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
DESTILERIA SERRALLES, INC. PUERTO RICO PENSION PLAN

1b Three-digit plan number (PN) ▶ 005

1c Effective date of plan 01/01/2011

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)
DESTILERIA SERRALLES, INC.

PO BOX 198
MERCEDITA, PR 00715-0198

2b Employer Identification Number (EIN) 66-0179709

2c Plan Sponsor's telephone number 787-840-1000

2d Business code (see instructions) 312140

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	ANTONIO SANTIAGO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

DESTILERIA SERRALLES, INC.

PO BOX 198
MERCEDITA, PR 00715-0198

3b Administrator's EIN
66-0179709

3c Administrator's telephone number
787-840-1000

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	294
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)**	72
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	66
b	Retired or separated participants receiving benefits	**6b**	144
c	Other retired or separated participants entitled to future benefits	**6c**	40
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	250
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	38
f	Total. Add lines **6d** and **6e**.	**6f**	288
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 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) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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
DESTILERIA SERRALLES, INC. PUERTO RICO PENSION PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
DESTILERIA SERRALLES, INC.

D Employer Identification Number (EIN)
66-0179709

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	17296890
b Actuarial value	**2b**	17296890

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	183	11852198	11852198
b For terminated vested participants	39	840597	840597
c For active participants	72	5994867	5994867
d Total	294	18687662	18687662

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**	5.32 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	365103
b Expected plan-related expenses	**6b**	100440
c Target normal cost	**6c**	465543

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

787-340-5593
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	7151
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	7151
10	Interest on line 9 using prior year's actual return of -3.84 %	0	-275
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
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 5.15 %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
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	6876

Part III Funding Percentages

14	Funding target attainment percentage	14	92.52 %
15	Adjusted funding target attainment percentage	15	92.52 %
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	97.53 %
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
04/11/2025	127555	0			
07/14/2025	127555	0			
10/21/2025	127555	0			
01/21/2026	127555	0			
03/20/2026	500000	0			
			Totals ► 18(b)	1010220	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	962195

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? [ ] Yes [X] 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**	465543
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1397648	149695
b Waiver amortization installment		

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**	615238

	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**	615238
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	962195
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	346957
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
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
DESTILERIA SERRALLES, INC. PUERTO RICO PENSION PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
DESTILERIA SERRALLES, INC.

D Employer Identification Number (EIN)
66-0179709

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

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

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

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

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

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

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

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

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

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

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

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

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

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

BANCO POPULAR DE PUERTO RICO

POPULAR FIDUCIARY SERVICES 725 PO B
SAN JUAN, PR 00936

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	55875	Yes [ ] No [X]	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	54055	Yes [ ] No [X]	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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

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
DESTILERIA SERRALLES, INC. PUERTO RICO PENSION PLAN

B Three-digit plan number (PN) ▶ 005

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
DESTILERIA SERRALLES, INC.

D Employer Identification Number (EIN)
66-0179709

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE:	RITC 15 TO 20 YR STRIPS FIXED IN FD		
b Name of sponsor of entity listed in (a):	RUSSELL INVESTMENTS TRUST COMPANY		
c EIN-PN 26-6609096-011	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1703431
a Name of MTIA, CCT, PSA, or 103-12 IE:	RITC 10 TO 15 YR STRIPS FIXED IN FD		
b Name of sponsor of entity listed in (a):	RUSSELL INVESTMENTS TRUST COMPANY		
c EIN-PN 26-6609096-010	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2419070
a Name of MTIA, CCT, PSA, or 103-12 IE:	RITC 25 PLUS YR STRIPS FIXED INC FD		
b Name of sponsor of entity listed in (a):	RUSSELL INVESTMENTS TRUST COMPANY		
c EIN-PN 26-6609096-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1953300
a Name of MTIA, CCT, PSA, or 103-12 IE:	RITC 14 YR LDI FIXED INCOME FD		
b Name of sponsor of entity listed in (a):	RUSSELL INVESTMENTS TRUST COMPANY		
c EIN-PN 26-6609096-008	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1786390
a Name of MTIA, CCT, PSA, or 103-12 IE:	RITC 8 YR LDI FIXED INCOME		
b Name of sponsor of entity listed in (a):	RUSSELL INVESTMENTS TRUST COMPANY		
c EIN-PN 26-6609096-005	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5185533
a Name of MTIA, CCT, PSA, or 103-12 IE:	RITC WORLD EQUITY FUND		
b Name of sponsor of entity listed in (a):	RUSSELL INVESTMENTS TRUST COMPANY		
c EIN-PN 91-1117282-046	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1293962
a Name of MTIA, CCT, PSA, or 103-12 IE:	RITC RUSS INV RUSS 1000 INDEX FD SR		
b Name of sponsor of entity listed in (a):	RUSSELL INVESTMENTS TRUST COMPANY		
c EIN-PN 91-1117282-033	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1375253

a Name of MTIA, CCT, PSA, or 103-12 IE: RITC INTERNATIONAL FD

b Name of sponsor of entity listed in (a): RUSSELL INVESTMENTS TRUST COMPANY

c EIN-PN 91-1117282-005	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 677930

