

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 <h1 style="margin: 0;">2023</h1> This Form is Open to Public Inspection
---	--	--

Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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.)
 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: 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 <u>U.S. GOT PEOPLE RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
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) <u>DILLIGAS CORP. DBA U.S. GOT PEOPLE</u> <u>134 E MISTLETOE AVE</u> <u>SAN ANTONIO, TX 78212-3407</u>	1c Effective date of plan <u>01/01/2012</u> 2b Employer Identification Number (EIN) <u>26-2968177</u> 2c Plan Sponsor's telephone number <u>210-223-1100</u> 2d Business code (see instructions) <u>561300</u>

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.	10/16/2024	JORGE OLIVERA
	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 <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	408
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	255
	6a(2)	280
	6b	4
	6c	271
	6d	555
	6e	2
	6f	557
	6g(1)	364
6g(2)	379	
6h	3	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2E 2F 2G 2J 2K 2T 3D

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u> 1 </u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

A Name of plan U.S. GOT PEOPLE RETIREMENT PLAN		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 DILLIGAS CORP. DBA U.S. GOT PEOPLE		D Employer Identification Number (EIN) 26-2968177	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-0989781	86231	811035	379	01/01/2023	12/31/2023

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 7155	(b) Total amount of fees paid
--	--------------------------------------

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
PENSIONMARK SECURITIES LLC
PRODUCER WALTER D SALYER
24 E COTA ST STE 200
SANTA BARBARA, CA 93101

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7155			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	102801
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	3089241

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶ STABLE VALUE OPTION

b Balance at the end of the previous year	7b	113695
--	-----------	--------

c Additions: (1) Contributions deposited during the year	7c(1)	21730
	7c(2)	
	7c(3)	1325
	7c(4)	4056
	7c(5)	1566

▶ ADDITIONS TO FORFEITURE ACCOUNT

(6) Total additions	7c(6)	28677
---------------------------	--------------	-------

d Total of balance and additions (add lines 7b and 7c(6))	7d	142372
---	-----------	--------

e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	24471
	7e(2)	1429
	7e(3)	13671
	7e(4)	

▶

(5) Total deductions	7e(5)	39571
----------------------------	--------------	-------

f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	102801
---	-----------	--------

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

- 8** Benefit and contract type (check all applicable boxes)
- | | | | |
|--|--|---|--|
| a <input type="checkbox"/> Health (other than dental or vision) | b <input type="checkbox"/> Dental | c <input type="checkbox"/> Vision | d <input type="checkbox"/> Life insurance |
| e <input type="checkbox"/> Temporary disability (accident and sickness) | f <input type="checkbox"/> Long-term disability | g <input type="checkbox"/> Supplemental unemployment | h <input type="checkbox"/> Prescription drug |
| i <input type="checkbox"/> Stop loss (large deductible) | j <input type="checkbox"/> HMO contract | k <input type="checkbox"/> PPO contract | l <input type="checkbox"/> Indemnity contract |
| m <input type="checkbox"/> Other (specify) ▶ | | | |

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	
(2) Increase (decrease) in amount due but unpaid.....	9a(2)	
(3) Increase (decrease) in unearned premium reserve	9a(3)	
(4) Earned ((1) + (2) - (3)).....		9a(4)
b Benefit charges (1) Claims paid.....	9b(1)	
(2) Increase (decrease) in claim reserves	9b(2)	
(3) Incurred claims (add (1) and (2)).....		9b(3)
(4) Claims charged		9b(4)
c Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions	9c(1)(A)	
(B) Administrative service or other fees	9c(1)(B)	
(C) Other specific acquisition costs	9c(1)(C)	
(D) Other expenses	9c(1)(D)	
(E) Taxes	9c(1)(E)	
(F) Charges for risks or other contingencies.....	9c(1)(F)	
(G) Other retention charges.....	9c(1)(G)	
(H) Total retention		9c(1)(H)
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....		9c(2)
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
(2) Claim reserves		9d(2)
(3) Other reserves.....		9d(3)
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e
10 Nonexperience-rated contracts:		
a Total premiums or subscription charges paid to carrier.....		10a
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount		10b
Specify nature of costs.		

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider 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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
--	--	---

For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

A Name of plan U.S. GOT PEOPLE RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 DILLIGAS CORP. DBA U.S. GOT PEOPLE	D Employer Identification Number (EIN) 26-2968177	

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

TRANSAMERICA LIFE INSURANCE COMPANY

39-0989781

(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)

TRANSAMERICA LIFE INSURANCE COMPANY

39-0989781

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 52 62 64 67	RECORDKEEPER	34333	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

(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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <hr/> 2023 <hr/> This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan <u>U.S. GOT PEOPLE RETIREMENT PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>DILLIGAS CORP. DBA U.S. GOT PEOPLE</u>	D Employer Identification Number (EIN) <u>26-2968177</u>	

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:	<u>AMERICAN FDS AMERICAN MTL RT OPT</u>		
b Name of sponsor of entity listed in (a):	<u>TRANSAMERICA LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>39-0989781-754</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>38739</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>AMERICAN FUNDS BALANCED RET OPT</u>		
b Name of sponsor of entity listed in (a):	<u>TRANSAMERICA LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>39-0989781-841</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>16170</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>AMERICAN FDS NEW PERSPECTIVE RT OPT</u>		
b Name of sponsor of entity listed in (a):	<u>TRANSAMERICA LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>39-0989781-828</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>22965</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>AMERICAN FUNDS NEW WORLD RET OPT</u>		
b Name of sponsor of entity listed in (a):	<u>TRANSAMERICA LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>39-0989781-628</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>11591</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>BLACKROCK HIGH YIELD BD RET OPT</u>		
b Name of sponsor of entity listed in (a):	<u>TRANSAMERICA LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>39-0989781-848</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>18923</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>BLACKROCK MID-CAP GR EQ RET OPT</u>		
b Name of sponsor of entity listed in (a):	<u>TRANSAMERICA LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>82-5217478-099</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>12441</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>BR&YWINEGLBL - GLBL OPP BD RET OPT</u>		
b Name of sponsor of entity listed in (a):	<u>TRANSAMERICA LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>82-5217478-040</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>2182</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: CLEARBRIDGE SMALL CAP GR RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-879	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9411
a Name of MTIA, CCT, PSA, or 103-12 IE: DFA INFL-PRCTD SEC POFOLIO OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-526	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13740
a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN LG CAP GR RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-877	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 60418
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS INTL DIVERSIFICATION RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 82-5217478-124	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 72752
a Name of MTIA, CCT, PSA, or 103-12 IE: NEUBERGER BERMAN REAL EST RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-935	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11507
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL SM CP IDX OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-033	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17409
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL SM CP VAL IDX		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-046	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2737
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET S&P MD CP IDX RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-036	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 51406
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET U.S. BD IDX RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-037	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29560
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD TTL STOCK MKT IDX OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-114	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 253186

