Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] 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)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
DE LA CRUZ & ASSOCIATES, INC.

PO BOX 11885
GUAYNABO, PR 00922-1885

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.

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2026	JORGE ARROYO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	151
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	107
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	82
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	69
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	151
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	2
f	Total. Add lines **6d** and **6e**.	**6f**	153
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	147
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	152
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	25
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2F 2G 2T 3C

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

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

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

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

A Name of plan
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 Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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	24634	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	23732	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
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

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	2651	3254
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)	26076	35649
(2) U.S. Government securities	1c(2)	394994	430405
(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)	0	97873
(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)	5633	23939
(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)	7382787	8137070
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	7812141	8728190
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	0	10292
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	10292
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	7812141	8717898

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)	91624	
(B) Participants	2a(1)(B)	193565	
(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)		285189
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)	17790	
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	1392	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		19182
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	466	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	436422	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		436888
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	8145	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	8107	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		38
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	7522	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		7522

		(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)		569802
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1318621
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	364490	
(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)		364490
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	23732	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	24634	
(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)	8	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		48374
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		412864
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		905757
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: 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.)	**4a**	X		532
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
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 Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | **1** | 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 66-0795542

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.)

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

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

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

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

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

RSM Puerto Rico

DLC Group Savings Plan

Financial Statements and Supplemental Schedules
December 31, 2025 and 2024

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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, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the 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, 2025 and 2024 and for the year ended December 31, 2025, 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).

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 Schedules Required by ERISA

The supplemental Form 5500, Schedule H Line 4a – Schedule of Delinquent Participant Contributions as of December 31, 2025 and Form 5500, Schedule H Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

San Juan, Puerto Rico
October 6, 2026.



D0P91-2302
DLC Group Savings Plan

DLC GROUP SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2025 and 2024

	2025	2024
ASSETS:		
Cash	**$ 3,254**	$ 2,651
Investments at fair value	**8,700,997**	7,803,857
Notes receivable from participants	**93,043**	72,470
	8,797,294	7,878,978
LIABILITIES:		
Employer's deposits	**10,292**	-
NET ASSETS AVAILABLE FOR BENEFITS	**$ 8,787,002**	$ 7,878,978

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, 2025

ADDITIONS:		
Investment income -		
Net appreciation in fair value of investments	$	577,361
Interest and dividends		454,678
Total investment income		1,032,039
Interest income on notes receivable from participants		3,659
Contributions -		
Participants		193,565
Employer		91,624
Total contributions		285,189
Total additions		1,320,887
DEDUCTIONS:		
Benefits paid to participants		364,490
Administrative expenses		48,373
Total deductions		412,863
NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS		908,024
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year		7,878,978
End of year	$	8,787,002

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

DLC GROUP SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2025 and 2024

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, 2001 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 related 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 $70,000, 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, 2025, 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%

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, 2025 and 2024, forfeited non-vested accounts balance amounted to approximately $20,354 and $21,067, respectively. During the year ended December 31, 2025, forfeited non-vested accounts of approximately $1,643 were used to pay Plan's administrative expenses, and employer contributions were reduced by $617 through the use of forfeited non-vested accounts.

J) Notes receivable from participants – Participants may borrow from fund accounts a minimum of $500 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.

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, 2025 and 2024, and for the year ended December 31, 2025, included throughout the Plan's financial statements and supplemental schedules, was prepared by or derived from information provided by BPAS Trust Company of Puerto Rico (the Trustee), of certain Plan assets, and UBS Financial Services, Inc. (UBS), as custodian of certain Plan assets, 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 schedules related to the following assets:

Description	December 31, 2025	December 31, 2024
Investments at fair value:		
Mutual funds	**$ 7,150,695**	$ 6,599,015
Common stocks	**97,873**	-
Fixed income bonds	**883,722**	860,710
Exchange traded funds	**533,058**	318,056
Money market funds	**35,649**	26,076
	$ 8,700,997	$ 7,803,857
Cash	**$ 3,254**	$ 2,651
Notes receivable from participants	**$ 93,043**	$ 72,470

The Trustee and UBS also certified the completeness and accuracy of $577,361 of net appreciation on investments stated at fair value, $454,678 of interest and dividends related to the aforementioned assets, and $3,659 of interest income on notes receivable from participants for the year ended December 31, 2025.