a Name of MTIA, CCT, PSA, or 103-12 IE: RITC EMERGING MKTS FD

b Name of sponsor of entity listed in (a): RUSSELL INVESTMENTS TRUST COMPANY

c EIN-PN 91-1117282-010	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 430239

a Name of MTIA, CCT, PSA, or 103-12 IE: RITC SMALL CAP FD

b Name of sponsor of entity listed in (a): RUSSELL INVESTMENTS TRUST COMPANY

c EIN-PN 91-1117282-029	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 246276

a Name of MTIA, CCT, PSA, or 103-12 IE: RITC GLOBAL REAL ESTATE SECS FD

b Name of sponsor of entity listed in (a): RUSSELL INVESTMENTS TRUST COMPANY

c EIN-PN 91-1117282-041	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 357172

a Name of MTIA, CCT, PSA, or 103-12 IE: RITC GLOBAL LISTED INFRASTRUCTURE F

b Name of sponsor of entity listed in (a): RUSSELL INVESTMENTS TRUST COMPANY

c EIN-PN 91-1117282-073	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 446370

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
DESTILERIA SERRALLES, INC. PUERTO RICO PENSION PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
DESTILERIA SERRALLES, INC.

D Employer Identification Number (EIN)
66-0179709

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)	0	627555
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	52	27
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	106300	109919
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	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)	17190537	17874926
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	17296889	18612427
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	5431	25681
1k Total liabilities (add all amounts in lines 1g through1j)	1k	5431	25681
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	17291458	18586746

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)	1010220	
(B) Participants	2a(1)(B)		
(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)		1010220
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	589	
(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)		589
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1670868
(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2681677
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1276459	
(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)		1276459
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)	55875	
(7) Actuarial fees	2i(7)	54055	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		109930
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1386389
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1295288
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: GALINDEZ, LLC **(2)** EIN: 66-0703468

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**			
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
DESTILERIA SERRALLES, INC. PUERTO RICO PENSION PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
DESTILERIA SERRALLES, INC.

D Employer Identification Number (EIN)
66-0179709

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): 66-0532499

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** 0

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_____.

Destilería Serrallés, Inc. Puerto Rico Pension Plan

Financial Statements and
Supplemental Schedules

December 31, 2025 and 2024

Table of Contents

Independent Auditors' Report	1-4
Financial Statements:	
Statements of Net Assets Available for Benefits	5
Statements of Changes in Net Assets Available for Benefits	6
Statement of Accumulated Plan Benefits	7
Statement of Changes in Accumulated Plan Benefits	8
Notes to Financial Statements	9-16
Supplemental Schedules:	
Form 5500, Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year)	17
Form 5500, Schedule H, Part IV, Line 4(j) – Schedule of Reportable Transactions	18

All other schedules required by Section 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.

Galíndez LLC

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Participants of
Destilería Serrallés, Inc. Puerto Rico Pension Plan

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

We have performed audits of the financial statements of Destilería Serrallés, Inc. Puerto Rico Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act or 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, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of January 1, 2025, the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier, in accordance with 29 CFR 2520.103-5 or the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted In the United States of America.

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

Basis of Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the Financial Statements 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 lo fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

Auditors' Responsibilities for the Audit of the Financial Statements – (continued)

In performing an audit in accordance with GAAS, we:

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

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United Stales of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States or 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 audits.

Other Matters - Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) as of December 31, 2025 and of reportable transactions for the year then ended are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

- The information in the supplemental schedules related to assets held by and certified to by qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

COLEGIO DE CONTADORES PÚBLICOS AUTORIZADOS DE PUERTO RICO
CPA
$5.00 SELLO $2.00 INDICE

DLLC322-2794
Destilería Serrallés, Inc. Puerto Rico Pension Plan

Galíndez LLC

San Juan, Puerto Rico
October 8, 2026
License No. LLC-322
Expires December 1, 2026

Destilería Serrallés, Inc. Puerto Rico Pension Plan

Statements of Net Assets Available for Benefits

December 31, 2025 and 2024

	2025	2024
Assets		
Investments, at fair value:		
Money market and deposits	$ 109,919	$ 106,300
Collective trust funds	17,874,926	17,190,537
Total investments	17,984,845	17,296,837
Receivables:		
Contributions receivable	627,555	-
Accrued interest	27	52
Total receivables	627,582	52
Total assets	18,612,427	17,296,889
Liabilities - Accounts payable	25,681	5,431
Net assets available for benefits	$ 18,586,746	$ 17,291,458

See notes to financial statements

Destilería Serrallés, Inc. Puerto Rico Pension Plan

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2025 and 2024

	2025	2024
Additions:		
Additions to net assets attributable to:		
Investment income (loss):		
Interest and dividends	$ 589	$ 652
Net appreciation (depreciation) in fair value of investments	1,670,868	(603,661)
Total investment income (loss)	1,671,457	(603,009)
Employer contributions	1,010,220	523,050
Total additions	2,681,677	(79,959)
Deductions:		
Deductions from net assets attributed to:		
Benefits paid to participants	1,276,459	1,309,803
Administrative expenses	109,930	98,361
Total deductions	1,386,389	1,408,164
Change in net assets	1,295,288	(1,488,123)
Net assets available for benefits, beginning of year	17,291,458	18,779,581
Net assets available for benefits, end of year	$ 18,586,746	$ 17,291,458

