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
PONTIFICAL CATHOLIC UNIVERSITY OF PUERTO RICO PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 05/01/1976

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)
PONTIFICAL CATHOLIC UNIVERSITY OF PUERTO RICO

2250 BLVD LUIS A. FERRE, STE 623
PONCE, PR 00717-0777

2b Employer Identification Number (EIN) 66-0191965

2c Plan Sponsor's telephone number 787-841-2000

2d Business code (see instructions) 611000

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	JOSE FRONTERA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2026	JOSE FRONTERA
	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:

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	831
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)**	209
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	195
b	Retired or separated participants receiving benefits	**6b**	455
c	Other retired or separated participants entitled to future benefits	**6c**	98
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	748
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	62
f	Total. Add lines **6d** and **6e**.	**6f**	810
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)**	
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)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
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:

1A 1I 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)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **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 SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
PONTIFICAL CATHOLIC UNIVERSITY OF PUERTO RICO PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
PONTIFICAL CATHOLIC UNIVERSITY OF PUERTO RICO

D Employer Identification Number (EIN)
66-0191965

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	43695079
b Actuarial value	**2b**	40251909

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	494	24722242	24722242
b For terminated vested participants	128	7181081	7181081
c For active participants	209	13481915	13495554
d Total	831	45385238	45398877

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.26 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	161409
c Target normal cost	**6c**	161409

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary

09/22/2026
Date

HECTOR D. GAITAN, FCA, ASA, EA
Type or print name of actuary

26-04646
Most recent enrollment number

BPAS TRUST COMPANY OF PUERTO RICO
Firm name

787-936-2253
Telephone number (including area code)

1225 PONCE DE LEON AVENUE.
VIG TOWER, SUITE 804
SAN JUAN, PR 00907
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 12.92 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		64
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.02 %		3
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c	Total available at beginning of current plan year to add to prefunding balance		67
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	88.66 %
15	Adjusted funding target attainment percentage	15	88.66 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	91.00 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/14/2025	146639	0			
07/14/2025	146639	0			
10/14/2025	146639	0			
01/13/2026	146639	0			
04/17/2026	156360	0			
			Totals ► 18(b)	742916	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	713249

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 5.00 %	2nd segment: 5.27 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	65

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	161409
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	5146968	548748
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	710157

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	710157
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	713249
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	3092
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021

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 PONTIFICAL CATHOLIC UNIVERSITY OF PUERTO RICO PENSION PLAN	**B** Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 PONTIFICAL CATHOLIC UNIVERSITY OF PUERTO RICO	**D** Employer Identification Number (EIN) 66-0191965

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)

BANCO POPULAR DE PUERTO RICO

66-0561870

(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?
19	NONE	75293	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BPAS ACTUARIAL & PENSION SERVICES

30-0192194

(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?
11	NONE	58550	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

POPULAR SECURITIES, LLC

66-0374802

(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?
19	NONE	48611	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

AIG

66-0319193

(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?
22	NONE	14591	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 ☐

(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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE 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
PONTIFICAL CATHOLIC UNIVERSITY OF PUERTO RICO PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PONTIFICAL CATHOLIC UNIVERSITY OF PUERTO RICO

D Employer Identification Number (EIN)
66-0191965

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	131975	302999
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	164	157
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	305127	266604
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(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)	43062872	47252582
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

		(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	43500138	47822342
Liabilities			
1g Benefit claims payable	1g	0	0
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	43500138	47822342

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)	742916	
(B) Participants	2a(1)(B)	152	
(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)		743068
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1258	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1258
(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)	1065393	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1065393
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(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)		6139472
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		7949191
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3429942	
(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)		3429942
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)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	123904	
(7) Actuarial fees	2i(7)	58550	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	14591	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		197045
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3626987
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		4322204
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: OJEDA CPA GROUP, P.S.C. **(2)** EIN: 66-0688644

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

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

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
PONTIFICAL CATHOLIC UNIVERSITY OF PUERTO RICO PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PONTIFICAL CATHOLIC UNIVERSITY OF PUERTO RICO

D Employer Identification Number (EIN)
66-0191965

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): 66-0390373

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 | 1

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_____.

PONTIFICAL CATHOLIC UNIVERSITY OF PUERTO RICO PENSION PLAN

Financial Statements

December 31, 2025 and 2024

(With Independent Auditors' Report Thereon)

PONTIFICAL CATHOLIC UNIVERSITY OF PUERTO RICO PENSION PLAN

December 31, 2025 and 2024

Financial Statements

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All other schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

Ojeda CPA Group, P.S.C.

