

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 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 06/01/2023 and ending 05/31/2024	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ 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 DTTS PENSION PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 06/01/2008
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) DELOITTE TOUCHE TOHMATSU SERVICES, LLC 1221 AVENUE OF THE AMERICAS NEW YORK, NY 10020-1001
2b	Employer Identification Number (EIN) 13-3086681
2c	Plan Sponsor's telephone number 212-489-1600
2d	Business code (see instructions) 561110

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.	03/16/2025	CYNTHIA RUDNICKI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	03/16/2025	CYNTHIA RUDNICKI
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor RETIREMENT COMMITTEE C/O CYNTHIA RUDNICKI DELOITTE TOUCHE TOHMATSU SVCS., LLC 1221 AVENUE OF THE AMERICAS NEW YORK, NY 10020-1001	3b Administrator's EIN 13-3086681 3c Administrator's telephone number 212-489-1600
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 2564
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) 1872 6a(2) 1917 6b 65 6c 837 6d 2819 6e 4 6f 2823 6g(1) 6g(2) 6h 44
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:

1C 3H

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) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 06/01/2023 and ending 05/31/2024	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan DTTS PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF DELOITTE TOUCHE TOHMATSU SERVICES, LLC	D Employer Identification Number (EIN) 13-3086681
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 06 Day 01 Year 2023			
2	Assets:			
a	Market value	2a	224550474	
b	Actuarial value	2b	247005521	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	65	23157891	23157891
b	For terminated vested participants	743	48869981	48869981
c	For active participants	1872	157212748	158364790
d	Total	2680	229240620	230392662
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.32 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	15215301	
b	Expected plan-related expenses	6b	299799	
c	Target normal cost	6c	15515100	

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

SIGN HERE	Signature of actuary TIMOTHY J. GEDDES Type or print name of actuary DELOITTE CONSULTING LLP Firm name 1001 WOODWARD, SUITE 700 DETROIT, MI 48226-1904 Address of the firm	03/03/2025 Date 23-06181 Most recent enrollment number 313-396-3954 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	46094333
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	46094333
10 Interest on line 9 using prior year's actual return of <u>-3.84</u> %	0	-1770022
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		706225
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.50</u> %		38842
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		745067
d Portion of (c) to be added to prefunding balance		745067
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	45069378

Part III Funding Percentages			
14 Funding target attainment percentage	14	87.64 %	
15 Adjusted funding target attainment percentage	15	107.21 %	
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.13 %	
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%	

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/27/2024	3100000		12/27/2024	500000	
07/29/2024	500000		01/30/2025	3100000	
08/29/2024	3100000				
09/26/2024	3100000				
10/30/2024	3100000				
11/26/2024	500000				
Totals ►			18(b)	17000000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	15850806
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost
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21 Discount rate:**a** Segment rates:1st segment:
4.75 %2nd segment:
5.00 %3rd segment:
5.74 %☐ N/A, full yield curve used**b** Applicable month (enter code).....**21b**

0

22 Weighted average retirement age**22**

63

23 Mortality table(s) (see instructions)☐

Prescribed - combined

☒

Prescribed - separate

☐

Substitute

Part VI	Miscellaneous Items
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24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.☐

Yes

☒

No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.☐

Yes

☒

No

26 Demographic and benefit information**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.☒

Yes

☐

No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...☒

Yes

☐

No

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

Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years
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28 Unpaid minimum required contributions for all prior years**28**

0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....**29**

0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)**30**

0

Part VIII	Minimum Required Contribution For Current Year
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31 Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6c).....**31a**

15515100

b Excess assets, if applicable, but not greater than line 31a**31b**

0

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment

0

0

b Waiver amortization installment

0

0

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

15515100

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

36 Additional cash requirement (line 34 minus line 35).....**36**

15515100

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....**37**

15850806

38 Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)**38a**

335706

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances**38b**

0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)**39**

0

40 Unpaid minimum required contributions for all years**40**

0

Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)
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41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

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

For calendar plan year 2023 or fiscal plan year beginning 06/01/2023 and ending 05/31/2024		
A Name of plan DTS PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 DELOITTE TOUCHE TOHMATSU SERVICES, LLC	D Employer Identification Number (EIN) 13-3086681	

Part I	Service Provider Information (see instructions)
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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	
CREDIT SUISSE ASSET MANAGEMENT, LLC	
13-2774791	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
FEDERATED HERMES, INCORPORATED	1001 LIBERTY AVENUE PITTSBURGH, PA 15222

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
GLOBAL ALPHA CAPITAL MANAGEMENT LTD	1800 MCGILL COLLEGE SUITE 1300 MONTREAL, QUEBEC H3A3J6 CA

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
TEMPLETON INVESTMENT COUNSEL, LLC	
94-3385113	

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

GRAHAM CAPITAL MANAGEMENT, L.P.