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, 2025 and 2024:

A) *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.

B) *Common stocks:* Valued at quoted market prices in active markets, generally using the closing market price on the principal exchange on which the securities are traded.

C) *Money market funds:* Represents highly liquid and very safe instruments whose fair value approximates cost.

D) *Fixed income bonds:* Valued using pricing models maximizing the use of observable inputs for similar securities.

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

	December 31, 2025			
Description	Level 1	Level 2	Level 3	Total
Mutual funds	**$ 7,150,695**	**$ -**	**$ -**	**$ 7,150,695**
Common stocks	**97,873**	**-**	**-**	**97,873**
Fixed income bonds	**-**	**883,722**	**-**	**883,722**
Exchange traded funds	**533,058**	**-**	**-**	**533,058**
Money market funds	**35,649**	**-**	**-**	**35,649**
	$ 7,817,275	**$ 883,722**	**$ -**	**$ 8,700,997**

	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
	$ 6,943,147	$ 860,710	$ -	$ 7,803,857

5) Employer's Deposits:

During the year ended December 31, 2025, the Employer deposited $7,137 to the Plan in advance of the payroll withholding from participants and $3,155 representing the expected employer's contributions. These amounts represented a liability of the Plan for temporary advances, which were subsequently offset through participant payroll withholdings and related employer's matching contributions.

6) 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, 2025 and 2024, 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, 2025, the years 2021 and thereafter remained subject to examination; however, there are currently no audits for any tax periods in progress.

7) 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.

8) Party-in-Interest and Prohibited Transactions:

De La Cruz & Associates, Inc. and Key Integrated Solutions, Inc. (together the Employer), BPAS Trust Company of Puerto Rico, Inc. (the Trustee and custodian), Benefit Plans Administrative Services, LLC (the third-party administrator), UBS Financial Services, Inc. (investment advisor and custodian of certain Plan assets), and RSM Puerto Rico (the independent auditors), are parties-in-interest, as defined by ERISA.

During 2025, the Employer inadvertently failed to deposit approximately $532 of participant contributions within the required timeframe as stated by the United States Department of Labor (DOL) regulations. The Employer deposited lost earnings in the amount totaling approximately $20 to correct this failure in 2026.

9) 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, 2025 and 2024 to Form 5500:

Description	**2025**	2024
Net assets available for benefits per the financial statements	**$ 8,787,002**	$ 7,878,978
Less: Notes receivable from participants that have been deemed distributed	**(69,104)**	(66,837)
Net assets available for benefits per Form 5500	**$ 8,717,898**	$ 7,812,141

The following is a reconciliation of changes in net assets available for benefits for the year ended December 31, 2025 to Form 5500:

Description	Amount
Change in net assets available for benefits per financial statements	$ 908,024
Less: Loans that have been deemed-distributed at December 31, 2025	(69,104)
Add: Loans that have been deemed-distributed at December 31, 2024	66,837
Change in net assets available for benefits per Form 5500	$ 905,757

10) 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.

11) Subsequent Events:

The Plan Administrator has evaluated subsequent events through October 6, 2026, 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 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
For the year ended December 31, 2025

Year	Participant Contributions Transferred Late to Plan: Check Here If Late Participant Loan Repayments Are Included	Total That Constitute Nonexempt Prohibited Transactions: Contributions Not Corrected	Total That Constitute Nonexempt Prohibited Transactions: Contributions Corrected Outside VFCP	Total That Constitute Nonexempt Prohibited Transactions: Contributions Pending Correction in VFCP	Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption 2002-51
2025	$ 532	$ -	$ -	$ 532	$ -

See accompanying independent auditors' report.