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LG 2025 BLACKROCK		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-676	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 206127
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LG 2030 BLACKROCK		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-677	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 243181
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LG 2035 BLACKROCK		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-678	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 270368
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LG 2040 BLACKROCK		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-679	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 208527
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LG 2045 BLACKROCK		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-680	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 191672
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LG 2050 BLACKROCK		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-681	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 280965
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LG 2055 BLACKROCK		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-682	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 419397
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LG 2060 BLACKROCK		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-822	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 453511
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LG D BLACKROCK OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-683	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 167154
a Name of MTIA, CCT, PSA, or 103-12 IE: VIRTUS NFJ MID-CAP VAL RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 82-5217478-095	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3202

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

**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

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

A Name of plan U.S. GOT PEOPLE RETIREMENT PLAN		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 DILLIGAS CORP. DBA U.S. GOT PEOPLE		D Employer Identification Number (EIN) 26-2968177	

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)	
(2) Participant contributions	1b(2)	29434
(3) Other	1b(3)	0
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(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)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	2562048
(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)	113695
(15) Other	1c(15)	102801

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	2705177	3192042
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	2705177	3192042

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)	98298	
(B) Participants	2a(1)(B)	513643	
(C) Others (including rollovers)	2a(1)(C)	66106	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		678047
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(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)	1325	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1325
(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)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		461947
(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		1141319

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	585217	
(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)		585217
f Corrective distributions (see instructions).....	2f		34329
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)	34333	
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	575	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		34908
j Total expenses. Add all expense amounts in column (b) and enter total	2j		654454

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		486865
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

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

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **BRITTS & ASSOCIATES L.L.P.**

(2) EIN: **20-2039138**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		300000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan <u>U.S. GOT PEOPLE RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DILLIGAS CORP. DBA U.S. GOT PEOPLE</u>	D Employer Identification Number (EIN) <u>26-2968177</u>	

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): 13-3689044

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	
--	---	--

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704148A.

U.S. GOT PEOPLE RETIREMENT PLAN

**FINANCIAL STATEMENTS AND SUPPLEMENTARY
INFORMATION**

Years Ended December 31, 2023 and 2022

(See Independent Auditor's Report)

Britts & Associates L.L.P.
(A Registered Limited Liability Partnership)
Certified Public Accountants
San Antonio, Texas

U.S. GOT PEOPLE RETIREMENT PLAN

TABLE OF CONTENTS

	<u>Page</u>
Independent Auditor's Report	1
Statements of Net Assets Available for Benefits	5
Statements of Changes in Net Assets Available for Benefits	6
Notes to Financial Statements	7
Supplemental Information:	
Schedule of Assets (Held at End of Year) 2023	19
Schedule of Assets (Held at End of Year) 2022	20



Britts & Associates L.L.P.
CERTIFIED PUBLIC ACCOUNTANTS
A Registered Limited Liability Partnership

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
US GOT PEOPLE Retirement Plan

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

We have performed audits of the accompanying financial statements of US GOT PEOPLE Retirement Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the years ended December 31, 2023 and 2022, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of US GOT PEOPLE Retirement 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 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2023 and 2022, and for the year ended December 31, 2023, stating that the certified investment information, as described in **Note F** 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 Auditor's Responsibilities for the Audit of the Financial Statements section—

- the amounts and disclosures in the financial statements referred to above, 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 financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

3201 Cherry Ridge, Suite A104
San Antonio, Texas 78230
(210)735-9101 Fax (210)735-9104
www.cpasatfx.com

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of US GOT PEOPLE Retirement 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 US GOT PEOPLE Retirement 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.

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, 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 US GOT PEOPLE Retirement 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 US GOT PEOPLE Retirement 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 States of America.

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

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) is presented for purposes of additional analysis and is not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the

audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. 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 schedule, we evaluated whether the supplemental schedule, 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 schedule, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Other Matter

During 2022, the Plan did not make timely participant contributions to the Plan Custodian within the time period described in 29 CFR 2510.3-102. As such, these contributions remained open as of December 31, 2022 with \$57,599 of untransmitted participant contributions and \$5,690 in related lost earnings. These items were paid to the plan during the plan year ended December 31, 2023.



San Antonio, TX
October 14, 2024

U.S. GOT PEOPLE RETIREMENT PLAN
Statements of Net Assets Available for Benefits
As of December 31, 2023 and 2022

Plan Sponsor EIN: 26-2968177
Plan Number: 001
IRS Plan Number: 001

	2023	2022
ASSETS:		
Participant directed investments, at fair value:		
Common collective trusts - Note D	\$ -	\$ -
Pooled separate accounts - Note D	3,089,241	2,562,048
Stable value fund - Note E	102,801	113,695
Total investments	3,192,042	2,675,743
Other assets:		
Contributions receivable		
Participant - Note K	-	35,706
Employer	-	-
Total other assets	-	35,706
Total assets	3,192,042	2,711,449
LIABILITIES:		
	-	-
NET ASSETS AVAILABLE FOR BENEFITS	\$ 3,192,042	\$ 2,711,449

See independent auditor's report and accompanying notes to financial statements.