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INDEPENDENT AUDITOR'S REPORT

To the Participants and Board of Trustees
Pontifical Catholic University of Puerto Rico
Pension Plan
Ponce, Puerto Rico

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

We have performed to audits of the financial statement of **Pontifical Catholic University of Puerto Rico Pension Plan ("the Plan")**, an employee benefit 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 statements of changes in net assets available for benefits for the years ended December 31, 2025 and 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 **the Plan's** financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulation for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extended to any statements or information related to assets held for investment of **the Plan** (investment information) by Banco Popular de Puerto Rico 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 Banco Popular de Puerto Rico in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31,2025 and 2024, and for the years ended December 31, 2025 and 2024, starting that the certified investment information, as described in Notes 6 and 8 to the financial statements, is completed 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 disclosure 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.

- The information in the accompanying financial statements related to assets held by and certified to by Banco Popular de Puerto Rico agrees to, or is derived from, in all material respects, the information prepared and certified to by Banco Popular de Puerto Rico that management determined meets the requirements of ERISA Section 103(a)(3)(C).

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 *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of **the Plan** and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for 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, which raise substantial doubt about **the Plan's** ability to continue as a going concern for a reasonable period of time.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit* section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users made on the basis of these financial statements.

In performing an audit in accordance with GAAS, we:

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

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of **the Plans'** 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, which raise substantial doubt about **the Plan's** ability to continue as a going concern for a reasonable period.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosure relating to the certified investment information to assets 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 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 Requires by ERISA

The supplemental schedule of (1) Schedule H Line 4i – Schedules of Assets Held for Investment Purposes (held at end of year) as of December 31, 2025 and 2024, are presented for purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and related directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, 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 procedure, including comparing and reconciling such information directly to the underlying accounting and other records under used to prepared 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 schedules, other than the information agreed to or derived from the certified investment information, including they are from and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by Banco Popular de Puerto Rico management determined meets the requirements of ERISA Section 103(a)(3)(C).

September 21, 2026.

Ojeda CPA Group, PSC

License No. 330
Ponce, Puerto Rico

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DPSC330-436

Pontifical Catholic University of Puerto Rico
Pension Plan

PONTIFICAL CATHOLIC UNIVERSITY OF PUERTO RICO PENSION PLAN

Statements of Net Assets Available for Benefits

December 31, 2025 and 2024

	2025	2024
ASSETS		
Cash and cash equivalent	$ 266,604	$ 305,127
Investments:		
Investment at fair value	47,252,582	43,062,872
Receivables:		
Interest	157	164
Employer's contribution	302,999	131,975
Total assets	47,822,342	43,500,138
LIABILITIES		
Refund of contribution to terminated participant		
Total of liabilities		
NET ASSETS AVAILABLE FOR BENEFITS	$ 47,822,342	$ 43,500,138

See accompanying notes to financial statements.

PONTIFICAL CATHOLIC UNIVERSITY OF PUERTO RICO PENSION PLAN

Statements of Changes in Net Assets Available for Benefits

For the years ended December 31, 2025 and 2024

	2025	2024
Additions to Net Assets Attributed to:		
Investment income:		
Interest and dividends	$ 1,066,651	$ 995,867
Net appreciation in fair value of investments	6,139,472	3,937,219
Contributions:		
Employee's	152	8,482
Employer’s	742,916	604,742
Total	7,949,191	5,546,310
Deductions from Net Assets Attributed to:		
Benefits paid to participants	3,429,942	3,230,996
Administrative expenses	197,045	161,328
Total	3,626,987	3,392,324
Net increase in net assets avaible for benefits	4,322,204	2,153,986
Net assets available for benefits:		
Beginning of year	43,500,138	41,346,152
End of year	$ 47,822,342	$ 43,500,138

See accompanying notes to financial statements.

PONTIFICAL CATHOLIC UNIVERSITY OF PUERTO RICO PENSION PLAN

Notes to Financial Statements

December 31, 2025 and 2024

1. PLAN DESCRIPTION

The following description of **Pontifical Catholic University of Puerto Rico Pension Plan** ("**the Plan")** is provides for general information purposes only. Participants should refer to **the Plan** agreement for a more complete description of **the Plan's** provisions.

General **- The Plan** is a defined benefits plan covering 209 active employees of **Pontifical Catholic University of Puerto Rico** ("**the University**") and 622 retired, terminated or decrease vested participants.

Effective August 31, 2003, the Board of Trustees of **Pontifical Catholic University of Puerto Rico** resolved to amend **the Plan.** Such an amendment consisted in freezing the participants' benefits. The freeze will not affect the participant's accumulated benefits up to the effective date of August 31, 2003. However, thereafter the participants will not be accumulated benefits in connection with the years of service.

Sponsor and contributions **-** the **Pontifical Catholic University of Puerto Rico** ("**the University**") contributes an amount of money determinate each year by the actuaries to provide the benefits under **the Plan** and to meet the minimum funding standard of the Employee Retirement Income Security Act of 1974 ("ERISA"), but in no event, contributions exceed maximum limits prescribed by the Puerto Rico Internal Revenue Code.

