021

Schedule 1

EIN Number: 66-0674009

Contract Number: RM 86344-1

<u>Issuer</u>	<u>Mutual Funds</u>	<u>Description</u>	<u>Maturity Date</u>	<u>Interest Rate</u>	<u>Carrying Value</u>	<u>Market Value</u>
MassMutual Life Insurance	Holding Account	Mutual Fund	None	None	2	2
MassMutual Life Insurance	Premium Short-Dur Bond	Mutual Fund	None	None	99	99
MassMutual Life Insurance	Select Strategic Bond	Mutual Fund	None	None	38,123	38,123
MassMutual Life Insurance	MM RetireSmart Int Ret IV	Mutual Fund	None	None	6,951	6,951
MassMutual Life Insurance	MM RetireSmart Int Ret III	Mutual Fund	None	None	4,936	4,936
MassMutual Life Insurance	MM RetireSmart 2020	Mutual Fund	None	None	71,809	71,809
MassMutual Life Insurance	MM RetireSmart 2025	Mutual Fund	None	None	142,425	142,425
MassMutual Life Insurance	MM RetireSmart 2030	Mutual Fund	None	None	268,501	268,501
MassMutual Life Insurance	Prem US Govt Money market	Mutual Fund	None	None	9,942	9,942
MassMutual Life Insurance	MM RetireSmart 2035	Mutual Fund	None	None	203,503	203,503
MassMutual Life Insurance	MM RetireSmart 2040	Mutual Fund	None	None	290,542	290,542
MassMutual Life Insurance	MM RetireSmart 2045	Mutual Fund	None	None	371,554	371,554
MassMutual Life Insurance	MM RetireSmart 2050	Mutual Fund	None	None	337,189	337,189
MassMutual Life Insurance	MM RetireSmart 2055	Mutual Fund	None	None	228,417	228,417
MassMutual Life Insurance	Select Fundamental Val	Mutual Fund	None	None	5,508	5,508
MassMutual Life Insurance	Select Equity Opps	Mutual Fund	None	None	8,482	8,482
MassMutual Life Insurance	MM S&P500 Index	Mutual Fund	None	None	13,562	13,562
MassMutual Life Insurance	Select TRP/LS Blue Chip Gro	Mutual Fund	None	None	10,028	10,028
MassMutual Life Insurance	Sel Am Cent Mid Cap Val	Mutual Fund	None	None	755	755
MassMutual Life Insurance	MM S&P Mid Cap Val	Mutual Fund	None	None	8,371	8,371
MassMutual Life Insurance	Select Mid Cap Gr	Mutual Fund	None	None	763	763
MassMutual Life Insurance	Small Cap Value	Mutual Fund	None	None	10,906	10,906
MassMutual Life Insurance	Primer Sm Cap Opp II	Mutual Fund	None	None	5,260	5,260
MassMutual Life Insurance	Select Sm Cp Gr	Mutual Fund	None	None	1,011	1,011
MassMutual Life Insurance	MM MSCI EAFE Intl Index	Mutual Fund	None	None	6,985	6,985
MassMutual Life Insurance	Premier Int'l Equity	Mutual Fund	None	None	886	886
MassMutual Life Insurance	Premier Start Emrg Mkts	Mutual Fund	None	None	1,764	1,764
MassMutual Life Insurance	Real Estate	Mutual Fund	None	None	2,899	2,899
MassMutual Life Insurance	Participant loans	Mutual Fund	None	None	18,401	18,401
MassMutual Life Insurance	MM Retire Smart Int Ret	Mutual Fund	None	None	126	126
Total Mutual Funds					2,069,700	2,069,700
		Money Market				
MassMutual Life Insurance	Guaranteed	Fund	None	None	34,810	34,810
					<u>\$ 2,104,510</u>	<u>\$ 2,104,510</u>

