

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

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: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [x] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [x] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: DLC GROUP SAVINGS PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 04/01/2001
2a Plan sponsor's name (employer, if for a single-employer plan): DE LA CRUZ & ASSOCIATES, INC.
2b Employer Identification Number (EIN): 66-0416370
2c Plan Sponsor's telephone number: 787-792-4141
2d Business code (see instructions): 541990

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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	208
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	115
	6a(2)	104
	6b	0
	6c	42
	6d	146
	6e	2
	6f	148
	6g(1)	193
	6g(2)	147
h	6h	16
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 2F 2G 2T 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)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

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

- b General Schedules**
- (1) **H** (Financial Information)
 - (2) **I** (Financial Information – Small Plan)
 - (3) **A** (Insurance Information) – Number Attached 0
 - (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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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

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

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

BENEFIT PLANS ADMIN SERVICES, INC.

16-1503696

(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?
15 19 37 60 64	NONE	25996	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

UBS FINANCIAL SERVICES INC.

250 MUNOZ RIVERA AVENUE
PH FLOOR
SAN JUAN, PR 00918

(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?
28	NONE	23411	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

(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

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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 H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan DLC GROUP SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 DE LA CRUZ & ASSOCIATES, INC.	D Employer Identification Number (EIN) 66-0416370

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	536	2651
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)	61486	26076
(2) U.S. Government securities	1c(2)	302113	394994
(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)	4969	5633
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	6476219	7382787
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	6845323	7812141
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	6845323	7812141

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	89811	
(B) Participants	2a(1)(B)	197538	
(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)		287349
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	14490	
(B) U.S. Government securities	2b(1)(B)	73	
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	219	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		14782
(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)	317829	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		317829
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-2615	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		487677
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1105022

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	86902	
(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)		86902
f Corrective distributions (see instructions)	2f		29
g Certain deemed distributions of participant loans (see instructions).....	2g		1866
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	25996	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	23411	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		49407
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		138204

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		966818
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: **RSM PUERTO RICO**

(2) EIN: **66-0388756**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		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.)		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.)		X	
e Was this plan covered by a fidelity bond?	X		681389
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	
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?		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?		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		
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.)		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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.			

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>DLC GROUP SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DE LA CRUZ & ASSOCIATES, INC.</u>	D Employer Identification Number (EIN) <u>66-0416370</u>	

Part I	Distributions
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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): 66-0795542

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.)
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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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