Eligibility **-** An employee may become a participant **in the Plan** after: (1) completion of one year of service (870 hours at the end of the year) and (2) compliance with the required contributions as set forth in **the Plan** agreement. **The Plan** is subject to the provision of the Employee Retirement Income Security Act of 1974 ("ERISA").

Pension Benefits – Employees with 5 or more years of service are entitled to a deferred annuity commencing at age 65 equal to normal retirement benefit accrued up to the date of termination. However, any plan participant who works for **the University** until attaining age 65 is entitled to a pension under **the Plan** regardless of the number of years of service. Plan benefits provided to be provided to single employees at normal retirement will be 30% of final average earnings up to each employee covered compensation amount (as defined), plus 50% of such earnings in excess of such covered compensation amount. Benefit is provided to married employees in the form of a 50% joint and survivor annuity actuarially equivalent to that of single employees. The pension will be paid at an employee's normal retirement date provided that the credited service totals 30 years or more. For lesser service, the pension amount will be prorated (multiplied by credited service and divided by 30).

A minimum pension benefit of $5 per month for each year of credited service up to 25 years is provided under **the Plan**. **The Plan** permits early retirement from age 55 to 64 provided that the age plus the years of service is greater than or equal to 75, or after age 60 with 10 years of service.

1. **PLAN DESCRIPTION,** Continued

Disability benefits – In the event the participant becomes disabled prior to his actual retirement date and is entitled to receive benefits from both the Employer's long term disability policy and the Social Security Administration, he will be entitled to a disability benefit under **the Plan**.

Death benefit – If an active employee dies after meeting the requirements for Early Retirement or Deferred Vested Benefit, the spouse will be entitled to lifetime benefit provided they were married for at least one year. The benefit will commence on the later of the date of death and the earliest date the employee could have retired and received a pension. The amount of the benefit is equal to 50% of the joint and survivor benefit that the employee would have received had he retired on the benefit commencement date.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following are the significant accounting policies followed by **the Plan**:

Basis of accounting - The financial statements of **the Plan** are prepared using the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America.

Use of estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements.

Cash and cash equivalent – **The Plan** considers all highly investments purchased with an initial maturity of three months or less to be cash equivalent.

Investments – **The Plan** accounts for its investments pursuant to the provisions of Financial Accounting Standard Board ("*FASB")* Accounting Standard Codification ("ASC") Topic 820 "Fair Value Measurement", which provides a common definition of fair value, established a framework for measuring fair value and expands disclosure about fair value measurements.

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

Payment of benefits – Benefit payment to participants is recorded upon distributions.

Reclassifications – Certain reclassifications have been made to prior period current reporting.

3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

The present value of accumulated plan benefits as of the most recent actuarial valuation for the years ended December 31, 2025 and 2024 was as follow:

	2025	2024
Actuarial present value of accumulated plan benefits:		
Vested Benefits:		
Participants currently receiving payments	$22,455,798	$21,980,430
Others participants	13,066,734	18,021,585
Total vested benefits	35,522,532	40,002,015
Nonvested benefits	7,911	9,776
Total actuarial present value of accumulated plan benefit	$35,530,443	$40,011,791

The changes in the actuarial present value of accumulated plan benefits, as determined by the actuaries, for the years ended December 31, 2025 and 2024:

	2025	2024
Actuarial present value of accumulated plan benefits, beginning of year	$ 40,011,791	$ 39,595,572
Increase/(decrease) during the year atribulatable to:		
Interest	2,872,262	2,848,506
Benefit paid	(3,429,942)	(3,230,996)
Changes in actuarial assumptions or method		
Accrual of benefits and others	(3,923,668)	798,709
Net increase	(4,481,348)	416,219
Total actuarial present value of accumulated plan benefit, end of year	$ 35,530,443	$ 40,011,791

4. FUNDING POLICY

The Plan's funding policy is to make a contribution to **the Plan** as determined by the consulting actuaries, necessary to fund the current year cost and any authorized prior service cost and to meet the annual minimum funding requirement by ERISA. Effective August 31, 2003, the Board of Trustees of Plan Sponsor consent that no additional contributions shall be made to **the Plan** by the participants.

The accompanying financial statements on December 31, 2025, include employer's contribution receivable in the amount of $302,999, in order for **the Plan's** Sponsor to meet the minimum funding requirements of ERISA.

5. PLAN TERMINATION

Although the Sponsor has not expressed any intention to do so, it has the right under **the Plan** to discontinue its contributions at any time and to terminate **the Plan**, subject to the provisions set forth in ERISA. In the event **the Plan** terminates, the net assets of **the Plan** will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

a) Benefit attributable to employees' contributions, if any, taking into account those paid out before termination.
b) Annuity benefits that former employee, or their beneficiaries have been receiving for at least three-years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal from of annuity under **the Plan**. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those years. The amount is further limited to the lowest benefit that would be payable under **the Plan's** provisions in effect any time during the five years preceding **Plan's** termination.
c) All vested benefits.
d) All non-vested benefits.
e) Returned to the employer in cash.