U.S. GOT PEOPLE RETIREMENT PLAN
Statements of Changes in Net Assets
Available for Benefits
For the Years Ended December 31, 2023 and 2022

Plan Sponsor EIN: 26-2968177
Plan Number: 001
IRS Plan Number: 001

	2023	2022
ADDITIONS:		
Investment Income:		
Other income - Note E & K	\$ 1,325	\$ 873
Net investment return - Note D	461,947	(463,097)
	463,272	(462,224)
Contributions and Deposits:		
Participant deferrals	513,643	476,258
Participant rollovers	66,106	185,677
Untransmitted contributions - Note K	(6,272)	6,272
Employer contributions - Note A	98,298	408,192
	671,775	1,076,399
TOTAL ADDITIONS	1,135,047	614,175
DEDUCTIONS:		
Benefits paid to participants	585,217	836,801
Corrective distributions	34,329	52,719
Administrative expenses	34,908	29,835
	654,454	919,355
TOTAL DEDUCTIONS	654,454	919,355
NET INCREASE (DECREASE)	480,593	(305,180)
Net assets available for benefits - beginning of year	2,711,449	3,016,629
NET ASSETS AVAILABLE FOR		
BENEFITS - END OF YEAR	\$ 3,192,042	\$ 2,711,449

See independent auditor's report and accompanying notes to financial statements.

U.S. GOT PEOPLE RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2023 and 2022

NOTE A – DESCRIPTION OF PLAN

Dilligas Corp. DBA U.S. GOT PEOPLE (Plan Sponsor) formed the U.S. GOT PEOPLE Retirement Plan (the Plan) on January 1, 2012. The following description of the Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General

The Plan is a defined contribution plan covering all eligible employees. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). For Elective Deferral Contributions, an employee is an eligible employee on the first day of the calendar month following the date he/she becomes eligible. An employee becomes eligible to receive Matching Contributions on the first day of the calendar month next following the date he/she becomes eligible. The Plan has not elected for automatic enrollment as of December 31, 2023.

An employee is considered an “Eligible Employee” if he/she is employed by Plan Sponsor for a total of 90 days of continuous employment and is 18 years or older.

Accounting Pronouncement

In July 2019, the AICPA Auditing Standards Board issued SAS 136 that is effective for audits of ERISA plan financial statements for periods ending after December 15, 2021. This SAS requires the plan sponsor to elect an ERISA Section 103(a)(3)(C) audit, instead of a limited scope audit. Additionally, the form and content of the audit report, communication to those charged with governance, supplement schedules, and the Form 5500 were also changed.

Employee Contributions

Each year, participants may contribute up to the maximum percentage allowable under the federal statutory limit of Code Section 401(k), as defined in the Plan. The limit for 2023 is \$22,500 and 2022 is \$20,500, respectively. Participants who attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified retirement plans.

Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers approximately 27 different stocks, bonds, and mutual funds as well as one stable value fund account as investment options for participants. The Plan is tested on an annual basis for compliance with the discrimination regulations and corrective distributions are made, as necessary. The corrective distributions, if any, are included in the benefit payments to participants.

See independent auditor’s report.

U.S. GOT PEOPLE RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2023 and 2022

NOTE A – DESCRIPTION OF PLAN (continued)

Contributions Receivable: Delinquent and Untransmitted Contributions

At 12/31/22 there were \$5,958 in delinquent contributions with \$314 in related earnings. These amounts were transmitted during 2023. See **Note K**.

In 2023, there were no untransmitted participant contributions found to be not timely submitted to Transamerica Retirement Solutions at year end.

Rollover Contributions

Participants may contribute amounts representing distributions from other retirement benefit plans. There were \$66,106 and \$185,677 in rollovers during 2023 and 2022, respectively.

Employer Contributions

The Plan Sponsor may make discretionary matching contributions equal to a uniform percentage or dollar amount of a participant's elective deferrals each payroll period. All employer contributions are invested in the same proportion to that of the participants. Contributions are subject to certain limitations. For the years ended December 31, 2023 and 2022, the Employer contributed \$98,298 and \$408,192, respectively. These contributions consisted of only SCA contributions and are determined by the prevailing wage calculations of the outside benefits consultant.

Pursuant to the Service Contract Act of 1965 (SCA), the employer contributes the amount determined under the SCA requirements. See **Note O**.

Participant Accounts

Each participant account is credited with the participant's contribution and allocations of (a) the Plan Sponsor's contribution and (b) the Plan earnings (losses), and (c) certain administrative expenses. Allocation of Plan earnings depends on account balances and the investment options selected by the participants. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

(The remainder of this page is intentionally left blank)

U.S. GOT PEOPLE RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2023 and 2022

NOTE A – DESCRIPTION OF PLAN (continued)

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Plan's matching and discretionary contribution portion of their accounts plus actual earnings thereon is based on years of continuous services. A participant is 100 percent vested after four years of credited service earned at 25 percent after the first year and each year thereafter as follows:

<u>Years of Service</u>	<u>Vested Percentage</u>
Less than One Year	0%
One Year but less than Two Years	25%
Two Years but less than Three Years	50%
Three Years but less than Four Years	75%
Four or More Years	100%

Payment of Benefits

On termination of service due to death, disability or retirement, a participant or beneficiary may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account or installments based upon various factors including the life expectancy of the participant and if elected the beneficiary. For termination of service due to other reasons, a participant may receive the value of the vested interest in their account as a lump-sum distribution within one year. Hardship withdrawals and in-service withdrawals are available subject to certain limitations.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Forfeitures

The Plan provides that if a participant terminates employment before being fully vested in the employer contribution portion of his account, the participant forfeits the unvested amount and it remains in the Plan. Forfeitures may be used to pay administrative expenses and reduce matching employer contributions. In 2023 and 2022, these amounts were used to reduce employer contributions by \$87 and \$0, respectively.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

See independent auditor's report.

U.S. GOT PEOPLE RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2023 and 2022

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Investment Valuation

The Plan's pooled separate accounts are carried at current fair value as determined by quoted prices in an active market of the underlying investment as of December 31, 2023 and 2022. Dividends are considered in the fair market value determination. Gains and losses (realized and unrealized) are reported in net (depreciation) appreciation in fair value of investment in the statement of changes in net assets available for benefits. The stable value fund is stated at fair value in 2023 and 2022. See **Note C** and **Note E** for discussion of fair value measurements and the measurement of the stable value fund.