DLC GROUP SAVINGS PLAN

FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

(a)	Identity of issuer, borrower, lessor, or similar party (b)	Description of investment, including maturity date, rate of interest, collateral, and par or maturity value (c)	Cost (d)	Current value (e)
	Mutual funds -			
	DODGE & COX INCOME X	57,368.9628 shares	**	$ 737,765
	VOYA LARGE-CAP GROWTH R6	10,199.0459 shares	**	631,525
	VANGUARD LARGE-CAP INDEX ADM	3,893.0232 shares	**	618,796
	FED HERMES US TREAS CASH RES P	569,535.3400 shares	**	569,535
	VANGUARD MID-CAP INDEX ADMIRAL	1,175.8938 shares	**	422,574
	JPMORGAN EQUITY INCOME R6	16,299.3549 shares	**	403,409
	T. ROWE PRICE RET'MT 2030 I	14,394.3433 shares	**	398,867
	HARTFORD INTL OPPORTUNITIES R6	16,535.0097 shares	**	383,778
	T. ROWE PRICE RET'MT 2020 I	18,930.5286 shares	**	372,931
	T. ROWE PRICE RET'MT 2040 I	10,393.5185 shares	**	357,329
	AMERICAN FUNDS AM BALANCD R6	6,913.0056 shares	**	259,307
	PIMCO INCOME INSTL	21,536.3282 shares	**	236,684
	VAN FTSE ALL WRLD EX US INDEX	5,158.7662 shares	**	235,807
	T. ROWE PRICE RET'MT 2050 I	6,632.7379 shares	**	143,466
	T. ROWE PRICE RETMT 2025 I	7,830.7598 shares	**	138,056
	VIRTUS KAR SMALL-CAP	2,588.554 shares	**	125,933
	T. ROWE PRICE RET'MT 2055 I	5,397.9963 shares	**	122,804
	VIRTUS KAR INTERNATIONAL	5,293.894 shares	**	108,895
	VANGUARD DIVIDEND	3,300.755 shares	**	108,430
	VANGUARD TTL BD MKT INDX ADM	11,084.1972 shares	**	108,293
	VANGUARD SMALL-CAP INDEX ADM	862.4871 shares	**	106,586
	VANGUARD VALUE INDEX	1,428.355 shares	**	106,427
	BLACKSTONE ALTERNATIVE MULTI-STRATEGY FUND	9,512.643 shares	**	104,354
	CALAMOS MARKET NEUTRAL INCOME FUND	6,516.434 shares	**	102,308
	T. ROWE PRICE RET'MT 2045 I	2,865.5126 shares	**	72,813
	T. ROWE PRICE RET'MT 2060 I	3,198.9717 shares	**	60,781
	CARILLON SCOUT MID CAP R6	1,842.2602 shares	**	44,693
	T. ROWE PRICE RET'MT 2065 I	2,162.1083 shares	**	31,956
	T. ROWE PRICE RET'MT 2005 I	1,292.2021 shares	**	16,282
	NOMURA SMALL CAP CORE R6	477.0767 shares	**	14,546
	T. ROWE PRICE RET'MT 2035 I	242.3645 shares	**	5,662
	T. ROWE PRICE RET'MT 2070 I	9.2409 shares	**	103
				7,150,695

Continues…

DLC GROUP SAVINGS PLAN

FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

...Continued

(a)	Identity of issuer, borrower, lessor, or similar party (b)	Description of investment, including maturity date, rate of interest, collateral, and par or maturity value (c)	Cost (d)	Current value (e)
	Common stocks -			
	MICROSOFT CORP	22.000 shares	**	10,640
	BROADCOM INC	21.000 shares	**	7,268
	TAIWAN SEMICONDUCTOR MFG CO	17.000 shares	**	5,166
	JPMORGAN CHASE & CO	15.000 shares	**	4,833
	RTX CORP	22.000 shares	**	4,035
	JOHNSON & JOHNSON COM	17.000 shares	**	3,518
	HOME DEPOT INC	10.000 shares	**	3,441
	LINDE PLC NEW EUR	8.000 shares	**	3,411
	AMER EXPRESS CO	9.000 shares	**	3,330
	PROLOGIS INC COM	26.000 shares	**	3,319
	ORACLE CORP	17.000 shares	**	3,313
	TJX COS INC NEW	21.000 shares	**	3,226
	BLACKROCK INC	3.000 shares	**	3,211
	EATON CORP PLC	10.000 shares	**	3,185
	MCDONALDS CORP	10.000 shares	**	3,056
	MORGAN STANLEY	17.000 shares	**	3,018
	ABBOTT LABS	24.000 shares	**	3,007
	ABBVIE INC COM	12.000 shares	**	2,742
	ANALOG DEVICES INC	10.000 shares	**	2,712
	CISCO SYSTEMS INC	35.000 shares	**	2,696
	UNION PACIFIC CORP	11.000 shares	**	2,545
	NEXTERA ENERGY INC COM	31.000 shares	**	2,489
	TRANE TECHNOLOGIES PLC	6.000 shares	**	2,335
	COCA COLA CO COM	33.000 shares	**	2,307
	TEXAS INSTRUMENTS	13.000 shares	**	2,255
	EXXON MOBIL CORP	13.000 shares	**	1,564
	CHUBB LTD CHF	5.000 shares	**	1,561
	AUTOMATIC DATA PROCESSNG INC	6.000 shares	**	1,543
	MARSH & MCLENNAN COS INC	7.000 shares	**	1,299
	REPUBLIC SERVICES INC	4.000 shares	**	848
				97,873
	Fixed income bonds -			
	US Treasury Note	425,000.000 shares	**	428,899
	Vanguard Core Bond Fund Class Admiral	7,293.948 shares	**	132,531
	Pimco Income Fund Class I2	9,919.886 shares	**	109,019
	JPMorgan Income Fund Class I	12,583.362 shares	**	108,343
	Eaton Vance Strategic Income Fund Class I	15,010.704 shares	**	103,424
	Accrued Interest			1,506
				883,722