Whether all participants receive their benefits at some future time will depend on the sufficiency, at the time, of **the Plan's** net assets to provide those benefits.

The Pension Benefit Guaranty Corporation ("PBGC") requires **the Plan** covered by Title IV of ERISA to maintain PBGC insurance coverage, subject to certain other requirements from PBGC. Title IV of ERISA includes, among other things, the requirements for **a Plan** for being considered as organized in the United States. **The Plan** is not considered a "US Plan," therefore the PBGC insurance requirement is not applicable.

The accompanying financial statement does not contemplate any provision or adjustment regarding a final termination of **the Plan** pursuant to the aforementioned rules and provision.

6. INVESTMENT

All investment information disclosed in the accompanying financial statements, including investments held on December 31, 2025 and 2024, and net (depreciation) / appreciation in fair value of investments and interest and dividends for the years then ended, were obtained or derived from information supplied to the Plan Administrator for the years ended December 31, 2025 and 2024:

	2025	2024
Realized gain on sales of securities	$ 1,174,124	$ 921,557
Unrealized gain on investments	4,965,348	3,015,662
Net appreciation in fair value of investments	$ 6,139,472	$ 3,937,219

7. FAIR VALUE MEASUREMENTS

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

The FASB's authoritative guidance on Fair Value Measurement and Disclosure, established a framework for measuring fair value which 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 measurements) and the lowest priority to unobservable input (level 3 measurement).

The three levels of the fair value hierarchy under this guidance 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 an active market.
- Quoted prices for identical or similar assets or liabilities in inactive markets.
- Inputs other than quoted prices those are observable for the asset or
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

7. FAIR VALUE MEASUREMENTS, continued

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

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

Money market fund – valued amortized cost which approximates fair value. Money market funds held by **the Plan** are deemed to be actively traded are classified as Level 1.

Corporate bonds, municipal bonds, U.S. government securities and assets backed securities – are valued at the closing price reported in the active on which the individual securities are traded.

Mutual funds **-** valued at the daily closing price as reported by the fund. Mutual funds held by **the Plan** are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net assets value ("NAV") and to transact at that price. The mutual funds held by **the Plan** are deemed to be actively traded and are classified as Level 1.

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

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

		Assets at Fair Value as of December 31, 2025		
	Total	Quoted Prices in Active Markets for identical (Level 1)	Significant Other Observable Imputs (Level 2)	Significant Unobservevable Inputs (Level 3)
Interest bearing deposit	$ 17,427	$ 17,427	$	$
Money market	249,177	249,177		
Mutual funds	47,252,582	47,252,582		
Total	$ 47,519,186	$ 47,519,186	$	$

7. FAIR VALUE MEASUREMENTS, continued

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

	Assets at Fair Value as of December 31, 2024			
	Total	Quoted Prices in Active Markets for identical (Level 1)	Significant Other Observable Imputs (Level 2)	Significant Unobservevable Inputs (Level 3)
Interest bearing deposit	$ 3,667	$ 3,667	$	$
Money market	301,460	301,460		
Mutual funds	43,062,872	43,062,872		
Total	$ 43,367,999	$ 43,367,999	$	$

8. INFORMATION CERTIFIED BY THE CUSTODIAN

The Plan Administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Banco Popular, the trustee of **the Plan**, has certified as to the completeness and accuracy of all investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2025 and 2024 and the supplemental Schedule H, line 4i – Schedule of Assets (Held at the end of Year) as of December 31, 2025 and 2024; and the related investment activity reflected in the statements of changes in net assets available for benefits for the year ended December 31, 2025 and 2024.

9. TRUST AND CUSTODIAN

Effective on October 12, 2018, **the Plan's** Board of Trustees appointed Banco Popular of Puerto Rico Fiduciary Services to serve as the successor and sole trustee of **the Plan**, and from this date they manage and administer **the Plan's** Fund. The Trustee has discretional investment power. Popular Securities is the investment advisor and Custodian of **the Plan**.

10. INCOME TAXES

The Plan constitutes a qualified plan, exempt from income tax under the provisions of Section 1081.01 of the Puerto Rico Internal Revenue Service Code of 2011, as amended. The accounting principles generally accepted in the United States of America require plan management to evaluated tax positions taken by **the Plan** and recognize a tax liability if **the Plan** has taken an uncertain position that more likely than would not be sustained upon examination by the Department of Treasury of Commonwealth of Puerto Rico. In the normal course of business, **the Plan** is potentially subject to income tax audits in the Commonwealth in Puerto Rico for its taxable years 2018 through 2025 until the applicable state of limitation expires. However, there are currently no audits for any tax periods in the process.

11. RISKS

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

Plan contributions are made and the actuarial prevent value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rate, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumption process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would-be material to financial statements.