Payment of Benefits

Benefits are recorded when paid which is not significantly different from the accrual basis of accounting.

Investment Options

Participants have the privilege and responsibility to direct the investment of their account balance. The Plan offers participants approximately 27 investment options to choose from. Participants may change their investment options at any time by contacting the custodian directly or by going online and managing their individual account. The Plan has been designed to meet the ERISA Section 404(c) requirements, which means the participants and not the Plan fiduciaries are responsible for the investment decisions relating to the assets in a participant's individual account.

Administrative Expenses

The Plan made payments to Transamerica Retirement Solutions for the general administration and maintenance of the Plan for a total of \$34,908 in 2023 and \$29,835 in 2022. These fees are deducted from the Participant accounts determined by the type and amount of transactions.

NOTE C – FAIR VALUE MEASUREMENTS

The Plan's investment are reported at fair value the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair value. Furthermore, although the plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to measure the fair value of certain financial instruments could result in a different fair value at the reporting date.

See independent auditor's report.

U.S. GOT PEOPLE RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2023 and 2022

NOTE C – FAIR VALUE MEASUREMENTS (continued)

FASB ASC 820, *Fair Value Measurements and Disclosures*, establishes a 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB 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 that the Plan has the ability to access.

Level 2 – Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets.
- Quoted prices for identical 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 Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. There were no Level 2 inputs included for the year ended December 31, 2023 and 2022.

The fair value of the common collective trust and the pooled separate accounts are based on value at the net asset value (NAV). The preceding methods 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.

(The remainder of this page is intentionally left blank)

See independent auditor's report.

**U.S. GOT PEOPLE RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2023 and 2022**

NOTE C – FAIR VALUE MEASUREMENTS (continued)

The following tables set forth by level, within the fair value hierarchy, the Plan’s assets at fair value as of December 31, 2023 and 2022.

Investments at Fair Value as of December 31, 2023

	Level 1	Level 2	Level 3	Total
Stable Value Accounts	\$ 102,801	\$ -	\$ -	\$ 102,801
Pooled Separate Accounts	3,089,241	-	-	3,089,241
Total	\$ 3,192,042	\$ -	\$ -	\$ 3,192,042

Investments at Fair Value as of December 31, 2022

	Level 1	Level 2	Level 3	Total
Stable Value Accounts	\$ 113,695	\$ -	\$ -	\$ 113,695
Pooled Separate Accounts	2,562,048	-	-	2,562,048
Total	\$ 2,675,743	\$ -	\$ -	\$ 2,675,743

NOTE D – INVESTMENTS-POOLED SEPARATE ACCOUNTS

As of December 31, 2023, the Plan held total investments in pooled separate accounts at fair value of \$3,089,241. Total net investments gains were \$461,947.

As of December 31, 2022, the Plan held total investments in pooled separate accounts at fair value of \$2,562,048. Total net investments losses were \$463,097.

During the year ended December 31, 2023, the Plan investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$461,947 (Level 1 valuation). During the year ended December 31, 2022, the Plan investments (including gains and losses on investments bought and sold, as well as held during the year) depreciated in value by \$463,097 (Level 1 valuation).

The funds offered are diversified in accordance with Department of Labor regulations.

See independent auditor’s report.

U.S. GOT PEOPLE RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2023 and 2022

NOTE E – STABLE VALUE FUND

The stable value fund reporting was updated by ASU 2018-09 Subtopic 962-325 during 2020. The impact is that the stable value fund does not have a readily determinable fair value and will always use the NAV practical expedient and, therefore, qualifies in accordance with Topic 820 for fair value measurement only. The change is immaterial.

NOTE F – INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate by the custodian as of and for the years ended December 31, 2023 and December 31, 2022:

	2023	2022
Common/Collective Account (fair value)	\$ -	\$ -
Pool Separate Accounts (fair value)	\$ 3,089,241	\$ 2,562,048
Stable Value Fund (fair value/contract value)	\$ 102,801	\$ 113,695
Net Investment (Loss) Return	\$ 461,947	\$ (463,097)
Contributions	\$ 671,775	\$ 1,076,399
Benefit Paid to Participants	\$ (619,546)	\$ (889,520)
Administrative Expenses	\$ (34,908)	\$ (29,835)

NOTE G – RELATED PARTY (PARTY-IN-INTEREST) TRANSACTIONS

In 2023, Transamerica Retirement Solutions (TRS), a party-in-interest and contract administrator, charges annual fees for each participant account maintained by the Trustee, which is charged directly to the Plan. TRS also provides third party administrator, record keeping, testing and reporting services for the Plan. TRS charges annual and per-transaction fees for each participant account maintained by the Plan, which is charged directly to the individual participant accounts. During the year ended December 31, 2023, total administrative expenses paid to TRS was \$34,908.

In 2022, Transamerica Retirement Solutions (TRS), a party-in-interest and contract administrator, charges annual fees for each participant account maintained by the Trustee, which is charged directly to the Plan. TRS also provides third party administrator, record keeping, testing and reporting services for the Plan. TRS charges annual and per-transaction fees for each participant account maintained by the Plan, which is charged directly to the individual participant accounts. During the year ended December 31, 2022, total administrative expenses paid to TRS was \$29,835.

Other parties-in-interest are the Plan Sponsor, Dilligas Corp. DBA U.S. GOT PEOPLE and the owners, directors, officers and employees of Dilligas Corp. DBA U.S. GOT PEOPLE.

See independent auditor's report.

U.S. GOT PEOPLE RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2023 and 2022

NOTE H – FULLY-BENEFIT RESPONSIVE GROUP ANNUITY CONTRACTS

The Plan holds fully-benefit responsive group annuity contracts. The Stable Value Option Investment choices in Transamerica’s Group Annuity Contract comply with the FASB fully-responsive requirements, and thus are reportable at contract value in the financial statements. These are not guaranteed investment contracts.

Since contract value is fair value according to FASB standards, the average yield earned by the Plan is equal to the average yield earned by the Plan adjusted to reflect the actual interest rate credited to the plan participants.