06-1398337

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

HARDING, LOEVNER FUNDS, INC.

ATTN FUNDS CENTER, FLOOR 38
333 SOUTH WABASH AVENUE
CHICAGO, IL 60604

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

T. ROWE PRICE TRUST COMPANY

52-1309931

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

AMG FUNDS LLC

06-1298481

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

MARATHON ASSET MANAGEMENT LP

ONE BRYANT PARK
38TH FLOOR
NEW YORK, NY 10036

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

PGIM INVESTMENTS

23-6994310

(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)

GOLDMAN SACHS ASSET MANAGEMENT LP

13-3575636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 56	NONE	130103	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

US BANK

41-6271370

(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?
25	NONE	86800	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

CONDUENT HR CONSULTING LLC

100 CAMPUS DRIVE
FLORHAM PARK, NJ 07932

(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?
16 50	NONE	79256	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

LGIMA

71 S WACKER DR #800
CHICAGO, IL 60606

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	66967	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GOLDMAN SACHS ASSET MANAGEMENT INTL

25 SHOE LANE
PLUMTREE COURT, LONDON EC4A4AU GB

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 56	NONE	19451	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

INVESTEC ASSET MGMT. NORTH AMERICA

10 EAST 53RD STREET, 22ND FLOOR
NEW YORK, NY 10022

(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?
51	NONE	13045	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

NINETY ONE NORTH AMERICA, INC

65 E 55TH ST FL 30
NEW YORK, NY 10022-3358

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	11192	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET GLOBAL ADVISORS TR CO.

81-4017137

(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?
27 28 50 51	NONE	10763	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

CONDUENT BUSINESS SERVICES, LLC

32-0293031

(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 50	NONE	9561	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BOSTON PARTNERS TRUST COMPANY

1 BEACON STREET
BOSTON, MA 02108

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	46749	Yes ☐ No ☒

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

WELLINGTON TRUST COMPANY NA

04-2755549

(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?
52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	9735	Yes ☐ No ☒

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

ROBECO INST ASSET MANAGEMENT

230 PARK AVENUE
NEW YORK, NY 10169

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	7727	Yes ☐ No ☒

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **06/01/2023** and ending **05/31/2024**

A Name of plan DTTS PENSION PLAN	B Three-digit plan number (PN) ▶ 001
---	--

C Plan or DFE sponsor's name as shown on line 2a of Form 5500 DELOITTE TOUCHE TOHMATSU SERVICES, LLC	D Employer Identification Number (EIN) 13-3086681
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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: **GSCT LONG DURATION CREDIT FUND**

b Name of sponsor of entity listed in (a): **GOLDMAN SACHS TRUST COMPANY, N.A.**

c EIN-PN 13-4166989-026	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9567019
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: **STATE STREET 20 YR US TREAS. ST NL**

b Name of sponsor of entity listed in (a): **STATE STREET GLOBAL ADVISORS TRUST CO**

c EIN-PN 90-0337987-169	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **STATE STREET MSCI WRD IN NL CM TR.**

b Name of sponsor of entity listed in (a): **STATE STREET GLOBAL ADVISORS TRUST CO**

c EIN-PN 04-6625076-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3959061
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a Name of MTIA, CCT, PSA, or 103-12 IE: **WTC-CIF II OPP EMERGING MRK DT S1 P**

b Name of sponsor of entity listed in (a): **WILMINGTON TRUST COMPANY, NA**

c EIN-PN 04-6913417-100	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1535093
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a Name of MTIA, CCT, PSA, or 103-12 IE: **STATE STREET FACTOR BASED NL CTF.**

b Name of sponsor of entity listed in (a): **STATE STREET GLOBAL ADVISORS TRUST CO**

