

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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-SF.

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [X] a single-employer plan [] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
B This return/report is [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C Check box if filing under: [X] Form 5558 [] automatic extension [] DFVC program [] special extension (enter description)
D If the plan is a collectively-bargained plan, check here []
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: ANELYS TORRES DE TRINIDAD RETIREMENT PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1992
2a Plan sponsor's name (employer, if for a single-employer plan): ANELYS TORRES
2b Employer Identification Number (EIN): 66-0488593
2c Sponsor's telephone number: 787-748-4797
2d Business code (see instructions): 812990
3a Plan administrator's name and address: ORIENTAL BANK, PO BOX 191429, SAN JUAN, PR 00919
3b Administrator's EIN: 66-0493764
3c Administrator's telephone number: 787-474-1993
4b EIN:
4d PN:
5a Total number of participants at the beginning of the plan year: 4
5b Total number of participants at the end of the plan year: 2
5c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item): 4
5c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item): 2
5d(1) Total number of active participants at the beginning of the plan year: 1
5d(2) Total number of active participants at the end of the plan year: 2
5e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested:

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Row 1: Filed with authorized/valid electronic signature, 09/26/2025, ORIENTAL BANK. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor.

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____ (See instructions.)

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	1020836	1110266
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	1020836	1110266
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)		
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	175891	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		175891
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	86461	
e Certain deemed and/or corrective distributions (see instructions) .	8e		
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		86461
i Net income (loss) (subtract line 8h from line 8c)	8i		89430
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics	
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 3B 3C
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions				
10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		1000000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i		X	

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. Yes No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a**

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.

a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year **12b**

c Enter the amount contributed by the employer to the plan for this plan year **12c**

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... Yes No N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? Yes No

a If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? Yes No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Part VIII IRS Compliance Questions

14a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

14b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

15 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number _____.

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Department of Labor
Employee Benefits Security Administration
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3b Administrator's EIN: 66-0493764
3c Administrator's telephone number: 787-474-1993
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.
4b EIN
4d PN
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Table with 4 columns: SIGN HERE, Signature of, Date, Enter name of individual signing as... Row 1: plan administrator, 19 September 2025. Row 2: employer/plan sponsor.

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 "Prior year" ADP test
 "Current year" ADP test
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Certificate Of Completion

Envelope Id: 6D7441D2-CF51-4B69-AFCB-9278E3851B0D

Status: Completed

Subject: FORMA 5500 KEOGH

Source Envelope:

Document Pages: 3

Signatures: 1

Envelope Originator:

Certificate Pages: 3

Initials: 0

Joselyn Burgos Reyes

AutoNav: Enabled

998 Calle San Roberto

Envelopeld Stamping: Enabled

San Juan, PR Not Defined

Time Zone: (UTC-04:00) Georgetown, La Paz, Manaus, San Juan

jburgos@orientalbank.com

IP Address: 173.211.154.66

Record Tracking

Status: Original

Holder: Joselyn Burgos Reyes

Location: DocuSign

9/19/2025 1:03:27 PM

jburgos@orientalbank.com

Signer Events

ANELYS TORRES RIVERA

ANELYSR@GMAIL.COM

Security Level: Email, Account Authentication (None)

Signature



Signature Adoption: Drawn on Device

Using IP Address:

2607:fb90:cd84:40e1:8dfc:1d02:b091:5172

Signed using mobile

Timestamp

Sent: 9/19/2025 1:05:25 PM

Viewed: 9/19/2025 1:26:19 PM

Signed: 9/19/2025 1:26:32 PM

Electronic Record and Signature Disclosure:

Accepted: 9/19/2025 1:26:19 PM

ID: 0ccf7ce6-2bb9-40dc-9b2c-20125a58eb2b

Company Name: Oriental Bank

In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events

Status

Timestamp

Certified Delivery Events

Status

Timestamp

Carbon Copy Events

Status

Timestamp

Witness Events

Signature

Timestamp

Notary Events

Signature

Timestamp

Envelope Summary Events

Status

Timestamps

Envelope Sent

Hashed/Encrypted

9/19/2025 1:05:25 PM

Certified Delivered

Security Checked

9/19/2025 1:26:19 PM

Signing Complete

Security Checked

9/19/2025 1:26:32 PM

Completed

Security Checked

9/19/2025 1:26:32 PM

Payment Events

Status

Timestamps

Electronic Record and Signature Disclosure

ORIENTAL BANK CONSENT FOR THE USE OF ELECTRONIC DOCUMENTS

This “Consent for the Use of Electronic Documents” (the “Consent” or “E-sign Disclosure”) allows Oriental Bank (the “Bank”) to share with you information through electronic channels. This information includes, but is not limited to, disclosures, forms, notifications, and other communications necessary to establish your relationship or request services with the Bank.