The contracts operate as follows: prior to the last day of each month, an effective annual rate of return is established for that month. Interest is credited based upon the daily balance, at a rate that is the daily equivalent of effective annual rate of interest applicable for each month. There is no stated minimum or maximum interest rate for the Stable Value Option Investment choices.

The average yield for 2023 and 2022 is noted below.

	<u>2023</u>	<u>2022</u>
Based on annualized earnings:	17.80%	15.93%
Based on interest rate credited to participants:	17.80%	15.93%

These values are calculated by calculating the weighted average annual yield for each fund held as of the end of the year.

NOTE I – PLAN TERMINATION

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA. In the event of plan termination, participants would become 100% vested on all amounts credited to their accounts.

NOTE J – TAX STATUS

The Plan obtained its latest determination letter on June 30, 2020 in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC), and that any employee benefit plans adopting such prototype plan, will be similarly qualified.

The Plan administrator believes that the Plan is designed and currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt. No provision for income taxes has been included in the Plan’s financial statements. As of December 31, 2023, the tax years that remain subject to examination by taxing authorities begin with 2020.

See independent auditor’s report.

U.S. GOT PEOPLE RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2023 and 2022

**NOTE K – RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H
OF FORM 5500**

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2023, to Schedule H of Form 5500 (reconciles to beginning net assets available for benefits for current year):

	2023		2022
Net assets available for benefits per Schedule H of Form 5500	\$ 3,089,241	\$	2,562,048
Stable value fund (see Note E)	102,801		113,695
Accrued participant contributions - untransmitted	-		5,958
Accrued participant earnings on untransmitted contributions	-		314
Net assets available for benefits per financial statements	\$ 3,016,629	\$	2,711,449

	2023		2022
Participant contributions receivable per 5500 - 1b(2)	\$ -		29,434
Accrued participant contributions - untransmitted	-		5,958
Accrued participant earnings on untransmitted contributions	-		314
Participant contributions receivable as of 12/31	\$ -		35,706

NOTE L – IRS / DOL COMPLIANCE AND DISCRIMINATION TESTING

Since the Plan is not a Safe Harbor Plan, the Plan is required to undergo certain tests to ensure that it meets the IRS and DOL rules for Participant Contributions and Participation.

The 2023 tests were passed except for the ADP (Actual Deferral Percentage Test). This test requires that any excess contributions determined by the test results must be returned to the participant by March 15 of the following Plan year to “correct” the Plan and be in compliance.

Corrections can be achieved by:

- Recharacterizing the excess contributions as catchup contributions of the Participant qualifies
- Refunding the excess contributions plus interest

See independent auditor’s report.

U.S. GOT PEOPLE RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2023 and 2022

NOTE L – IRS / DOL COMPLIANCE AND DISCRIMINATION TESTING (continued)

The Plan Sponsor remitted back to the Participants the excess contributions plus interest before the end of the 2024 Plan year and the corrections will be show in 2024 Form 5500 as corrective distributions.

NOTE M – MATERIAL CONCENTRATIONS OF RISK

There are no material concentrations of investments and other risks other than those of the general economy.

NOTE N – RISKS AND UNCERTAINTIES

The Plan invests in stocks, bonds, and mutual funds therefore there are no significant concentrations of credit risk. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE O – SERVICE CONTRACT ACT OF 1965 (SCA)

The Plan provides for employer Service Contract Act (“SCA”) contributions to be made by the Company in accordance with certain SCA agreements and pursuant to the Service Contract Act of 1965. The employer SCA contributions are allocated to participants who are entitled to benefits under the SCA and have not otherwise been furnished such benefits or received a cash equivalent payment that would meet the requirements of the SCA. The amount of the employer SCA contributions shall be equal to the amount determined under the SCA. A participant is 100% vested at all times in the amount held in his or her employer SCA contributions account.

The SCA contributions for the year ended December 31, 2023 and 2022 were \$98,298 and \$408,192, respectively.

(The remainder of this page is intentionally left blank)

U.S. GOT PEOPLE RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2023 and 2022

NOTE P – CARES ACT (CORONAVIRUS AID, RELIEF AND ECONOMIC SECURITY ACT, PUBLIC LAW 116-136)

The provisions of the Cares Act are temporary and apply to participants who have experienced loss of income, been laid off or terminated due to COVID-19. In 2020, Congress passed the CARES Act which provides temporary provisions to 401Ks regarding early withdrawals and plan loans. The Plan has adopted the Cares Act and the following provisions apply to the Plan. The Cares Act has been extended to December 31, 2025 for 401k Plans.

Plan Distributions:

Waiving of the 10% penalty and regular income tax for under age 59 ½ COVID-19 related distributions that are less than \$100,000 and these distributions must be repaid over a 3 year period. If repayment does not occur, taxes will apply. Partial repayments are allowed.

The distributions that apply to these provisions include:

- Early Withdrawals: (only applies to loss of income, laid off or terminated employees due to COVID-19)
- Hardship withdrawals: If participant is before age 59 ½, the 10% penalty and income tax for early withdrawal less than \$100,000 is not applicable during 2020.
- Plan Loans: (only applies to loss of income, laid off or terminated employees due to COVID-19)

Loan Limits and Payments: (loans are not permitted under the current Plan)

- Prior limit up to ½ of account up to \$50,000
- CARES Act: 100% of account balance if taken within 180 days after March 27, 2020 up to \$100,000
- Loan repayment due dates extended to for one year for payments due between March 27, 2020 and December 31, 2020 for both existing and new loans.
- Interest will continue to accrue on the unpaid balance.

NOTE Q – SUBSEQUENT EVENTS AND DATE OF MANAGEMENT REVIEW

For the year ended December 31, 2023, the Plan Sponsor has evaluated subsequent events and determined that there were none that have not already been provided for the potential recognition and disclosure through October 14, 2024 the date of financial statement issuance.

See independent auditor's report.