See notes to financial statements

Destilería Serrallés, Inc. Puerto Rico Pension Plan

Statement of Accumulated Plan Benefits

January 1, 2025

Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	$ 12,187,334
Other vested benefits	7,353,141
Total vested benefits	19,540,475
Nonvested benefits	39,207
Total actuarial present value of accumulated plan benefits	$ 19,579,682

See notes to financial statements

Destilería Serrallés, Inc. Puerto Rico Pension Plan

Statement of Changes in Accumulated Plan Benefits

Year Ended January 1, 2025

Actuarial present value of accumulated plan benefits, beginning of year	$ 17,333,075
Increase (decrease) during the year attributable to:	
Interest	1,050,725
Benefits accumulated and actuarial gains and losses	153,618
Benefits paid	(1,309,803)
Changes in actuarial assumptions	2,352,067
Net increase	2,246,607
Actuarial present value of accumulated plan benefits, end of year	$ 19,579,682

See notes to financial statements

Note 1 - Description of the plan

The following description of the Destilería Serrallés, Inc. Puerto Rico Pension Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a non-contributory defined benefit pension plan covering all nonunionized employees who have attained the age of 21 and have completed 1,000 hours of service in the 12-month period from the date of employment with Destilería Serrallés, Inc. (the Company or the Sponsor).

Effective January 1, 2011, the Sponsor established the Plan for the benefit of the Company's eligible employees who are Puerto Rico residents or who perform services primarily within Puerto Rico. All of the accrued benefits under Destilería Serrallés, Inc. Pension Plan attributable to employees who were Puerto Rico bonafide residents were transferred (spun-off) to the Plan pursuant to, and in compliance with, the requirements of U.S. Internal Revenue Service (IRS) Revenue Ruling 2008-40, and Section 414(1) or the United States Internal Revenue Code of 1986, as amended. Each participant in the Plan will have a benefit equal to the benefit he or she was entitled to receive under the Destilería Serrallés, Inc. Pension Plan.

Effective April 1, 2014, the Plan was amended to provide that employees hired or a former employee re-hired on or after such date shall not be eligible to become participants under the Plan.

Effective November 1, 2022, the Plan was amended to include a prescription period to take legal action against the Plan arising from claims for lost benefits or failure to comply with eligibility requirements. Such amendment states that any claim or action to recover benefits under the terms of the Plan, to clarify rights to future benefits under the terms of the Plan, or based on a denial of eligibility or computation for benefits, under the Plan or any other claim or action must be filed no later than 12 months beginning on (i) in the case of any lump-sum payment, the date on which the payment was made, (ii) in the case of a periodic or annuity payments, the date or the first in the series of payments, or (iii) for all other claims, the date on which the action complained occurred (the Limitations Period). Additionally, upon the denial of an appeal, any suit based on a denied appeal must be filed no later than 90 days from the date of final determination of the Plan Administrator. If the claimant has a timely claim or appeal pending pursuant to the Plan's claim review procedures when the applicable Limitations Period would otherwise expire, the Limitations Period will be extended 90 days after the final denial or the claim on administrative review.

Note 1 - Description of the plan – (continued)

Funding policy

The Plan's funding policy is for the Sponsor to contribute an amount which will meet or exceed the annual Employee Retirement Income Security Act of 1974 (ERISA) minimum funding requirement. Contributions made to the Plan for the years ended December 31, 2025 and 2024 amounted to $1,010,220 and $523,050, respectively. The Plan Sponsor's contributions for 2025 and 2024 met the minimum funding requirements of ERISA. As of December 31, 2025, the Plan recorded contributions receivable of $627,555, which were received by the Plan during the year ending December 31, 2026. There were no contributions receivable as of December 31, 2024.

Although it has not expressed any intention to do so, the Sponsor 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.

Vesting

Participants become 100% vested in their accrued retirement income after completing 5 years of service.

Payment of benefits

Normal retirement - Participants are entitled to normal retirement upon the first day of the month following the date the employee reaches age 65. Participants are eligible for monthly benefit payments determined by formulas that take into consideration the social security benefits and years of service. Monthly retirement benefits are based on a percentage of the participant's average monthly earnings adjusted for social security benefits. Once the employee decides to retire, they can elect to receive the benefit in the form of a life annuity, or in a lump-sum (only if the present value of the retirement benefit is $1,000 or less) or can choose one of the Plan's optional forms of payment.

Early retirement - The Plan permits early retirement upon reaching age 55 and completion of at least 15 years of service. Participants are eligible for monthly benefit payments reduced to reflect early commencement.

Postponed retirement - If the employee continues to work for the Company after they reach age 65, they will continue to earn retirement benefits.