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

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

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

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

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

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

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

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

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

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

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

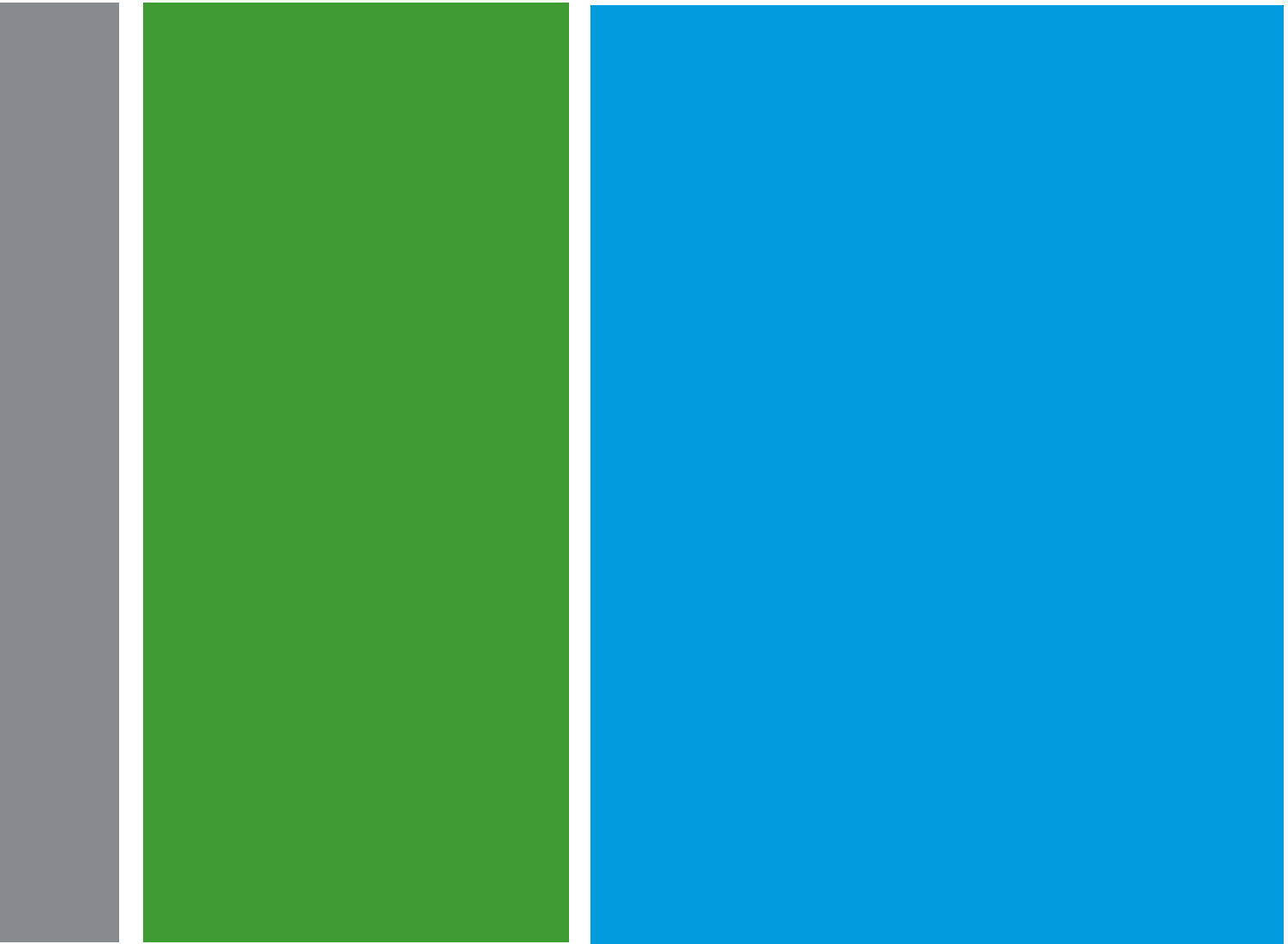
b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day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

Part VII IRS Compliance Questions

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

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

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



DLC Group Savings Plan

Financial Statements and Supplemental Schedule
December 31, 2024 and 2023



RSM Puerto Rico
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INDEPENDENT AUDITORS' REPORT

To: The Plan Administrator of
DLC Group Savings Plan

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

We have performed audits of the financial statements of DLC Group Savings 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 statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of DLC Group Savings 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 (DOL) 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 a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of December 31, 2024 and 2023 and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 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 Auditors' 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 qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

THE POWER OF BEING UNDERSTOOD
ASSURANCE | TAX | CONSULTING

RSM Puerto Rico is a member of the RSM network and trades as RSM. RSM is the trading name used by the members of the RSM network. Each member of the RSM network is an independent accounting and consulting firm which practices in its own right. The RSM network is not itself a separate legal entity in any Jurisdiction.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of DLC Group Savings 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 DLC Group Savings Plan's ability to continue as a going concern for one year after the date that the financial statements are issued or available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' 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 auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, 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 Schedule Required by ERISA

The supplemental schedule, Form 5500 Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, have been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule 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 its form and content, is 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, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

San Juan, Puerto Rico
October 14, 2025.