Continues…

DLC GROUP SAVINGS PLAN

FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

...Continued

(a)	Identity of issuer, borrower, lessor, or similar party (b)	Description of investment, including maturity date, rate of interest, collateral, and par or maturity value (c)	Cost (d)	Current value (e)
	Exchange traded funds -			
	Invesco QQQ Trust	303.000 shares	**	186,136
	JPMorgan Equity Prem Income	1,841.000 shares	**	105,379
	Vanguard Total Intl Stock	867.000 shares	**	65,407
	iShares Core MSCI EAFE	716.000 shares	**	64,053
	Invesco S&P 500 Equal Weight	308.000 shares	**	59,000
	iShares Global Healthcare	545.000 shares	**	53,083
				533,058
	Money Market Fund -			
	Liquid Assets Government Fund	35,649.330 shares	**	35,649
	Cash	Non-interest bearing cash		3,254
				38,903
*	Note receivable from participants	Interest rate as of December 31, 2025 ranged from 7.5% to 8% with maturity dates ranging from October 2029 to August 2030.	**	23,939
				$ 8,728,190

* 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 4a
Schedule of Delinquent Participant Contributions

Name of Plan:

► DLC Group Savings Plan

Employer Identification No.: ► 66-0416370

Plan year (beginning/ending):► 1/1/2025 - 12/31/2025 Plan number:► 001

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ☐	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction Under VFCP	
532	**-**	**-**	**532**	**-**

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):► 1/1/2025 - 12/31/2025 Plan number:► 001