Death and disability retirement - If the participant is vested and dies before receiving retirement benefit, their accrued benefit is paid to the participant's beneficiary. If an employee becomes disabled before reaching age 65 and leaves the Company, they may be eligible for a disability retirement benefit. To qualify, the disability must be a result of an illness or injury.

Note 1 - Description of the plan – (continued)

Payment of benefits – (continued)

Participants may also be eligible for other benefits, such as death and disability allowance.

Forfeitures and other benefits

Participants leaving the Plan before becoming eligible for benefit payments forfeit the right to receive the portion of their accumulated plan benefits attributable to the Sponsor's contributions.

Note 2 - Summary of significant accounting policies

Basis of accounting and presentation

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

Use of estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results may differ from those estimates.

Investment valuation and income recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded when received. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year. During the years ended December 31, 2025 and 2024, the Plan's investments appreciated (depreciated) in value by $1,670,868 and $($603,661), respectively.

Benefit payments

Benefit payments to participants are recorded upon distribution.

Note 2 - Summary of significant accounting policies – (continued)

Administrative expenses

The Plan's expenses are paid either by the Plan or the Sponsor, as provided by the plan document. Expenses that are paid directly by the Sponsor are excluded from the financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation (depreciation) of fair value of investments.

Risks and uncertainties

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

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

Note 3 - Actuarial present value of accumulated plan benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during their last five years of credited service. The accumulated plan benefits for active employees are based on their average compensation during the five years ending on the valuation date.

Note 3 - Actuarial present value of accumulated plan benefits – (continued)

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value or money (through discounts for interest) and the probability of payment (by means of decrements, such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The effect of Plan amendments on accumulated plan benefits is recognized during the year in which such amendments become effective.

The significant actuarial assumptions used in the valuations as of January 1, 2025 were:

Actuarial cost method	Traditional Unit Credit Cost Method
Valuation of assets	Market value
Interest rate	4.96%
Mortality rates	The sex-distinct amount-weighted Pri-2012 Mortality Tables for employees, healthy retirees, and contingent survivors with mortality improvements projected using Scale MP-2021 on a generational basis.
Retirement	100% at age of 65
Withdrawal	Table T-9 less GA51M for both males and females
Compensation increases	Salaries are assumed to increase at 4.00% for the first year and 3.00% thereafter, based on revised expectations from the Sponsor's historical experience as well as future expectations.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025 and 2024. Had the valuations been performed as of December 31, there would be no material differences.

Note 4 - Certified investments information

Certain information in the accompanying financial statements and ERISA required supplemental schedules, related to investments held as of December 31, 2025 and 2024, and net appreciation (depreciation) in fair value of investments, interest and dividends, and reportable transactions for the years then ended, was obtained by management and agreed to or derived from information certified as complete and accurate by Russell Investments Trust Company (the Custodian) and Banco Popular de Puerto Rico (the Trustee), both qualified institutions.

Note 5 - Fair value measurement

Financial Accounting Standards Board, Accounting Standards Codification (ASC) No. 820, *Fair Value Measurement*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

The three levels of the fair value hierarchy under ASC 820 are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value:

Money market funds and deposits - Money market funds and deposits are valued at cost, plus accrued interest, which approximates fair value. These investments are classified as Level 1.

Collective trust funds - The Plan's interest in collective trust funds are valued using their net asset value (NAV) as a practical expedient to estimate fair value as provided by ASC 820. NAVs of units held are generally obtained directly from the fund or other investment value provider. Investments that are measured at fair value using the NAV practical expedient are not required to be classified within the fair value hierarchy, as provided by ASC 820.

Note 5 - Fair value measurement – (continued)

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. There were no changes in the Plan's valuation methodologies used at December 31, 2025 and 2024.

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

	Assets at Fair Value as of December 31, 2025			
	Level 1	Level 2	Level 3	Total
Money market funds and deposits	$ 109,919	$ -	$ -	$ 109,919
Collective trust funds, measured at NAV				17,874,926
Total				$ 17,984,845

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Money market funds and deposits	$ 106,300	$ -	$ -	$ 106,300
Collective trust funds, measured at NAV				17,190,537
Total				$ 17,296,837

Note 6 - Plan termination

Effective April 1, 2014, the Plan was frozen to cease entry into the Plan to any additional employees and suspended active participation in the Plan.

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 for annuity benefits that former employees or their beneficiaries have been receiving for at least 3 years, or that employees eligible to retire for that 3 year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan.

Note 6 - Plan termination – (continued)

The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those 3 years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the 3 years preceding the Plan's termination.

Note 7 - Related party and party-in-interest transactions

The costs and expenses of administering the Plan, including but not limited to, investment expenses, reasonable compensation to investment managers and the Trustee, and the expenses of the Plan Committee while performing its duties over the operation of the Plan, are paid by the Plan. The Plan Committee may establish guidelines for the allocation of any such costs and expenses to the Plan. Any expenses of administering the Plan not paid by the Plan may be paid by the Sponsor, at its discretion. The determination of the Sponsor to pay for costs otherwise chargeable to the Plan shall not establish a precedent of payment and shall not impose upon the Sponsor the duty to continue to prospectively pay such costs.