12. UNCERTAINTY AND SUBSEQUENT EVENTS

Subsequent events

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

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

SUPPLEMENTAL SCHEDULE

(See Independent Auditor's Report)

PONTIFICALCATHOLIC UNIVERSITY OF PUERTO RICO PENSION PLAN

Schedule of Assets Held For Investment Purpose

For the year ended December 31, 2025

Schedule 1

EIN Number: 66-0191965 Plan No.001

Form 5500, ScheduleH, Part IV, Line 4i

(a) Issuer	(b) Investment Identity	(c) Description	(d) Shares	(e) Cost	(f) Current Value
	BPPR Cash Account	Bank Account	$	$	$
	BPPR Time Deposit Open Account	Time Deposit	17,427	17,427	17,427
	Fidelity Government	Money Market	249,177	249,177	249,177
	DFA Social Income - Inst	Fixed Income	1,484,375	14,693,036	13,715,624
	DFA Social Core Equity 2	Matual Funds	707,732	12,054,982	23,376,375
	DFA Emergent Markets Social Core	Mutual Funds	132,576	1,787,092	2,438,070
	DFA Intl Social Core Equity	Mutual Funds	403,686	5,188,815	7,722,513
				$ 33,990,529	47,519,186

PONTIFICALCATHOLIC UNIVERSITY OF
PUERTO RICO PENSION PLAN
Schedule of Assets Held For Investment Purpose
For the year ended December 31, 2024
Schedule 1

EIN Number: 66-0191965 Plan No.001
Form 5500, ScheduleH, Part IV, Line 4i

(a) Issuer	(b) Investment Identity	(c) Description	(d) Shares	(e) Cost	(f) Current Value
	BPPR Cash Account	Bank Account	$	$	$
	BPPR Time Deposit Open Account	Time Deposit	3,667	3,667	3,667
	Fidelity Government	Money Market	301,460	301,460	301,460
	DFA Social Income - Inst	Fixed Income	1,348,752	13,436,009	12,098,308
	DFA Social Core Equity 2	Matual Funds	775,353	13,219,793	22,291,392
	DFA Emergent Markets Social Core	Mutual Funds	145,079	1,955,629	2,109,447
	DFA Intl Social Core Equity	Mutual Funds	456,131	5,888,132	6,563,725
				$ 34,804,690	43,367,999

Actuarial Assumptions and Methods

The valuation of a defined benefit pension plan involves estimates and assumptions about the probability of events occurring far into the future. Examples include assumptions about future employment, mortality, and retirement. Below is a description of the actuarial assumptions and methods used in the valuation.

Funding Target Liability

Valuation Date: January 1, 2025

Demographic Information: The demographic information was provided as of January 1, 2025 by Pontifical Catholic University of Puerto Rico. Although we did not audit the data, we did review the data for reasonableness.

Actuarial Cost Method: As required by PPA, the Traditional Unit Credit Cost Method was used.

Asset Valuation Method: The actuarial value of assets is determined by averaging the fair market value of assets as of the valuation date and the adjusted fair market values as of the preceding two valuation dates. This methodology is consistent with that provided in IRS Notice 2009-22.

Anticipated Rate of Return on Plan Assets: 7.50%, based on Pontifical Catholic University of Puerto Rico's expectation and review of the Plan's asset allocation. We performed a review of the Plan's asset allocation, investment policy, and the expected return for the Plan using Merrill Lynch's 2024 Capital Market Assumptions Framework. After review of the results and taking into account other relevant factors, the selected Expected Long-Term Rate of Return does not significantly conflict with what we believe is reasonable for the assumption and purpose of the measurement.

Actuarial Valuation Software: For purposes of developing the projected future benefit payments as well as determining attributed liabilities and normal costs as of the valuation date, we utilized the ProVal software platform developed by Winklevoss Technologies. We believe this externally developed valuation system is appropriate, was used for its intended purpose, and did not produce unreasonable results.

Interest Rates for Minimum Required Contribution: The January 2025 funding segment rates were utilized as prescribed by ERISA 303(h)(2) and elected by Pontifical Catholic University of Puerto Rico. Below, please find the segment rates after reflection of the segment rate stabilization provisions of ERISA Section 303(h)(2)(C)(iv) with regard to provisions provided under Section 9706 of the American Rescue Plan Act of 2021.

Segment	Interest Rate
Segment 1	5.00%
Segment 2	5.27%
Segment 3	5.50%

Effective Interest Rate
5.26%

Segment 1 is applied to benefit payments expected to be made in the first 5 years, segment 2 is applied to benefit payments expected to be made in the next 15 years and segment 3 is applied thereafter.

Interest Rates Absent the Segment Rate Stabilization Provisions of ERISA Section 303(h)(2)(C)(iv): Below, please find the segment rates without reflection of the segment rate stabilization provisions of ERISA Section 303(h)(2)(C)(iv). These rates were utilized to determine the low-default risk obligation measurement ("LDROM") of the accrued benefits as of the Valuation Date.