INDIVIDUAL MANAGEMENT AND CONSULTANT, INC. RETIREMENT PLAN

Schedule of Assets Held For Investment Purpose

For the year ended December 31, 2020

Schedule 1

EIN Number: 66-0674009

Contract Number: RM 86344-1

<u>Issuer</u>	<u>Mutual Funds</u>	<u>Description</u>	<u>Maturity Date</u>	<u>Interest Rate</u>	<u>Carrying Value</u>	<u>Market Value</u>
MassMutual Life Insurance	Select Strategic Bond	Mutual Fund	None	None	\$ 41,547	\$ 41,547
MassMutual Life Insurance	MM RetireSmart Int Ret IV	Mutual Fund	None	None	5,402	5,402
MassMutual Life Insurance	MM RetireSmart 2020	Mutual Fund	None	None	61,505	61,505
MassMutual Life Insurance	MM RetireSmart 2025	Mutual Fund	None	None	96,393	96,393
MassMutual Life Insurance	MM RetireSmart 2030	Mutual Fund	None	None	222,557	222,557
MassMutual Life Insurance	Prem US Govt Money Market	Mutual Fund	None	None	5,876	5,876
MassMutual Life Insurance	MM RetireSmart 2035	Mutual Fund	None	None	182,923	182,923
MassMutual Life Insurance	MM RetireSmart 2040	Mutual Fund	None	None	217,789	217,789
MassMutual Life Insurance	MM RetireSmart 2045	Mutual Fund	None	None	285,413	285,413
MassMutual Life Insurance	MM RetireSmart 2050	Mutual Fund	None	None	253,918	253,918
MassMutual Life Insurance	MM RetireSmart 2055	Mutual Fund	None	None	169,817	169,817
MassMutual Life Insurance	Select Fundamental Val	Mutual Fund	None	None	5,877	5,877
MassMutual Life Insurance	Select Equity Opps	Mutual Fund	None	None	8,936	8,936
MassMutual Life Insurance	MM S&P 500 Index	Mutual Fund	None	None	9,039	9,039
MassMutual Life Insurance	Select TRP/LS Blue Chip Gro	Mutual Fund	None	None	6,085	6,085
MassMutual Life Insurance	Sel Am Cent Mid Cap Val	Mutual Fund	None	None	860	860
MassMutual Life Insurance	MM S&P 500 Cap Index	Mutual Fund	None	None	5,805	5,805
MassMutual Life Insurance	Select Mid Cap Gr	Mutual Fund	None	None	919	919
MassMutual Life Insurance	Small Cap Value	Mutual Fund	None	None	1,008	1,008
MassMutual Life Insurance	Primer Sm Cap Opp II	Mutual Fund	None	None	6,067	6,067
MassMutual Life Insurance	Select Sm Cp Gr	Mutual Fund	None	None	1,200	1,200
MassMutual Life Insurance	MM MSCI EAFE Intl Index	Mutual Fund	None	None	7,585	7,585
MassMutual Life Insurance	Premier Int'l Equity	Mutual Fund	None	None	932	932
MassMutual Life Insurance	Premier Strat Emrg Markts	Mutual Fund	None	None	2,079	2,079
MassMutual Life Insurance	Real Estate	Mutual Fund	None	None	2,815	2,815
MassMutual Life Insurance	MM Retire Smart Int Ret	Mutual Fund	None	None	4,011	4,011
Total Mutual Funds		Money Market Fund			1,606,358	1,606,358
MassMutual Life Insurance	Guaranteed	Fund	None	None	45,945	45,945
					<u>\$ 1,652,303</u>	<u>\$ 1,652,303</u>



Ojeda CPA Group, P.S.C.

PMB 204 PO Box 7105
Ponce, PR 00732-7105

Phone: 787-843-7866
Fax: 787-843-7867
E-mail: ejedacpa@hotmail.com

Plazoleta Morell Campos
Carr. 123 Km 7.2
Ponce, PR 00732

October 19, 2022

Ojeda CPA Group, P.S.C.

PMB 204 PO BOX 7105
Ponce, PR 00732-7105

We are providing this letter in connection with your audits of the financial statements of **Individual Management and Consultant, Inc. Retirement Plan** as of December 31, 2021 and 2020, and for the years then ended. As permitted by Regulation 2520.103-8 of the Department of Labor (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), we have instructed you not to perform any auditing procedures with respect to information summarized in Note 6, prepared and certified to by Massachusetts Mutual Life Insurance Company ("Mass Mutual Life Insurance"), the trustee of **the Plan**, in accordance with DOL Regulation 2520.103-8, except for comparing the information with the related information included in the financial statements and supplemental schedules.