DOP91-1027
DLC Group Savings Plan



DLC GROUP SAVINGS PLAN



STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2024 and 2023

	2024	2023
ASSETS:		
Cash	\$ 2,651	\$ 536
Investments at fair value	7,803,857	6,839,818
Notes receivable from participants	<u>72,470</u>	<u>74,345</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 7,878,978</u>	<u>\$ 6,914,699</u>

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



DLC GROUP SAVINGS PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the year ended December 31, 2024

ADDITIONS:

Investment income -	
Net appreciation in fair value of investments	\$ 485,139
Interest and dividends	332,313
	<hr/>
Total investment income	817,452
	<hr/>
Interest income on notes receivable from participants	557
	<hr/>
Contributions -	
Participants	197,538
Employer	89,811
	<hr/>
Total contributions	287,349
	<hr/>
Total additions	1,105,358

DEDUCTIONS:

Benefits paid to participants	91,672
Administrative expenses	49,407
	<hr/>
Total deductions	141,079

NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS

964,279

NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year	6,914,699
	<hr/>
End of year	\$ 7,878,978
	<hr/> <hr/>

The accompanying notes are an integral part of this financial statement.



DLC GROUP SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS December 31, 2024 and 2023

1) Plan Description:

The following brief description of DLC Group Savings Plan (the Plan) is provided for general purposes only. Participants should refer to the Plan's Agreement for a complete description of the Plan's provisions.

- A) General – The Plan was established on April 1, 2011 as a profit sharing plan with a qualified cash or deferred contribution arrangement to provide benefits upon retirement, disability or death to participating employees or beneficiaries of the following companies (together the Employer): (i) De La Cruz & Associates, Inc., and (ii) Key Integrated Solutions, Inc. The Plan covers all regular employees who are twenty-one (21) years or older provided they have completed at least 3 months of service during such year. Employees should reside in Puerto Rico. Participants that are part of a collective bargaining agreement are not eligible to participate in the Plan. The Plan is sponsored by De La Cruz & Associates, Inc. The Plan qualifies under Section 1081 of the Puerto Rico Internal Revenue Code (the Code) and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).
- B) Contributions – Participants' pre-tax contributions are limited to \$15,000 as established by the Code. Total annual contributions made by the Employer and participants should not exceed the lesser of \$69,000, or the total compensation paid by the Employer to participants during the Plan year, as provided by the Code. Also, a participant who has attained age 50 by the end of a calendar year, may elect to make catch-up contributions up to a maximum of \$1,500.

The Employer may make matching contributions equal to a discretionary percentage, determined by the Employer, of the Participants' contributions. For the year ended December 31, 2024, the matching contribution ranges from 25% to 200% of the participants pre-tax contributions up to 5% of their base compensation. The Employer makes matching contributions with respect to participant's catch-up contributions.

Transfers from qualified plans are allowed.

The Employer, in its sole discretion, may contribute a discretionary amount as a profit sharing contribution. The participant shares in the profit sharing contribution after completion of at least 1,000 hours of service during the plan year. These allocation conditions are waived for participants who have terminated employment due to death, disability or normal retirement.

- C) Vesting – Participants' contributions plus earnings are fully vested at all times. Vesting in the remainder of their accounts is based on years of continued service. The participant's right to the Employer's matching contribution is determined as follows:

Years of Service	Vested Percentage
Less than 1 year	0%
1 year	0%
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 or more years	100%



DLC GROUP SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

- D) Investment options – Participants direct the investment of their contributions into various investment options offered by the Plan. Participants also may direct the profit sharing contributions made after March 1, 2021.
- E) Participant accounts – Individual accounts are maintained for the Plan's participants to reflect the participants' and Employer's contributions, as well as the participants' share of the Plan's income, withdrawals, and any related expenses. Allocations are based on the proportion that each participants' account balance bears to the total of all participants' account balances.
- F) Payments of benefits – On termination of service due to death, termination, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest or annual installments over a fixed period of time. Normal retirement age is 65 years, with an early retirement option at age of 55 after completing six (6) years of service.
- G) In-service withdrawals – As of any valuation date, the participant may elect to withdraw all or any portion of his/her after-tax contribution account and rollover contribution account. No withdrawal is allowed by a participant from his/her pre-tax contribution account, employer profit sharing contribution account and employer matching contribution account.
- H) Hardship withdrawals – Participants may elect to make withdrawals from his/her pre-tax contribution account in the event of a financial hardship. If a participant makes an in-service withdrawal of pre-tax contributions, such participant cannot make future pre-tax contributions and after-tax contributions for a period of 12 months following the in-service withdrawal. Participants over 59 ½ years will not be subject to this limitation.
- I) Forfeited accounts – These accounts will be first applied to pay for the Plan's administrative expenses and any remaining part to reduce future Employer matching contributions or to re-allocate proportionately among remaining active Participants. As of December 31, 2024 and 2023, forfeited non-vested accounts balance amounted to approximately \$21,067 and \$14,100, respectively. During the year ended December 31, 2024, the employer contributions were reduced by \$6,562 from forfeited non-vested accounts.
- J) Notes receivable from participants – Participants may borrow from fund accounts a minimum of \$1,000 up to the lesser of \$50,000 or 50% of vested account balance. Notes receivable from participants' transactions are treated as a transfer to (from) the investment fund from (to) the participant notes receivable account. The notes are secured by the balance in the participants' accounts and bear interest at prime rate plus margin rate prevalent at the time the loans are approved, Margin rate is an additional percentage specified in the loan agreement.