SUPPLEMENTAL INFORMATION

U.S. GOT PEOPLE RETIREMENT PLAN
Plan Sponsor's Employer Identification Number: 26-2968177
Plan Number: 001, IRS Plan Number: 001
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2023

Column (a)	Column (b)	Column (c)	Column (d)	Column (e)	Column (f)	Column (g)	Column (h)
	Identity of issue, borrower lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Asset class	Unit count	Share value	Cost	Current value
*	Transamerica Retirement Solutions	TRANSAMERICA STABLE VALUE ASCEND	Short Bonds/Stable/MMkt	8874.504655	11.5839	N/A	\$ 102,800.96
		Total Stable Value Fund				Total Stable Value Fund	102,800.96
*	Transamerica Retirement Solutions	BRANDYWINEGLOBAL - GLO OPP BOND RET OPT	Aggressive Bonds	212.99	10.2468	N/A	2,182.48
*	Transamerica Retirement Solutions	STATE STREET U.S. BD INDEX RET OPT	Interm./Long-Term Bond	2792.248792	10.5865	N/A	29,560.22
*	Transamerica Retirement Solutions	DFA INFLATION-PROTECTED SECURITIES PORT RET OPT	Interm./Long-Term Bond	1178.248510	11.6614	N/A	13,740.02
*	Transamerica Retirement Solutions	BLACKROCK HI YLD BD RET OPT	Aggressive Bonds	1465.701531	12.9107	N/A	18,923.27
*	Transamerica Retirement Solutions	TRANSAMERICA LIFEGOAL RET WITH BLACKROCK RETOPT	Multi-Asset/Other	12478.422742	13.3954	N/A	167,154.02
*	Transamerica Retirement Solutions	TRANSAMERICA LIFEGOAL 2025 WITH BLACKRCK RETOPT	Multi-Asset/Other	14622.138337	14.0969	N/A	206,126.72
*	Transamerica Retirement Solutions	AMERICAN FUNDS NEW WORLD RET OPT	International Stocks	814.304520	14.2340	N/A	11,590.85
*	Transamerica Retirement Solutions	STATE STREET RUSSELL SM CAP VAL INDEX RET OPT	Small/Mid-Cap Stocks	190.847548	14.3404	N/A	2,736.82
*	Transamerica Retirement Solutions	NEUBERGER BERMAN REAL ESTATE RET OPT	Small/Mid-Cap Stocks	793.261085	14.5061	N/A	11,507.09
*	Transamerica Retirement Solutions	MFS INTERNATIONAL DIVERSIFICATION RET OPT	International Stocks	4967.217373	14.6465	N/A	72,752.24
*	Transamerica Retirement Solutions	STATE STREET RUSSELL SM CAP INDEX RET OPT	Small/Mid-Cap Stocks	1186.754744	14.6697	N/A	17,409.39
*	Transamerica Retirement Solutions	TRANSAMERICA LIFEGOAL 2030 WITH BLACKRCK RETOPT	Multi-Asset/Other	16492.135543	14.7453	N/A	243,181.25
*	Transamerica Retirement Solutions	AMERICAN FUNDS BLNCD RET OPT	Multi-Asset/Other	1053.395212	15.3501	N/A	16,169.71
*	Transamerica Retirement Solutions	TRANSAMERICA LIFEGOAL 2035 WITH BLKRCK RET OPT	Multi-Asset/Other	17602.579568	15.3596	N/A	270,368.06
*	Transamerica Retirement Solutions	VIRTUS NFJ MID-CAP VALUE RET OPT	Small/Mid-Cap Stocks	205.684498	15.5681	N/A	3,202.13
*	Transamerica Retirement Solutions	TRANSAMERICA LIFEGOAL 2040 WITH BLKRCK RET OPT	Multi-Asset/Other	13083.768263	15.9379	N/A	208,527.36
*	Transamerica Retirement Solutions	AMERICAN FUNDS AMERICAN MUTUAL RET OPT	Large-Cap Stocks	2416.636349	16.0300	N/A	38,738.61
*	Transamerica Retirement Solutions	TRANSAMERICA LIFEGOAL 2045 WITH BLKRCK RET OPT	Multi-Asset/Other	11892.027213	16.1177	N/A	191,671.67
*	Transamerica Retirement Solutions	TRANSAMERICA LIFEGOAL 2060 WITH BLKRCK RET OPT	Multi-Asset/Other	28094.475069	16.1423	N/A	453,510.71
*	Transamerica Retirement Solutions	TRANSAMERICA LIFEGOAL 2050 WITH BLKRCK RET OPT	Multi-Asset/Other	17185.581232	16.3489	N/A	280,965.27
*	Transamerica Retirement Solutions	TRANSAMERICA LIFEGOAL 2055 WITH BLKRCK RET OPT	Multi-Asset/Other	25544.186486	16.4185	N/A	419,396.58
*	Transamerica Retirement Solutions	CLEARBRIDGE SM CAP GR RET OPT	Small/Mid-Cap Stocks	561.521981	16.7593	N/A	9,410.74
*	Transamerica Retirement Solutions	STATE STREET S&P MID CAP INDEX RET OPT	Small/Mid-Cap Stocks	3039.697492	16.9117	N/A	51,406.34
*	Transamerica Retirement Solutions	BLACKROCK MID-CAP GROWTH EQUITY RET OPT	Small/Mid-Cap Stocks	693.330210	17.9431	N/A	12,440.46
*	Transamerica Retirement Solutions	AMERICAN FUNDS NEW PERSPECTIVE RET OPT	International Stocks	1257.458862	18.2630	N/A	22,965.03
*	Transamerica Retirement Solutions	TA VANGUARD TOTAL STCK MRKT INDEX RET OPT	Large-Cap Stocks	12506.368358	20.2445	N/A	253,185.73
*	Transamerica Retirement Solutions	JPMORGAN LRG CAP GR RET OPT	Large-Cap Stocks	2267.748160	26.6425	N/A	60,418.42
						Total Pooled Separate Accounts	3,089,241.19
						Total Stable Value Fund	102,800.96
						Total Investments \$	<u>3,192,042.15</u>

N/A - Cost information is omitted for participant-directed individual accounts.