The Plan has signed an investment management agreement with the Custodian, who also manages the collective trust funds in which the Plan invests. In addition, certain investments held by the Plan are managed by the Trustee. These transactions qualify as party in interest transactions.

Note 8 - Tax status

The Plan constitutes a qualified plan, exempt from income tax under the Internal Revenue Code of Puerto Rico (the Code), as amended. The Plan obtained its latest determination letter on June 23, 2016, in which the Puerto Rico Treasury Department stated that the Plan, as then designed, was in compliance with the applicable requirements of the Code. The Plan Administrator believes that the Plan is currently designed and operated in compliance with the applicable requirements of the Code and the Plan and related trust continue to be tax-exempt.

Management has evaluated the tax positions taken by the Plan and concluded that the Plan has maintained its tax-exempt status and has taken no uncertain tax positions that will require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the accompanying financial statements.

Note 9 - Subsequent events

The Plan has evaluated subsequent events through October 8, 2026, which is the date the financial statements were available to be issued. Except as disclosed in Note 1, no other events have occurred subsequent to the date of the statement of net assets available for benefits and through the date the financial statements were available to be issued, that would require additional adjustments to, or disclosure in, the financial statements.

Destilería Serrallés, Inc. Puerto Rico Pension Plan

EIN: 66-0179709, Plan Number: 005

Schedule H - Line 4(i) - Schedule of Assets (Held at End of Year)

December 31, 2025

(a)	(b) Identity of issue borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Money Market Funds and Deposits			
*	BPPR Time Deposit Open Account	Time deposit account, bearing interest at a variable rate (2.937% at December 31, 2025)	$ 109,919	$ 109,919
	Collective Trust Funds			
*	RITC 25 Plus Yr Strips Fixed In Fd	Collective trust fund, 162,234 shares	2,657,605	1,953,300
*	RTC Emerging Mkts Fd	Collective trust fund, 2,715 shares	41,657	430,239
*	RTC Intl Fd	Collective trust fund, 5,229 shares	669,565	677,930
*	RTC Russ Invs Russ 1000 Ind Fd Sr 1	Collective trust fund, 16,004 shares	1,366,962	1,375,253
*	RTC Small Cap Fd	Collective trust fund, 1,677 shares	248,942	246,276
*	RTC 15 to 20 Yr Fixed In Fd	Collective trust fund, 158,754 shares	1,759,921	1,703,431
*	RITC World Equity Fund	Collective trust fund, 24,703 shares	1,087,593	1,293,962
*	RITC 10 to 15 Yr Strips Fixed In Fd	Collective trust fund, 209,625 shares	2,306,053	2,419,070
*	RITC Global Real Estate Secs Fd	Collective trust fund, 9,818 shares	341,593	357,172
*	RITC Global Listed Infrastructure F	Collective trust fund, 12,753 shares	383,592	446,370
*	RTC 14 Yr Ldi Fixed Income	Collective trust fund, 124,227 shares	1,728,865	1,786,390
*	RTC 8 Yr Ldi Fixed Income Fd	Collective trust fund, 350,374 shares	4,808,590	5,185,533
	Total collective trust funds		17,400,938	17,874,926
	Total investments		$ 17,510,857	$ 17,984,845

* Party-in-interest as defined by ERISA

Destilería Serrallés, Inc. Puerto Rico Pension Plan

EIN No. 66-0179709, Plan No. 005

Schedule H - Line 4(j) - Schedule of Reportable Transactions

Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
BPPR	BPPR Time Deposit Open Account	$ 1,311,454	$ -	$ -	$ -	$ 1,311,454	$ -	$ -
RITC	World Equity Fund	4,062,941	-	-	-	4,062,941	-	-
RTC	Russ Inv Russ 1000 Ind Fd Sr 1	1,366,962	-	-	-	1,366,962	-	-
RTC	8 Yr Ldi Fixed Income Fd	3,014,698	-	-	-	3,014,698	-	-
BPPR	BPPR Time Deposit Open Account	-	1,307,835	-	-	1,307,835	1,307,835	-
RITC	World Equity Fund	-	3,455,104	-	-	2,975,348	3,455,104	479,756
RITC	Multi Asset Core Fd	-	5,444,947	-	-	5,020,285	5,444,947	424,662
RITC	25 Plus Yr Strips Fixed In	-	1,262,239	-	-	1,658,105	1,262,239	(395,866)
RTC	14 Yr Ldi Fixed Income	-	1,188,557	-	-	1,193,539	1,188,557	(4,982)

For purposes of this schedule, a reportable transaction is a transaction or series of transactions of the same issue, in the aggregate, involving an amount in excess of 5% of the current value of Plan assets at the beginning of the year.

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 Destilería Serrallés, Inc. 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: Market Value of Assets

Anticipated Rate of Return on Plan Assets: 4.96%, based Destileria Serralés, Inc.'s expectation. We perform a review of the Plan's asset allocation, investment policy, and expected return for the Plan using Merrill Lynch's 2025 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 assumptions 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 ERISA Section 303(h) and elected by Destilería Serrallés, Inc. Below, please find the segment rates after reflection of the segment rate stabilization provisions of ERISA Section 303(h)(2)(C)(iv).