2) Summary of Significant Accounting Policies:

The most significant accounting policies followed by the Plan are summarized below:

- A) Basis of accounting – The accompanying financial statements are prepared on the accrual basis of accounting.
- B) Use of estimates – The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities during the reporting period. Actual results could differ from those estimates.



DLC GROUP SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

- C) Investment valuation and income recognition – Investments are reported at fair value, which is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

The net appreciation (depreciation) in fair value of investments includes realized gains or losses on sales and net change in unrealized gains or losses on investments held. Purchase 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.

- D) Notes receivable from participants – Are measured at their unpaid principal balance plus any accrued but unpaid interest.
- E) Contributions – Employer and participants' contributions are recorded in the Plan year in which the Employer makes the payroll deduction.
- F) Benefits – Benefits payment to participants are recorded when paid.
- G) Administrative expenses – Certain administrative expenses of the Plan are paid by the Plan as provided in the Plan's Agreement, unless otherwise paid by the Employer. Expenses that are paid by the Employer are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits.

3) Information Certified by BPAS Trust Company of Puerto Rico and UBS Financial Services, Inc.:

The following is a summary of the Plan's asset information as of December 31, 2024 and 2023, and for the year ended December 31, 2024, included throughout the Plan's financial statements and supplemental schedule, was prepared by or derived from information provided by BPAS Trust Company of Puerto Rico (the Trustee) and UBS Financial Services, Inc. (UBS), and furnished to the Plan Administrator.

The Plan Administrator has obtained certifications from the Trustee and UBS that information provided to the Plan Administrator by the Trustee and UBS related to the Plan's assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information which appears throughout the financial statements and supplemental schedule related to the following assets:

Description	December 31,	
	2024	2023
Investments at fair value:		
Mutual funds	\$ 6,599,015	\$ 5,721,297
Fixed income bonds	860,710	820,484
Exchange traded funds	318,056	236,551
Money market funds	26,076	61,486
	<u>\$ 7,803,857</u>	<u>\$ 6,839,818</u>
Cash	\$ 2,651	\$ 536
Notes receivable from participants	\$ 72,470	\$ 74,345

DLC GROUP SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

The Trustee and UBS also certified the completeness and accuracy of \$485,139 of net appreciation on investments stated at fair value, \$332,313 of interest and dividends related to the aforementioned assets, and \$557 of interest income on notes receivable from participants for the year ended December 31, 2024.

4) Fair Value Measurements:

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

The three levels of the fair value hierarchy 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:

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

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

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

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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023:

- Mutual funds and exchange traded funds:* Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.
- Money market funds:* Represents highly liquid and very safe instruments whose fair value approximates cost.
- Fixed income bonds:* Valued using pricing models maximizing the use of observable inputs for similar securities.