* - Party in interest

U.S. GOT PEOPLE RETIREMENT PLAN
Plan Sponsor's Employer Identification Number: 26-2968177
Plan Number: 001, IRS Plan Number: 001
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2022

Column (a)	Column (b)	Column (c)	Column (d)	Column (e)	Column (f)	Column (g)	Column (h)
	Identity of issue, borrower lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Asset class	Unit count	Share value	Cost	Current value
*	Transamerica Retirement Solutions	TRANSAMERICA STABLE VALUE ASCEND	Short Bonds/Stable/MMkt	9075.122120	12.5282	N/A	\$ 113,695.12
		Total Stable Value Fund				Total Stable Value Fund	113,695.12
*	Transamerica Retirement Solutions	BRANDYWINEGLOBAL - GLO OPP BOND RET OPT	Aggressive Bonds	24.60	9.5395	N/A	234.70
*	Transamerica Retirement Solutions	STATE STREET U.S. BD INDEX RET OPT	Interm./Long-Term Bond	793.952200	10.0277	N/A	7,961.51
*	Transamerica Retirement Solutions	BLACKROCK HI YLD BD RET OPT	Aggressive Bonds	134.026040	129.9926	N/A	17,422.40
*	Transamerica Retirement Solutions	DFA INFLATION-PROTECTED SECURITIES PORT RET OPT	Interm./Long-Term Bond	1003.310308	11.2202	N/A	11,257.38
*	Transamerica Retirement Solutions	TRANSAMERICA LIFEGOAL RET WITH BLACKROCK RETOPT	Multi-Asset/Other	12631.277673	12.2305	N/A	154,487.09
*	Transamerica Retirement Solutions	TRANSAMERICA LIFEGOAL 2025 WITH BLACKRCK RETOPT	Multi-Asset/Other	13643.235949	12.7570	N/A	174,046.60
*	Transamerica Retirement Solutions	STATE STREET RUSSELL SM CAP VAL INDEX RET OPT	Small/Mid-Cap Stocks	143.405949	12.5147	N/A	1,794.68
*	Transamerica Retirement Solutions	TRANSAMERICA LIFEGOAL 2030 WITH BLACKRCK RETOPT	Multi-Asset/Other	18232.261722	13.0498	N/A	237,927.64
*	Transamerica Retirement Solutions	AMERICAN FUNDS BLNCD RET OPT	Multi-Asset/Other	1672.891560	13.4225	N/A	22,454.41
*	Transamerica Retirement Solutions	AMERICAN FUNDS AMERICAN MUTUAL RET OPT	Large-Cap Stocks	1131.198840	14.6064	N/A	16,522.79
*	Transamerica Retirement Solutions	VIRTUS NFJ MID-CAP VALUE RET OPT	Small/Mid-Cap Stocks	148.269698	13.3391	N/A	1,977.79
*	Transamerica Retirement Solutions	MFS INTERNATIONAL DIVERSIFICATION RET OPT	International Stocks	4170.376976	12.7985	N/A	53,374.52
*	Transamerica Retirement Solutions	TRANSAMERICA LIFEGOAL 2035 WITH BLKRCK RET OPT	Multi-Asset/Other	27890.798210	13.3187	N/A	371,469.28
*	Transamerica Retirement Solutions	AMERICAN FUNDS NEW WORLD RET OPT	International Stocks	416.540060	12.2460	N/A	5,100.97
*	Transamerica Retirement Solutions	STATE STREET RUSSELL SM CAP INDEX RET OPT	Small/Mid-Cap Stocks	1294.014672	12.5371	N/A	16,223.24
*	Transamerica Retirement Solutions	TRANSAMERICA LIFEGOAL 2040 WITH BLKRCK RET OPT	Multi-Asset/Other	11596.558360	13.5506	N/A	157,140.11
*	Transamerica Retirement Solutions	TRANSAMERICA LIFEGOAL 2060 WITH BLKRCK RET OPT	Multi-Asset/Other	25285.697197	13.2821	N/A	335,846.48
*	Transamerica Retirement Solutions	TRANSAMERICA LIFEGOAL 2045 WITH BLKRCK RET OPT	Multi-Asset/Other	11777.609133	13.4641	N/A	158,575.04
*	Transamerica Retirement Solutions	TRANSAMERICA LIFEGOAL 2050 WITH BLKRCK RET OPT	Multi-Asset/Other	17918.340883	13.4951	N/A	241,809.82
*	Transamerica Retirement Solutions	TRANSAMERICA LIFEGOAL 2055 WITH BLKRCK RET OPT	Multi-Asset/Other	23868.443617	13.5030	N/A	322,296.66
*	Transamerica Retirement Solutions	STATE STREET S&P MID CAP INDEX RET OPT	Small/Mid-Cap Stocks	2419.355849	14.5309	N/A	35,155.47
*	Transamerica Retirement Solutions	NEUBERGER BERMAN REAL ESTATE RET OPT	Small/Mid-Cap Stocks	553.449730	12.9404	N/A	7,161.87
*	Transamerica Retirement Solutions	AMERICAN FUNDS NEW PERSPECTIVE RET OPT	International Stocks	910.447155	14.6093	N/A	13,300.97
*	Transamerica Retirement Solutions	TA VANGUARD TOTAL STCK MRKT INDEX RET OPT	Large-Cap Stocks	8550.841470	16.2539	N/A	138,984.75
*	Transamerica Retirement Solutions	CLEARBRIDGE SM CAP GR RET OPT	Small/Mid-Cap Stocks	480.790955	15.3603	N/A	7,385.08
*	Transamerica Retirement Solutions	BLACKROCK MID-CAP GROWTH EQUITY RET OPT	Small/Mid-Cap Stocks	517.538119	13.9810	N/A	7,235.69
*	Transamerica Retirement Solutions	JPMORGAN LRG CAP GR RET OPT	Large-Cap Stocks	2274.368104	19.7423	N/A	44,901.18
						Total Pooled Separate Accounts	2,562,048.12
						Total Stable Value Fund	113,695.12
						Total Investments \$	<u>2,675,743.24</u>

N/A - Cost information is omitted for participant-directed individual accounts.