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

Effective Interest Rate
5.32%

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 without reflection of 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
5.29%

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: Salaries are assumed to increase at 4.00% for 2025 and 3.00% thereafter, based the Plan Sponsor's review of historical experience as well as future expectations.

Mortality for Healthy Lives:

Base mortality table: The blended sex distinct RP-2014 mortality tables, adjusted backward to 2006 with Scale MP-2014.

Mortality improvements: The base mortality table is adjusted by projecting mortality improvements using the IRS 2025 Adjusted Scale MP-2021 from the year 2012 through 2025, with an additional projection period of 8 years for males and 9 years for females. For ages below 80, the additional projection period is increased by 1 year for each year below age 80. For ages above 80, the additional projection period is reduced (but not below zero) by 1/3 year for each year above 80.

Retirement Incidence: All participants are assumed to retire at age 65 or current age, if later.

Turnover: Table T-9 less GA51M for both males and females. Due to limited experience, the assumption utilized was based on standard tables from published experience studies. Representative values of the assumed annual rates of withdrawal among male and female members in active service are set forth in the following table:

Age	Percentage
20	17.94%
25	17.22%
30	15.83%
35	13.70%
40	11.25%
45	8.43%
50	5.06%
55	1.73%
60	0.16%

Administrative Expenses: Actual 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: 100% of participants not currently collecting benefits are assumed to be married, with spouses assumed to be the same age as the participant. This assumption was based on national averages.

Compensation and Benefit Limitation: The Puerto Rico Code compensation limit and the benefit limitation for years following the plan year end were assumed to increase annually by 0.00%

Social Security Wage Base: The Social Security Wage Base is assumed to increase 2.50% per year.

Form of Benefit: It is assumed that all Participants will be paid in the form of a Life Annuity with a Term Certain of 10 years guaranteed. This assumption is based on the Plan Provisions and Destilería Serrallés, Inc.'s expectation.

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: 4.96%, based on a review of the Plan's asset allocation and expert opinions regarding the expected future returns of asset classes. Last year 6.30% was used.

Mortality: The sex-distinct Amount-Weighted Pri-2012 Mortality Tables for employees, healthy retirees, 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.

Mortality for Disabled Lives: The sex-distinct Amount-Weighted Pri-2012 Mortality Tables for disabled annuitants with mortality improvements projected using Scale MP-2021 on a generational basis.

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.

Destilería Serrallés, Inc. Puerto Rico Pension Plan

EIN No. 66-0179709, Plan No. 005

Schedule H - Line 4(j) - Schedule of Reportable Transactions

Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
BPPR	BPPR Time Deposit Open Account	$ 1,311,454	$ -	$ -	$ -	$ 1,311,454	$ -	$ -
RITC	World Equity Fund	4,062,941	-	-	-	4,062,941	-	-
RTC	Russ Inv Russ 1000 Ind Fd Sr 1	1,366,962	-	-	-	1,366,962	-	-
RTC	8 Yr Ldi Fixed Income Fd	3,014,698	-	-	-	3,014,698	-	-
BPPR	BPPR Time Deposit Open Account	-	1,307,835	-	-	1,307,835	1,307,835	-
RITC	World Equity Fund	-	3,455,104	-	-	2,975,348	3,455,104	479,756
RITC	Multi Asset Core Fd	-	5,444,947	-	-	5,020,285	5,444,947	424,662
RITC	25 Plus Yr Strips Fixed In	-	1,262,239	-	-	1,658,105	1,262,239	(395,866)
RTC	14 Yr Ldi Fixed Income	-	1,188,557	-	-	1,193,539	1,188,557	(4,982)

For purposes of this schedule, a reportable transaction is a transaction or series of transactions of the same issue, in the aggregate, involving an amount in excess of 5% of the current value of Plan assets at the beginning of the year.

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
DESTILERIA SERRALLES, INC. PUERTO RICO PENSION PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
DESTILERIA SERRALLES, INC.

D Employer Identification Number (EIN)
66-0179709

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	17,296,890
b Actuarial value	**2b**	17,296,890

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	183	11,852,198	11,852,198
b For terminated vested participants	39	840,597	840,597
c For active participants	72	5,994,867	5,994,867
d Total	294	18,687,662	18,687,662

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**	5.32%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	365,103
b Expected plan-related expenses	**6b**	100,440
c Target normal cost	**6c**	465,543

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

787-340-5593
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	7,151
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	7,151
10	Interest on line 9 using prior year's actual return of -3.84 %	0	-275
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	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 5.15 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	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	6,876

Part III Funding Percentages

14	Funding target attainment percentage	14	92.52 %
15	Adjusted funding target attainment percentage	15	92.52 %
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	97.53 %
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
04/11/2025	127,555	0			
07/14/2025	127,555	0			
10/21/2025	127,555	0			
01/21/2026	127,555	0			
03/20/2026	500,000	0			
			Totals ▶ 18(b)	1,010,220	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	962,195

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? [ ] Yes [X] 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:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
5.00 %	5.27 %	5.50%	

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	465,543
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	1,397,648	149,695
b Waiver amortization installment		

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	615,238

	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	615,238
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	962,195
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	346,957
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
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

PLAN QUALIFIED ONLY AND EXCLUSIVELY UNDER THE PUERTO RICO CODE. PBGC HAS NOTIFIED THE PLAN SPONSOR THAT THE PLAN IS NOT COVERED UNDER TITLE IV OF ERISA.