DLC GROUP SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

December 31, 2024				
Description	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 6,599,015	\$ -	\$ -	\$ 6,599,015
Fixed income bonds	-	860,710	-	860,710
Exchange traded funds	318,056	-	-	318,056
Money market funds	26,076	-	-	26,076
	<u>\$ 6,943,147</u>	<u>\$ 860,710</u>	<u>\$ -</u>	<u>\$ 7,803,857</u>
December 31, 2023				
Description	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 5,721,297	\$ -	\$ -	\$ 5,721,297
Fixed income bonds	-	820,484	-	820,484
Exchange traded funds	236,551	-	-	236,551
Money market funds	61,486	-	-	61,486
	<u>\$ 6,019,334</u>	<u>\$ 820,484</u>	<u>\$ -</u>	<u>\$ 6,839,818</u>

5) Tax Status:

The Plan is intended to be a tax qualified arrangement that complies with the provisions of ERISA, as amended, and with the Puerto Rico Internal Revenue Code (PRIRC) of 2011, as amended. The latest determination letter received from the Puerto Rico Treasury Department is dated September 10, 2021. The Plan has not been amended since receiving the determination letter. The Plan Administrator and the Plan tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable provisions of the PRIRC.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination of taxing authorities. The Plan Administrator evaluated the tax positions taken by the Plan and concluded that as of December 31, 2024 and 2023, the Plan had maintained its tax exempt status and had taken no uncertain tax positions that would require adjustment or disclosures to the financial statements. Therefore, no provision or liability for income taxes has been included in the accompanying financial statements. The Plan is subject to routine audits by the Puerto Rico Treasury Department. As of December 31, 2024, the years 2020 and thereafter remained subject to examination; however, there are currently no audits for any tax periods in progress.

6) Risk and Uncertainties:

The Plan's investments are exposed to various risks, such as interest rate fluctuations, market volatility 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 changes could materially affect the Plan's account balances and the amounts reported in the accompanying statements of net assets available for benefits.

DLC GROUP SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS December 31, 2024 and 2023

7) Party-in-Interest Transactions:

De La Cruz & Associates, Inc., and Key Integrated Solutions, Inc., Benefit Plan Administrative Services, Inc. and UBS Financial Services, Inc. are parties-in-interest, as defined by ERISA. There were no prohibited party-in-interest transactions during the year ended December 31, 2024.

8) Reconciliation of Financial Statements to Form 5500:

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2024 and 2023 to Form 5500:

Description	2024	2023
Net assets available for benefits per the financial statements	\$ 7,878,978	\$ 6,914,699
Less: Notes receivable from participants that have been deemed distributed	<u>(66,837)</u>	<u>(69,376)</u>
Net assets available for benefits per Form 5500	<u>\$ 7,812,141</u>	<u>\$ 6,845,323</u>

The following is a reconciliation of changes in net assets available for benefits for the year ended December 31, 2024 to Form 5500:

Description	Amount
Net increase in net assets available for benefits per financial statements	\$ 964,279
Less: Notes receivable from participants that have been deemed distributed	<u>2,539</u>
Net increase in net assets available for benefits per Form 5500	<u>\$ 966,818</u>

9) Plan Termination:

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

10) Subsequent Events:

The Plan Administrator is not aware of any additional subsequent events, which would require recognition and/or disclosure in the financial statements. The Plan Administrator has evaluated subsequent events through October 14, 2025, the date on which the financial statements were available to be issued, and concluded there were no events or transactions that occurred during this period that required recognition or disclosure on the accompanying financial statements.