* - Party in interest

U.S. GOT PEOPLE RETIREMENT PLAN
Plan Sponsor's Employer Identification Number: 26-2968177
Plan Number: 001, IRS Plan Number: 001
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2023

Column (a)	Column (b)	Column (c)	Column (d)	Column (e)	Column (f)	Column (g)	Column (h)
	Identity of issue, borrower lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Asset class	Unit count	Share value	Cost	Current value
*	Transamerica Retirement Solutions	TRANSAMERICA STABLE VALUE ASCEND	Short Bonds/Stable/MMkt	8874.504655	11.5839	N/A	\$ 102,800.96
		Total Stable Value Fund				Total Stable Value Fund	102,800.96
*	Transamerica Retirement Solutions	BRANDYWINEGLOBAL - GLO OPP BOND RET OPT	Aggressive Bonds	212.99	10.2468	N/A	2,182.48
*	Transamerica Retirement Solutions	STATE STREET U.S. BD INDEX RET OPT	Interm./Long-Term Bond	2792.248792	10.5865	N/A	29,560.22
*	Transamerica Retirement Solutions	DFA INFLATION-PROTECTED SECURITIES PORT RET OPT	Interm./Long-Term Bond	1178.248510	11.6614	N/A	13,740.02
*	Transamerica Retirement Solutions	BLACKROCK HI YLD BD RET OPT	Aggressive Bonds	1465.701531	12.9107	N/A	18,923.27
*	Transamerica Retirement Solutions	TRANSAMERICA LIFEGOAL RET WITH BLACKROCK RETOPT	Multi-Asset/Other	12478.422742	13.3954	N/A	167,154.02
*	Transamerica Retirement Solutions	TRANSAMERICA LIFEGOAL 2025 WITH BLACKRCK RETOPT	Multi-Asset/Other	14622.138337	14.0969	N/A	206,126.72
*	Transamerica Retirement Solutions	AMERICAN FUNDS NEW WORLD RET OPT	International Stocks	814.304520	14.2340	N/A	11,590.85
*	Transamerica Retirement Solutions	STATE STREET RUSSELL SM CAP VAL INDEX RET OPT	Small/Mid-Cap Stocks	190.847548	14.3404	N/A	2,736.82
*	Transamerica Retirement Solutions	NEUBERGER BERMAN REAL ESTATE RET OPT	Small/Mid-Cap Stocks	793.261085	14.5061	N/A	11,507.09
*	Transamerica Retirement Solutions	MFS INTERNATIONAL DIVERSIFICATION RET OPT	International Stocks	4967.217373	14.6465	N/A	72,752.24
*	Transamerica Retirement Solutions	STATE STREET RUSSELL SM CAP INDEX RET OPT	Small/Mid-Cap Stocks	1186.754744	14.6697	N/A	17,409.39
*	Transamerica Retirement Solutions	TRANSAMERICA LIFEGOAL 2030 WITH BLACKRCK RETOPT	Multi-Asset/Other	16492.135543	14.7453	N/A	243,181.25
*	Transamerica Retirement Solutions	AMERICAN FUNDS BLNCD RET OPT	Multi-Asset/Other	1053.395212	15.3501	N/A	16,169.71
*	Transamerica Retirement Solutions	TRANSAMERICA LIFEGOAL 2035 WITH BLKRCK RET OPT	Multi-Asset/Other	17602.579568	15.3596	N/A	270,368.06
*	Transamerica Retirement Solutions	VIRTUS NFJ MID-CAP VALUE RET OPT	Small/Mid-Cap Stocks	205.684498	15.5681	N/A	3,202.13
*	Transamerica Retirement Solutions	TRANSAMERICA LIFEGOAL 2040 WITH BLKRCK RET OPT	Multi-Asset/Other	13083.768263	15.9379	N/A	208,527.36
*	Transamerica Retirement Solutions	AMERICAN FUNDS AMERICAN MUTUAL RET OPT	Large-Cap Stocks	2416.636349	16.0300	N/A	38,738.61
*	Transamerica Retirement Solutions	TRANSAMERICA LIFEGOAL 2045 WITH BLKRCK RET OPT	Multi-Asset/Other	11892.027213	16.1177	N/A	191,671.67
*	Transamerica Retirement Solutions	TRANSAMERICA LIFEGOAL 2060 WITH BLKRCK RET OPT	Multi-Asset/Other	28094.475069	16.1423	N/A	453,510.71
*	Transamerica Retirement Solutions	TRANSAMERICA LIFEGOAL 2050 WITH BLKRCK RET OPT	Multi-Asset/Other	17185.581232	16.3489	N/A	280,965.27
*	Transamerica Retirement Solutions	TRANSAMERICA LIFEGOAL 2055 WITH BLKRCK RET OPT	Multi-Asset/Other	25544.186486	16.4185	N/A	419,396.58
*	Transamerica Retirement Solutions	CLEARBRIDGE SM CAP GR RET OPT	Small/Mid-Cap Stocks	561.521981	16.7593	N/A	9,410.74
*	Transamerica Retirement Solutions	STATE STREET S&P MID CAP INDEX RET OPT	Small/Mid-Cap Stocks	3039.697492	16.9117	N/A	51,406.34
*	Transamerica Retirement Solutions	BLACKROCK MID-CAP GROWTH EQUITY RET OPT	Small/Mid-Cap Stocks	693.330210	17.9431	N/A	12,440.46
*	Transamerica Retirement Solutions	AMERICAN FUNDS NEW PERSPECTIVE RET OPT	International Stocks	1257.458862	18.2630	N/A	22,965.03
*	Transamerica Retirement Solutions	TA VANGUARD TOTAL STCK MRKT INDEX RET OPT	Large-Cap Stocks	12506.368358	20.2445	N/A	253,185.73
*	Transamerica Retirement Solutions	JPMORGAN LRG CAP GR RET OPT	Large-Cap Stocks	2267.748160	26.6425	N/A	60,418.42
						Total Pooled Separate Accounts	3,089,241.19
						Total Stable Value Fund	102,800.96
						Total Investments \$	<u>3,192,042.15</u>

N/A - Cost information is omitted for participant-directed individual accounts.

* - Party in interest