With the purpose of facilitating account opening, request of credit, or any other service, the Bank has given you the option to receive the Documents through electronic channels, including but not limited to, communications through e-mail. The Bank has also provided you the option to send all Documents to the bank electronically once these have been finalized and signed by you. Sent and/or received Documents through electronic mediums are defined here as “Electronic Documents” (or “E-documents”). Electronic Documents may include, but are not limited to, contracts, notifications, and disclosures that the Bank is required, by law or regulation, to provide to you.

Terms and conditions required for electronic delivery of Documents are presented in this document. Please read carefully all the information displayed below.

A. Consent

You understand and consent to receiving Electronic Documents from the Bank and/or any other form, related to your deposit accounts, request of credit or any other service provided by the Bank, until you withdraw your consent, as presented in section B of this Consent. You understand and acknowledge that this Consent applies only and exclusively to Electronic Documents relating to account opening, request of credit, or any other service received from the Bank.

You understand and accept that the Bank may choose to provide all Documents via the same method and to the same address provided by you. As a result, you may receive all Documents in electronic, or printed, format. If you do not agree, you must notify the Bank as indicated below.

B. Right to Withdraw Consent

You understand and consent that you have the right to withdraw this consent at any moment to receive your documents electronically. To withdraw consent, you must contact the Bank through any of the following options:

- Through telephone: 787-620-0000 or 1-800-981-5554 (toll free).
- Contact us through Chat:
 - USVI <https://orientalbank.com/en/vi/contactus/>
 - PR <https://orientalbank.com/en/contactus/>
- Through postal mail: PO Box 195115, San Juan, PR 00919; Attention: Customer Service
- By visiting any of our branches

By withdrawing consent, once the Bank has had the opportunity to act regarding the notification, you will not receive Electronic Documents from the Bank, nor you will be able to send any more Electronic Documents to the Bank, in respect to the account, request of credit or any other service provided by the Bank. Prospectively from the day of consent withdrawal, all documents sent from the Bank to you will be in printed form.

C. Right to Receive Written Documents

You understand and acknowledge that you have the right to receive copies of Documents, through written or other non-electronic formats. To obtain written document copies, you must contact the Bank through any of the means provided in this document. At that moment, the Bank may charge any applicable fee for written document copies, if there are any.

D. Notifying Changes

You understand and recognize that it is your responsibility to timely notify the Bank of any changes in your e-mail address through any of the contact channels herein provided.

E. Software and equipment specifications

To receive E-documents, you must have access to a computer or mobile device with an internet connection and a valid e-mail address, an internet browser, Adobe Acrobat 7.0 or higher, and access to a printer or other digital storage device to

save your documents. If using a mobile device, Adobe Acrobat 7.0 or higher may be substituted by a mobile browser with capacity to read PDF files.

The Bank will notify the subscriber in the event of changes that may materially affect your ability to access, view, or archive the documents. If these requirements change, you may have to accept this Consent again before receiving any other Electronic Document.

G. Service interruption

You recognize and acknowledge that the Bank is not responsible for interruptions or failures in the Bank's, or your e-mail service, or of any other interruption or failure in the devices used to send or receive the E-documents, if said interruptions or failures occur as a result of acts or events outside of reasonable Bank controls (including, but not limited to, natural events, wars, protests, fires, expropriations, etc.). The Bank will not be responsible for the availability and functioning of facilities and/or services provided by third parties, especially, but without being limited to those used by you to receive or send Electronic Documents.

H. Acknowledgement of Access and Consent to Receive Electronic Documents

By consenting, you confirm that:

- You were able to access and read this "Consent for the Use of Electronic Documents"; and
- you can print, save or send this document, to a place where they can print or archive for future reference; and
- until you notify the Bank, as per the terms indicated above, you provide your consent to receive in electronic format, all Documents including, but not limited to, notifications, disclosures, authorizations, acknowledgements, and other documents and information that are required to be sent or received by the Bank throughout the life of the relationship.

Contact

- Through telephone: 787-620-0000 or 1-800-981-5554 (toll free).
- Contact us through Chat:
 - USVI <https://orientalbank.com/en/vi/contactus/>
 - PR <https://orientalbank.com/en/contactus/>
- Through postal mail: PO Box 195115, San Juan, PR 00919; Attention: Customer Service
- By visiting any of our branches