DLC GROUP SAVINGS PLAN

FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issuer, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, and par or maturity value	Cost	Current value	
Mutual Funds -				
	DODGE & COX INCOME X	58,998.0123 shares	**	\$ 730,985
	VOYA LARGE-CAP GROWTH R6	10,309.7886 shares	**	623,949
	VANGUARD LARGE-CAP INDEX ADM	4,147.412 shares	**	564,795
	FED HERMES US TREAS CASH RES P	545,021.88 shares	**	545,022
	JPMORGAN EQUITY INCOME R6	19,549.6207 shares	**	468,018
	T. ROWE PRICE RET'MT 2030 I	17,455.6165 shares	**	447,038
	HARTFORD INTL OPPORTUNITIES R6	22,851.0556 shares	**	439,883
	VANGUARD MID-CAP INDEX ADMIRAL	1,334.3761 shares	**	436,177
	T. ROWE PRICE RET'MT 2020 I	17,725.1937 shares	**	329,334
	T. ROWE PRICE RET'MT 2040 I	9,520.0188 shares	**	291,027
	AMERICAN FUNDS AM BALANCD R6	6,067.5868 shares	**	208,422
	VANGUARD DIVIDED	5,415.079 shares	**	196,080
	VIRTUS KAR SMALL-CAP	3,091.471 shares	**	176,059
	VANGUARD VALUE INDEX	2,083.606 shares	**	137,601
	PIMCO INCOME INSTL	12,454.5222 shares	**	131,022
	CALAMOS MARKET NEUTRAL INCOME	7,587.772 shares	**	113,286
	BLACKSTONE ALTERNATIVE MULTI-STRATEGY FUND	10,296.487 shares	**	110,275
	CARILLON SCOUT MID CAP R6	4,663.7548 shares	**	107,919
	VIRTUS KAR INTERNATIONAL	5,101.707 shares	**	95,249
	T. ROWE PRICE RETMT 2025 I	5,703.2861 shares	**	94,389
	T. ROWE PRICE RET'MT 2055 I	4,192.043 shares	**	83,422
	VANGUARD SMALL-CAP INDEX ADM	625.0746 shares	**	71,984
	T. ROWE PRICE RET'MT 2045 I	2,222.1134 shares	**	49,464
	T. ROWE PRICE RET'MT 2050 I	2,367.7336 shares	**	44,821
	T. ROWE PRICE RET'MT 2060 I	2,481.515 shares	**	41,168
	T. ROWE PRICE RET'MT 2065 I	1,387.5782 shares	**	17,844
	MACQUARIE SM CAP CORE R6	484.1819 shares	**	14,729
	T. ROWE PRICE RET'MT 2005 I	1,225.3691 shares	**	14,655
	VANGUARD TTL BD MKT INDX ADM	998.8455 shares	**	9,469
	T. ROWE PRICE RET'MT 2035 I	234.1496 shares	**	4,929

6,599,015

Continues...



DLC GROUP SAVINGS PLAN

FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

...Continued

Fixed income bonds -

US Treasury Note	400,000.000 shares	**	393,488
Vanguard Core Bond Fund	6,117.442 shares	**	108,279
JP Morgan Income Fund	12,583.362 shares	**	106,833
Pimco Income Fund I-2	9,919.886 shares	**	104,357
Eaton Vances Short	13,493.253 shares	**	88,785
Metropolitan West Total Return Bond Fund I	6,478.226 shares	**	57,462
Accrued Interest			1,506

860,710

Exchange Traded Funds -

Invesco QQQ Trust	303.000 shares	**	154,903
JP Morgan Equity Prem Income	2,032.000 shares	**	116,901
iShares Us Medical Devices	538.000 shares	**	46,252

318,056

Money Market Fund -

Liquid Assets Government Fund	352,721.31shares	**	26,076
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Cash

Non-interest bearing cash 2,651

28,727

Interest rate as of December 31, 2024
ranged from 3.25% to 8% with maturity
dates ranging from May 2025 to October
2029.

* Note receivable from participants		**	5,633
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\$ 7,812,141

* Represents a party-in-interest.

** Cost is not required for participant-directed investments.

The above information has been certified by BPAS Trust Company of Puerto Rico, the trustee, and UBS Financial Services, Inc. as complete and accurate.

See accompanying independent auditors' report.