Segment	Interest Rate
Segment 1	5.00%
Segment 2	5.27%
Segment 3	5.40%

Effective Interest Rate
5.25%

Segment 1 is applied to benefit payments expected to be made in the first 5 years, segment 2 is applied to benefit payments expected to be made in the next 15 years and segment 3 is applied thereafter.

Rate of Compensation Increase: The rate was frozen effective August 31, 2003. Therefore, no salary increases were assumed.

Mortality: The sex-distinct Amount-Weighted Pri-2012 Mortality Tables for employees and healthy annuitants with mortality improvements projected using IRS 2025 Adjusted Scale MP-2021 on a generational basis.

Retirement Incidence: 100% of participants are assumed to retire at age 65 based on the Plan's normal retirement age.

Turnover: Turnover rates are according to Table W-2 of the Pension Tables from Actuaries published by the American Society of Pension Actuaries. Illustrative rates are shown below:

Age	Percentage
20	11.21%
25	8.91%
30	6.92%
35	5.46%
40	4.88%
45	4.39%
50	3.65%
55	0.36%

Disability: Disability rates were not assumed.

Administrative Expenses: **A**ctual plan expenses, not including investment advisory fees, paid out of the trust during the previous plan year and are included in the determination of the Target Normal Cost.

Spouse Assumptions: For purposes of the pre-retirement spouse's benefit it is assumed that 85% of the participants will be married with wives being three years younger than their husbands. This assumption was based on national averages.

Form of Benefit: Active participants are assumed to receive benefits based on their assumed decrement, as described below:

Death: Pre-retirement survivor annuity payable at the early retirement date of the participant.

Termination: Deferred life annuity payable at age 65, with employee contributions with interest guaranteed.

Retirement: Immediate life annuity payable, with employee contributions with interest guaranteed.

All assumptions used in determining the low-default risk obligation measurement were consistent with those used in determining the Funding Target Liability, except the interest rates which were disclosed above.

Actuarial Present Value of Accumulated Plan Benefits (ASC 960)

Interest Rate: 7.50%, based on Pontifical Catholic University of Puerto Rico's expectation and review of the Plan's asset allocation. We performed a review of the Plan's asset allocation, investment policy, and the expected return for the Plan using Merrill Lynch's 2024 Capital Market Assumptions Framework. After review of the results and taking into account other relevant factors, the selected Expected Long-Term Rate of Return does not significantly conflict with what we believe is reasonable for the assumption and purpose of the measurement.

Mortality: The sex-distinct Amount-Weighted Pri-2012 Mortality Tables for employees, healthy annuitants, and contingent survivors with mortality improvements projected using Scale MP-2021 on a generational basis. This assumption was based on a review of published mortality tables and the demographics and industry of the Plan.

Unless specifically mentioned, all remaining assumptions for the Actuarial Present Value of Accumulated Plan Benefits remain the same as described for the Funding Target Liability above.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
Pontifical Catholic University of Puerto Rico Pension Plan

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Pontifical Catholic University of Puerto Rico

D Employer Identification Number (EIN)
66-0191965

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	43,695,079
b Actuarial value	**2b**	40,251,909

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	494	24,722,242	24,722,242
b For terminated vested participants	128	7,181,081	7,181,081
c For active participants	209	13,481,915	13,495,554
d Total	831	45,385,238	45,398,877

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.26%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	161,409
c Target normal cost	**6c**	161,409

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

H. D. Gaitan
Signature of actuary

September 22, 2026
Date

HECTOR D. GAITAN, FCA, ASA, EA
Type or print name of actuary

2604646
Most recent enrollment number

BPAS Trust Company of Puerto Rico
Firm name

787-936-2253
Telephone number (including area code)

1225 Ponce de Leon Avenue.
VIG Tower, Suite 804
SAN JUAN PR 00907
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of 12.92%	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		64
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.02%		3
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		67
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	88.66%
15 Adjusted funding target attainment percentage	15	88.66%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	91.00%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/14/2025	146,639	0			
07/14/2025	146,639	0			
10/14/2025	146,639	0			
01/13/2026	146,639	0			
04/17/2026	156,360	0			
			Totals ▶ 18(b)	742,916	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	713,249

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

lan qualified only and exclusively under the Puerto Rico code. PBGC has notified the Plan Sponsor that the Plan is not covered by Title IV of ERISA.

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	5.00 %	5.27 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	65

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	161,409
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	5,146,968	548,748
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	710,157

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	710,157
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	713,249
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	3,092
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021

Schedule SB, line 22 – Description of Weighted Average Retirement Age
Pontifical Catholic University of Puerto Rico Pension Plan
EIN: 66-0191965; PN: 001

All Participants are assumed to retire at age 65 or current age, if later.