Schedule SB, line 22 - Description of Weighted Average Retirement Age
DESTILERIA SERRALLES, INC. PUERTO RICO PENSION PLAN
EIN: 66-0179709; PN: 005

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

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: **Destilería Serrallés, Inc.**
EIN/PN: **66-0179709/005**

Effective Date:

January 1, 2011. On the effective date, Destilería Serrallés, Inc. transferred all of the accrued benefits of its Puerto Rico bona fide residents under the Destilería Serralles, Inc. Pension Plan, to the Destilería Serrallés, Inc. Puerto Rico Pension Plan, in compliance with the requirements of the IRS Revenue Ruling 2008-40 and 2011-01. The Plan was amended on March 12, 2014, to provide that employees hired or re-hired on or after April 1, 2014, shall not be eligible for participation in the Pension Plan.

Predecessor Plan:

The Destilería Serrallés, Inc. Pension Plan.

Plan Year:

January 1st to December 31st.

Eligibility for Participation:

Attainment of age 21 and completion of one Year of Service. Participation is effective on the first day of the month immediately following the completion of the eligibility requirements. Employees hired or re-hired on or after April 1, 2014, shall not be eligible for participation.

Service:

Any Employee will be credited with Years of Service based on the 1,000 Hours of Service Method.

Normal Retirement Date:

The first of the month coincident with or next following the date the Participant attains age 65.

Early Retirement Date:

Attainment of age 55 and completion of 15 Years of Service.

Late Retirement Date:

First day of the month, following the Participant's Normal Retirement Date, on which the Participant actually retires.

Disability Retirement Date:

If a Participant suffers total and permanent disability the accrued benefit shall be payable commencing on the first day of the month which is 6 months subsequent to the date that the Plan Administrator determines the Participant satisfies the definition of disability.

Monthly Earnings:

1/12th of the participant's annual wages and all other emoluments included in gross income, but excluding (i) Employer contributions to a plan of deferred compensation which are not included in gross income, (ii) amounts realized from the exercise of a non-qualified stock options, and (iii) Christmas bonuses. However, Monthly Earnings shall include the sum of any salary reduction contributions under any cash or deferred arrangement plan offered by the Company. Monthly Earnings are subject to the compensation limit as specified in the New Puerto Rico Code of 2011.

Average Monthly Earnings:

The average of the Employee's Monthly Earnings received for the 5 highest consecutive calendar years of the Participant's greatest compensation.

Vesting on Termination of Employment:

Participants are 100% vested in their accrued benefits after 5 Years of Service.

Accrued Benefit:

The Accrued Benefit means the Participant's earned Normal Retirement Benefit under the Plan on any date. The monthly amount of a Participant's Accrued Benefit is equal to the monthly benefit which would be payable to the Participant on his Normal Retirement Date assuming his Credited Service and Average Monthly Earnings continued without interruption to his Normal Retirement Date (or date of determination, if later) multiplied by a fraction, the numerator of which is equal to the Participant's Credited Service as of the date of determination and the denominator of which is equal to the Credited Service that he would have completed if his employment continued and he remained a participant until his Normal Retirement Date, or if continues to earn additional Credited Service after his Normal Retirement Date, the earlier of the date the Participant earns 35 years of Benefit Service or the determination date. The value of the fraction will not be greater than 1.0.

Minimum Accrued Benefit:

In no event will a Participant's monthly Accrued Benefit be less than his monthly Accrued Benefit as of December 31, 2010 in the Destilería Serrallés, Inc. Pension Plan.

Primary Social Security Benefit:

The amount payable at Normal Retirement Age under the Federal Social Security Act in effect on the earlier of the Participant's Termination of employment or attained age 65, estimated according to the Plan provisions.

Normal Retirement Benefit:

On and after January 1, 2011 each Participant who retires on his Normal Retirement Date will receive a monthly retirement benefit commencing on such date. The amount of his monthly benefit will be equal to the greater of:

(a) 16% of the Participant's Average Monthly Earnings not in excess of his Covered Compensation plus 32% of his Average Monthly Earnings in excess of his Covered Compensation, reduced by 1/35th of such sum for each year by which his number of years of Credited Service is less than 35 years;

(b) $50 per month.

Minimum Monthly Benefit:

In no event will the minimum monthly benefit for any Participant who earned an hour of service under the Destilería Serrallés, Inc. Pension Plan on or before December 31, 2010 and was not a Highly Compensated Employee, be less than 45% of the Participant's Average Monthly Earnings minus 65% of his Primary Social Security Benefit, reduced by 1/30th of such sum for each year by which his number of years of Credited Service is less than 30 years.