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

► DLC Group Savings Plan

Employer Identification Number: ►

66-0416370

For plan year (beginning/ending): ►

1/1/2024 - 12/31/2024

Plan number: ►

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(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	American Funds American Balanced Fund Class R-6	Mutual Fund		208,422
	Blackstone Alternative Multi-Strategy Fund Class I	Mutual Fund		110,275
	Calamos Market Neutral Income Fund Institutional Class	Mutual Fund		113,286
	Carillon Scout Mid Cap Fund Class R-6	Mutual Fund		107,919
	Cash	Noninterest-bearing Cash		2,651
	Dodge & Cox Income Fund Class I	Mutual Fund		-
	Dodge & Cox Income Fund Class X	Mutual Fund		730,985
	Eaton Vance Short Duration Strategic Income Fund Class I	Mutual Fund		88,785
	Federated Hermes Money Market Obligations Trust - U.S. Treasury Cash Reserves Fund	Mutual Fund		545,022
	Federated Hermes US Treasury Cash Reserves Fund	Mutual Fund		-
	Invesco QQQ Trust Series 1	Exchange Traded Fund		154,903
	iShares Global Healthcare ETF	Exchange Traded Fund		46,252
	JPMorgan Equity Income Fund Class R6	Mutual Fund		468,018
	JPMorgan Equity Premium Income ETF	Exchange Traded Fund		116,901
	JPMorgan Income Fund Class I	Mutual Fund		106,833
	Liquid Assets Government Fund	Money Market		26,076
	Macquarie Small Cap Core Fund Class R6	Mutual Fund		14,729
	MyPlanLoan Participant Loans	Participant Loans		5,633
	PIMCO Income Fund Class I-2	Mutual Fund		104,357
	PIMCO Income Fund Institutional Class	Mutual Fund		131,022
	T. Rowe Price Retirement 2005 Fund I Class	Mutual Fund		14,655
	T. Rowe Price Retirement 2020 Fund I Class	Mutual Fund		329,334
	T. Rowe Price Retirement 2025 Fund I Class	Mutual Fund		94,389
	T. Rowe Price Retirement 2030 Fund I Class	Mutual Fund		447,038
	T. Rowe Price Retirement 2035 Fund I Class	Mutual Fund		4,929
	T. Rowe Price Retirement 2040 Fund I Class	Mutual Fund		291,027
	T. Rowe Price Retirement 2045 Fund I Class	Mutual Fund		49,464
	T. Rowe Price Retirement 2050 Fund I Class	Mutual Fund		44,821
	T. Rowe Price Retirement 2055 Fund I Class	Mutual Fund		83,422
	T. Rowe Price Retirement 2060 Fund I Class	Mutual Fund		41,168
	T. Rowe Price Retirement 2065 Fund I Class	Mutual Fund		17,844
	T. Rowe Price Retirement I 2005 Fund I Class	Mutual Fund		-
	T. Rowe Price Retirement I 2020 Fund I Class	Mutual Fund		-
	T. Rowe Price Retirement I 2025 Fund I Class	Mutual Fund		-
	T. Rowe Price Retirement I 2030 Fund I Class	Mutual Fund		-
	T. Rowe Price Retirement I 2035 Fund I Class	Mutual Fund		-
	T. Rowe Price Retirement I 2040 Fund I Class	Mutual Fund		-
	T. Rowe Price Retirement I 2045 Fund I Class	Mutual Fund		-
	T. Rowe Price Retirement I 2050 Fund I Class	Mutual Fund		-
	T. Rowe Price Retirement I 2055 Fund I Class	Mutual Fund		-
	T. Rowe Price Retirement I 2060 Fund I Class	Mutual Fund		-
	T. Rowe Price Retirement I 2065 Fund I Class	Mutual Fund		-
	TCW MetWest Total Return Bond Fund Class I	Mutual Fund		57,462
	The Hartford International Opportunities Fund Class R6	Mutual Fund		439,883
	U.S. Treasury Notes (including Accrued Interest)	U.S. Government Securities		394,994
	Vanguard Core Bond Fund Admiral Shares	Mutual Fund		108,279
	Vanguard Dividend Growth Fund Investor Shares	Mutual Fund		196,080
	Vanguard Large Cap Index Fund Admiral Shares	Mutual Fund		564,795
	Vanguard Mid-Cap Index Fund Admiral Shares	Mutual Fund		436,177
	Vanguard Small-Cap Index Fund Admiral Shares	Mutual Fund		71,984
	Vanguard Total Bond Market Index Fund Admiral Shares	Mutual Fund		9,469
	Vanguard Value Index Fund Admiral Shares	Mutual Fund		137,601
	Virtus KAR International Small-Mid Cap Fund Class I	Mutual Fund		95,249
	Virtus KAR Small-Cap Core Fund Class I	Mutual Fund		176,059
	Voya Large-Cap Growth Fund Class R6	Mutual Fund		623,949