ATTACHMENT TO 2025 FORM 5500

Plan Sponsor: **Pontifical Catholic University of Puerto Rico** **EIN**: **66-0191965**

Plan Name: **Pontifical Catholic University of Puerto Rico Pension Plan** **Plan No.**: **001**

The above Plan is not a qualified plan under Section 401(a) of the US Internal Revenue Code. It is a non-domiciled US Plan which is qualified only and exclusively under the Puerto Rico Internal Revenue Code. The Plan is sponsored by a Puerto Rican employer and covers only Puerto Rican residents. This employer has not made an election under Section 1022(i) of ERISA to be covered by Title II and is, therefore, not subject to, among others, Sections 401(a)(4), 401(a)(5), 401(a)(9), 401(a)(17), 401(a)(26), 404, 410(b), 415, and 416 of the U.S. Internal Revenue Code.

Plan Provisions

This summary is intended as an outline of plan provisions and does not alter the intent or meaning of the provisions contained in the plan document.

Plan Sponsor: **Pontifical Catholic University of Puerto Rico**
EIN/PN: **66-0191965/001**

Effective Date:

Original Effective Date, May 1, 1976. Last amended effective August 31, 2003 to freeze all benefit accruals. Last amended effective January 1, 2011 to comply with the Internal Revenue Code for a New Puerto Rico.

Plan Year:

The calendar year (for years starting January 1, 1981).

Eligibility for Participation:

Completion of one Year of Service (870 Hours of Service) in the 12-month period following the date of employment, assuming the employee agrees to make the required contributions to the Plan. Participation commences immediately upon satisfaction of the eligibility requirements.

Employee Contributions:

2% of that portion of the Participant's monthly Compensation in excess of $600, but not in excess of $800 plus 3% of that portion of monthly Compensation in excess of $800. The Plan Sponsor provides the remaining funds needed to cover the costs of the benefits and administration of the Plan. No employee contributions will be permitted effective September 1, 2003.

Credited Service:

A Plan Year during which an employee is a Participant and completes at least 870 Hours of Service. (Credited Service is employed to determine the Average Monthly Compensation and the Accrued Benefit). No additional Credited Service will be granted after August 31, 2003.

Year of Service:

Same as Credited Service, plus the first year in which the employee had not yet become a Participant in the Plan. (Year of Service is used to determine eligibility for vesting rights and Early Retirement).

Normal Retirement Date:

The first of the month coincident with or next following the Participant's attainment of age 65.

Compensation:

Basic Salary of the Participant, including any wages deferred under Section 1165(e) of the Puerto Rico Income Tax Act but excluding overtime, bonuses, shift differentials, expense reimbursements, and other fluctuating emoluments. Compensation earned after August 31, 2003 shall not be considered for purposes of determining the Accrued Benefit.

Average Compensation:

The Compensation of a participant averaged over the highest 60 consecutive full months out of the final 10 years of participation.

Covered Compensation:

Employed to determine the pension benefit amount, it varies depending of the Participant's attainment of age 65 as follows:

Year of Attainment of Age 65	Annual Amount
1992	$17,400
1995	19,200
2000	22,800
2005	27,000
2010	30,000
2015	32,400
2020	35,400
2023 and later	37,200

Normal Retirement Benefit:

The product of (a) and (b), as follows:

(a) the sum of,

(i) 30% of the Average Compensation up to the Covered Compensation; plus
(ii) 50% of the Average Compensation in excess of the Covered Compensation.

(b) full and fractional years of Credited Service not in excess of 30, divided by 30

The Normal Retirement Benefit is subject to a minimum monthly benefit of $5.00 times the number of years of Credited Service, not exceeding 25 years. Effective August 31, 2003, no further accrual of benefits will be permitted under the Plan.

Early Retirement Eligibility:

A Participant may retire prior to his Normal Retirement Date upon attainment of the earlier of (a) or (b), as follows:

(a) attainment of age 55, provided the sum of his age and years of Service equals at least 75, or
(b) completion of 10 years of Service after attainment of age 60.

Early Retirement Benefit:

Accrued Benefit payable starting at the Normal Retirement Date; or the Accrued Benefit reduced by 5/12% for each of the first 60 months and 5/24% for each month thereafter by which the benefit commencement date precedes the Normal Retirement Date.

Deferred Retirement Benefit:

The larger of (a) and (b), as follows:

(a) the Actuarial Equivalent at the Deferred Retirement Date of his Accrued Benefit at the Normal Retirement Date, and
(b) the Accrued Benefit computed based on the Average Compensation and Credited Service as of the Deferred Retirement Date.

Vesting:

100% after 5 years of Service. A Participant is always 100% vested in the portion of his pension benefit attributable to his own contributions and his TIAA-CREF account. If any of these amounts are withdrawn by the Participant, the Accrued Benefit will be reduced accordingly.