Early Retirement Benefit:

The monthly amount of retirement annuity commencing to the Participant on his Early Retirement Date will be equal to (i) minus (ii) below, where:

(i) equals the monthly amount of his Accrued Benefit determined as of his Early Retirement Date, and

(ii) equals 5/9% of such amount for each of the first 60 months and 5/18% for each of the next 60 months by which the Participant's Early Retirement Date precedes his Normal Retirement Date.

Vested Deferred Benefit:

The Accrued Benefit as of the termination of employment payable commencing at the Normal Retirement Date. A Participant may elect to receive the benefit as of an Early Retirement Date. In such event, the benefit will be reduced in accordance with the provisions for the calculation of Early Retirement Benefits.

Disability Retirement Benefit:

A Participant's Disability Benefit will be equal to his Accrued Benefit determined as of his Disability Retirement Date. A Participant's disability pension will cease at the earliest of the following:

1. The Participant is determined to be no longer disabled.
2. The death of the Participant.
3. The Participant reached his Normal Retirement Date or if elected, the Participant's Early Retirement Date.

If a Participant's monthly disability benefit is terminated on his Normal Retirement Date, the Participant will be entitled to receive his Accrued Benefit, provided he is living.

Death Benefits:

For Participants in active service who have reached Early or Normal retirement age:

The surviving spouse (or designated beneficiary, if applicable) will receive an immediate annuity which will be equal to one-half of the joint and 50% survivor actuarial equivalent of the Participant's accrued early or normal retirement benefit at the time of death.

For Vested Participants who have not yet reached the earliest retirement age:

The surviving spouse (or designated beneficiary, if applicable) will be entitled to receive a deferred annuity equal to one-half of the joint and 50% survivor actuarial equivalent of the Participant's vested accrued benefit at the time of death.

Forms of Benefit Payments:

Unless specified by the Participant or by law, all benefits to single Participants will be paid in the form of a Life Annuity with a Term Certain of 10 years guaranteed. Benefits are payable to married Participants in the form of a joint and 50% survivor annuity which is actuarially equivalent to the life annuity.

Optional Forms of Benefit:

All of the following optional forms are computed to be the actuarial equivalent of the Participant's non-forfeitable Accrued Benefit:

1. Life Annuity
2. Joint and Survivor Option, with 50%, 66 2/3%, 75% or 100% of the reduced pension continuing to the surviving spouse for life upon the death of the Participant

   Life Annuity with a Term Certain of 5 years guaranteed

Destilería Serrallés, Inc. Puerto Rico Pension Plan

EIN: 66-0179709, Plan Number: 005

Schedule H - Line 4(i) - Schedule of Assets (Held at End of Year)

December 31, 2025

(a)	(b) Identity of issue borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Money Market Funds and Deposits			
*	BPPR Time Deposit Open Account	Time deposit account, bearing interest at a variable rate (2.937% at December 31, 2025)	$ 109,919	$ 109,919
	Collective Trust Funds			
*	RITC 25 Plus Yr Strips Fixed In Fd	Collective trust fund, 162,234 shares	2,657,605	1,953,300
*	RTC Emerging Mkts Fd	Collective trust fund, 2,715 shares	41,657	430,239
*	RTC Intl Fd	Collective trust fund, 5,229 shares	669,565	677,930
*	RTC Russ Invs Russ 1000 Ind Fd Sr 1	Collective trust fund, 16,004 shares	1,366,962	1,375,253
*	RTC Small Cap Fd	Collective trust fund, 1,677 shares	248,942	246,276
*	RTC 15 to 20 Yr Fixed In Fd	Collective trust fund, 158,754 shares	1,759,921	1,703,431
*	RITC World Equity Fund	Collective trust fund, 24,703 shares	1,087,593	1,293,962
*	RITC 10 to 15 Yr Strips Fixed In Fd	Collective trust fund, 209,625 shares	2,306,053	2,419,070
*	RITC Global Real Estate Secs Fd	Collective trust fund, 9,818 shares	341,593	357,172
*	RITC Global Listed Infrastructure F	Collective trust fund, 12,753 shares	383,592	446,370
*	RTC 14 Yr Ldi Fixed Income	Collective trust fund, 124,227 shares	1,728,865	1,786,390
*	RTC 8 Yr Ldi Fixed Income Fd	Collective trust fund, 350,374 shares	4,808,590	5,185,533
	Total collective trust funds		17,400,938	17,874,926
	Total investments		$ 17,510,857	$ 17,984,845

* Party-in-interest as defined by ERISA

Destilería Serrallés, Inc. Puerto Rico Pension Plan
Schedule SB, Line 32 - Schedule of Amortization Bases
EIN/PN: 660179709/005

Amortization Schedule as of January 1, 2025					
Year Established	Initial Period	Initial Amount	Remaining Period	Remaining Amount	Annual Payment
2025	15 Years	$ 968,330	15 Years	$ 968,330	$ 90,060
2024	15 Years	($ 3,246,936)	14 Years	($ 3,046,181)	($ 296,757)
2023	15 Years	$ 3,891,550	13 Years	$ 3,475,499	$ 356,392
Total				$ 1,397,648	$ 149,695