1. We are responsible for the fair presentation in the financial statements of net assets available for benefits and statement of changes in net assets available for benefits in conformity with accounting principles generally accepted in the United States of America.
2. We have made available to you all:
 - a. Financial records and related data.
 - b. Minutes of the meetings of **Individual Management and Consultant, Inc. Retirement Plan** board of trustees from the period from January 1, 2021 to December 31, 2021, or summaries of actions of recent meetings for which minutes have not yet been prepared.
 - c. Amendments made to **the Plan** instrument (including amendments made to comply with applicable laws), the trust agreement, or issuance contracts.
3. There have been no -
 - a. Irregularities involving management or employees who have significant roles in the internal control structure.
 - b. Irregularities involving other employees that could have a material effect on the financial statements.
 - c. Communications from regulatory agencies concerning noncompliance with, or deficiencies in, financial reporting practices or other plan matters that could have a material effect on the financial statements.

4. Investments are valued at fair value.
5. We have no plans or intentions that may materially affect the carrying value or classification of assets and liabilities.
6. The following have been properly recorded or disclosed, if any, in the financial statements:
 - a. Related party transactions and related accounts receivable or payable, including sales, purchases, loans, transfers, leasing arrangements, and guarantees, if any.
 - b. Arrangements with financial institutions involving compensating balances or other arrangements involving restrictions on cash balances and line-of-credit or similar arrangements.
 - c. Commitments to purchase or sell investments or agreements to repurchase assets previously sold.
7. The current variance in **the Plan** and trust documents have been filed with the appropriate agency.
8. We believe that **the Plan** and the trust established under **the Plan** are qualified under the appropriate section of the Internal Revenue Code and Departamento de Hacienda regulations, and we intend to continue them as a qualified plan and trust.
9. **The Plan** has complied with the fidelity bonding requirements of ERISA.
10. There are no -
 - a. Violations or possible violations of laws or regulations (including ERISA, DOL, IRS and Departamento de Hacienda regulations) whose effect should be considered for disclosure in the financial statements or as a basis for recording a loss contingency.
 - b. Other material liabilities or gain or loss contingencies that are required to be accrued or disclosed by Statement of Financial Accounting Standards No. 5.
11. There are no unasserted claims or assessments that may be probable of assertions and must be disclosed in accordance with Statement of Financial Accounting Standard No. 5.
12. There are no material transactions that have not been properly recorded in the accounting records underlying the financial statements.
13. There are no:
 - a. Nonexempt transactions with parties in interest, as defined in ERISA section 3(14) and related regulations, that were not disclosed in the supplemental schedules or financial statements.
 - b. Investments, loans, or leases in default or considered to be uncollectible that was not disclosed in the supplemental schedules.
 - c. Reportable transactions as defined in ERISA section 103(b)(3)(H) and related regulations that were not disclosed in the supplemental schedules.

14. **The Plan** has satisfactory title to all owned assets, and there are no liens or encumbrances on such assets nor has any asset been pledged.
15. **The Plan** has complied with all aspects of contractual agreements that would have a material effect on the financial statements in the event of noncompliance.
16. We have identified all accounting estimates that could be material to the financial statements, including the key factors and significant assumptions underlying those estimates, and we believe the estimates are reasonable in the circumstances.
17. The form and content of the information included in the financial statements and schedules is presented in compliance with the DOL Rules and Regulations for Reporting and Disclosure under ERISA.
18. We have complied with the applicable reporting and disclosure requirements under ERISA relating to the Summary Plan Description, Summary of Material Modifications, and the Summary Annual Report, as applicable.
19. No events have occurred subsequent to the date of **the Plan's** financial statements that would require adjustment to, or disclosure in, the financial statements.
20. **The Plan** does not have a fidelity bond for the period examined.

Signature: _____

Title: _____