Vested Deferred Benefit:

The Accrued Benefit as of the Participant's date of termination, payable beginning at the Normal Retirement Date. Participants that terminate with a Vested Deferred Benefit may elect earlier commencement of a reduced benefit beginning on or after attainment of age 60 with 10 years of Service or age 55, if his age plus Service equal at least 75. (The benefit is reduced in the same fashion as the Early Retirement Benefit).

Disability Benefit:

A participant qualifies for disability benefits upon entitlement from both, the federal Social Security Administration and the Employer's Long Term Disability Plan. In that event, the Participant will continue accruing Credited Service until his total Credited Service equals 10 years. Should the Participant become disabled after he has completed 10 years of Credited Service, then such disability shall be treated as a regular employment termination. Effective August 31, 2003, no additional accrual of benefit will be permitted for purposes of a Disability Benefit.

Death Benefits:

For Participants in Receipt of Pension:

If a participant dies while receiving a pension benefit prior to receiving benefits equal to the sum of his own contributions, his TIAA-CREF account, and his Credited Interest, the excess of this sum over the benefits received shall be paid to his beneficiary, unless survivorship benefits are payable under the payment options in effect in which case the noted comparison will be made when the period benefit payments cease.

For Participants Actively Employed:

Minimum QJSA and QPSA survivor benefits under ERISA are payable to eligible spouses. If at the time of death of the surviving spouse the distributed pension benefits are less than the sum of the Participant's own contributions, his TIAA-CREF account, and his Credited Interest to the date of death of the Participant, the excess of this sum over the benefits received shall be paid to the Participant's beneficiary. Upon the death of a Participant without an eligible spouse, the sum of his own contributions, his TIAA-CREF account, and his Credited Interest are paid to the Participant's beneficiary.

Forms of Benefit Payment:

Unless specified by the participant or by law, all benefits to single participants will be paid in the form of a life annuity. Benefits are payable to married participants in the form of a joint and 50% survivor annuity actuarially equivalent to the life annuity. Optional forms of benefit include a 100% J&S, and 10, 15, and 20 year certain and life annuity.

PONTIFICALCATHOLIC UNIVERSITY OF
PUERTO RICO PENSION PLAN
Schedule of Assets Held For Investment Purpose
For the year ended December 31, 2025
Schedule 1

EIN Number: 66-0191965 Plan No.001
Form 5500, ScheduleH, Part IV, Line 4i

(a) Issuer	(b) Investment Identity	(c) Description	(d) Shares	(e) Cost	(f) Current Value
	BPPR Cash Account	Bank Account	$	$	$
	BPPR Time Deposit Open Account	Time Deposit	17,427	17,427	17,427
	Fidelity Government	Money Market	249,177	249,177	249,177
	DFA Social Income - Inst	Fixed Income	1,484,375	14,693,036	13,715,624
	DFA Social Core Equity 2	Matual Funds	707,732	12,054,982	23,376,375
	DFA Emergent Markets Social Core	Mutual Funds	132,576	1,787,092	2,438,070
	DFA Intl Social Core Equity	Mutual Funds	403,686	5,188,815	7,722,513
				$ 33,990,529	47,519,186

PONTIFICALCATHOLIC UNIVERSITY OF
PUERTO RICO PENSION PLAN
Schedule of Assets Held For Investment Purpose
For the year ended December 31, 2024
Schedule 1

EIN Number: 66-0191965 Plan No.001
Form 5500, ScheduleH, Part IV, Line 4i

(a) Issuer	(b) Investment Identity	(c) Description	(d) Shares	(e) Cost	(f) Current Value
	BPPR Cash Account	Bank Account	$	$	$
	BPPR Time Deposit Open Account	Time Deposit	3,667	3,667	3,667
	Fidelity Government	Money Market	301,460	301,460	301,460
	DFA Social Income - Inst	Fixed Income	1,348,752	13,436,009	12,098,308
	DFA Social Core Equity 2	Matual Funds	775,353	13,219,793	22,291,392
	DFA Emergent Markets Social Core	Mutual Funds	145,079	1,955,629	2,109,447
	DFA Intl Social Core Equity	Mutual Funds	456,131	5,888,132	6,563,725
				$ 34,804,690	43,367,999

Pontifical Catholic University of Puerto Rico Pension Plan
Schedule SB, Line 32 – Schedule of Amortization Bases
EIN/PN: 660191965/001

Amortization Schedule as of January 1, 2025					
Year Established	Initial Period	Initial Amount	Remaining Period	Remaining Amount	Annual Payment
2025	15 Years	$ 1,315,043	15 Years	$ 1,315,043	$ 122,306
2024	15 Years	($ 876,440)	14 Years	($ 822,249)	($ 80,103)
2023	15 Years	$ 4,404,257	13 Years	$ 3,933,390	$ 403,346
2022	15 Years	($ 3,259,807)	12 Years	($ 2,775,051)	($ 301,243)
2021	15 Years	$ 4,337,562	11 Years	$ 3,495,835	$ 404,442
Total				$ 5,146,968	$ 548,748