(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
	Abbott Laboratories	Common Stock		3,007
	AbbVie Inc.	Common Stock		2,742
	American Express Co.	Common Stock		3,330
	American Funds American Balanced Fund Class R-6	Mutual Fund		259,307
	Analog Devices Inc.	Common Stock		2,712
	Automatic Data Processing Inc.	Common Stock		1,543
	BlackRock Inc.	Common Stock		3,211
	Blackstone Alternative Multi-Strategy Fund Class I	Mutual Fund		104,354
	Broadcom Inc.	Common Stock		7,268
	Calamos Market Neutral Income Fund Institutional Class	Mutual Fund		102,308
	Carillon Scout Mid Cap Fund Class R-6	Mutual Fund		44,693
	Cash	Noninterest-bearing Cash		3,254
	Chubb Ltd.	Common Stock		1,561
	Cisco Systems Inc.	Common Stock		2,696
	Coca-Cola Co.	Common Stock		2,307
	Dodge & Cox Income Fund Class X	Mutual Fund		737,765
	Eaton Corp. plc	Common Stock		3,185
	Eaton Vance Short Duration Strategic Income Fund Class I	Mutual Fund		103,424
	Exxon Mobil Corp.	Common Stock		1,564
	Federated Hermes Money Market Obligations Trust - U.S. Treasury Cash Reserves Fund	Mutual Fund		569,535
	Federated Hermes US Treasury Cash Reserves Fund	Mutual Fund		
	Home Depot Inc.	Common Stock		3,441
	Invesco QQQ Trust Series 1	Exchange Traded Fund		186,136
	Invesco S&P 500 Equal Weight ETF	Exchange Traded Fund		59,000
	iShares Core MSCI EAFE ETF	Exchange Traded Fund		64,053
	iShares Global Healthcare ETF	Exchange Traded Fund		53,083
	Johnson & Johnson	Common Stock		3,518
	JPMorgan Chase & Co.	Common Stock		4,833
	JPMorgan Equity Income Fund Class R6	Mutual Fund		403,409
	JPMorgan Equity Premium Income ETF	Exchange Traded Fund		105,379
	JPMorgan Income Fund Class I	Mutual Fund		108,343
	Linde PLC	Common Stock		3,411
	Liquid Assets Government Fund	Money Market		35,649
	Macquarie Small Cap Core Fund Class R6	Mutual Fund		
	Marsh & McLennan Companies Inc.	Common Stock		1,299
	McDonald's Corp.	Common Stock		3,056
	Microsoft Corp.	Common Stock		10,640
	Morgan Stanley	Common Stock		3,018
	MyPlanLoan Participant Loans	Participant Loans		23,939
	NextEra Energy Inc.	Common Stock		2,489
	Nomura Small Cap Core Fund Class R6	Mutual Fund		14,546
	Oracle Corp.	Common Stock		3,313
	PIMCO Income Fund Class I-2	Mutual Fund		109,019
	PIMCO Income Fund Institutional Class	Mutual Fund		236,684
	Prologis Inc.	Common Stock		3,319
	Republic Services Inc.	Common Stock		848
	RTX Corp.	Common Stock		4,035
	T. Rowe Price Retirement 2005 Fund I Class	Mutual Fund		16,282
	T. Rowe Price Retirement 2020 Fund I Class	Mutual Fund		372,931
	T. Rowe Price Retirement 2025 Fund I Class	Mutual Fund		138,056
	T. Rowe Price Retirement 2030 Fund I Class	Mutual Fund		398,867
	T. Rowe Price Retirement 2035 Fund I Class	Mutual Fund		5,662
	T. Rowe Price Retirement 2040 Fund I Class	Mutual Fund		357,329
	T. Rowe Price Retirement 2045 Fund I Class	Mutual Fund		72,813
	T. Rowe Price Retirement 2050 Fund I Class	Mutual Fund		143,466
	T. Rowe Price Retirement 2055 Fund I Class	Mutual Fund		122,804
	T. Rowe Price Retirement 2060 Fund I Class	Mutual Fund		60,781
	T. Rowe Price Retirement 2065 Fund I Class	Mutual Fund		31,956
	T. Rowe Price Retirement 2070 Fund I Class	Mutual Fund		103
	Taiwan Semiconductor Manufacturing Co.	Common Stock		5,166
	TCW MetWest Total Return Bond Fund Class I	Mutual Fund		-
	Texas Instruments	Common Stock		2,255
	The Hartford International Opportunities Fund Class R6	Mutual Fund		383,778
	TJX Companies Inc.	Common Stock		3,226
	Trane Technologies plc	Common Stock		2,335
	U.S. Treasury Notes (including Accrued Interest)	U.S. Government Securities		430,405
	Union Pacific Corp.	Common Stock		2,545
	Vanguard Core Bond Fund Admiral Shares	Mutual Fund		132,531
	Vanguard Dividend Growth Fund Investor Shares	Mutual Fund		108,430
	Vanguard FTSE All-World ex-US Index Fund Admiral Shares	Mutual Fund		235,807
	Vanguard Large Cap Index Fund Admiral Shares	Mutual Fund		618,796
	Vanguard Mid-Cap Index Fund Admiral Shares	Mutual Fund		422,574
	Vanguard Small-Cap Index Fund Admiral Shares	Mutual Fund		106,586
	Vanguard Total Bond Market Index Fund Admiral Shares	Mutual Fund		108,293
	Vanguard Total International Stock Index Fund ETF	Exchange Traded Fund		65,407
	Vanguard Value Index Fund Admiral Shares	Mutual Fund		106,427
	Virtus KAR International Small-Mid Cap Fund Class I	Mutual Fund		108,895
	Virtus KAR Small-Cap Core Fund Class I	Mutual Fund		125,933
	Voya Large-Cap Growth Fund Class R6	Mutual Fund		631,525