c EIN-PN 81-6931794-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2924853
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a Name of MTIA, CCT, PSA, or 103-12 IE: **GSCT INTERMEDIATE DURATION CREDIT F**

b Name of sponsor of entity listed in (a): **GOLDMAN SACHS TRUST COMPANY, N.A**

c EIN-PN 13-4166989-034	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27992145
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a Name of MTIA, CCT, PSA, or 103-12 IE: **T. ROWE PRICE EMERGING MKTS EQTY TR**

b Name of sponsor of entity listed in (a): **T. ROWE PRICE TRUST COMPANY**

c EIN-PN 52-1309931-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1335397
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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 06/01/2023 and ending 05/31/2024		
A Name of plan DTTS PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 DELOITTE TOUCHE TOHMATSU SERVICES, LLC	D Employer Identification Number (EIN) 13-3086681	

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	3029650	7259028
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	15000000	17000000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	16462	192985
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3385072	14299080
(2) U.S. Government securities	1c(2)	0	17911666
(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)	64596124	54309599
(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)	54306401	47313568
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	85273950	82389734
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	225607659	240675660
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	0	
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	225607659	240675660

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)	17000000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		17000000
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)	83246	
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		83246
(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)	3037782	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		3037782
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	62426224	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	71978133	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-9551909
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1703155	
(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)		917023
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		16694791
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		29884088

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	11006598	
(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)		11006598
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)	9561	
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	308527	
(6) Bank or trust company trustee/custodial fees	2i(6)	86800	
(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)	619899	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1024787
j Total expenses. Add all expense amounts in column (b) and enter total	2j		12031385

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		17852703
l Transfers of assets:			
(1) To this plan	2l(1)		1647684
(2) From this plan	2l(2)		4432386

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: **LPMC, PC**

(2) EIN: **62-1199757**

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		50000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
DELOITTE PENSION PLAN FOR INDEPENDENCE	13-5133500	003
DELOITTE PENSION PLAN	13-5133500	001

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 533263.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2023 This Form is Open to Public Inspection.	
For calendar plan year 2023 or fiscal plan year beginning 06/01/2023 and ending 05/31/2024					
A Name of plan DTTS PENSION PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 DELOITTE TOUCHE TOHMATSU SERVICES, LLC				D Employer Identification Number (EIN) 13-3086681	
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): 41-6271371					
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	39
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					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2023 v. 230707	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for: a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment) b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14a 14b 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 b The corresponding number for the second preceding plan year	15a 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 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	16a 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
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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: <u>35.00</u> % Private Equity: <u>0.00</u> % Investment-Grade Debt and Interest Rate Hedging Assets: <u>45.00</u> % High-Yield Debt: <u>8.00</u> % Real Assets: <u>2.00</u> % Cash or Cash Equivalents: <u>3.00</u> % Other: <u>7.00</u> % 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
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21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☒ Yes ☐ No 21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2). ☐ Design-based safe harbor method ☐ "Prior year" ADP test ☐ "Current year" ADP test ☒ N/A 22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number _____.	
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DTTS PENSION PLAN

Financial Statements and Supplemental Schedules

May 31, 2024 and 2023

(With Independent Auditors' Report Thereon)



DTTS PENSION PLAN

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Independent Auditors' Report

To the Administrator and Retirement Committee of the
DTTS Pension Plan:

Opinion

We have audited the accompanying financial statements of the DTTS Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of May 31, 2024 and 2023, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of May 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) as of May 31, 2024 and reportable transactions for the year ended May 31, 2024 are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, 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 information in the accompanying schedules are fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

LBMc, PC

Brentwood, Tennessee
March 17, 2025

DTTS PENSION PLAN

Statements of Net Assets Available for Benefits

May 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets:		
Cash, settlement receivables and obligations, net	\$ <u>7,259,028</u>	\$ <u>3,029,650</u>
Investments, at fair value	<u>216,223,647</u>	<u>207,561,547</u>
Receivables:		
Employer contributions	17,000,000	15,000,000
Accrued investment income	<u>192,985</u>	<u>16,462</u>
Total receivables	<u>17,192,985</u>	<u>15,016,462</u>
Net assets available for benefits	\$ <u>240,675,660</u>	\$ <u>225,607,659</u>

See accompanying notes to the financial statements.

DTTS PENSION PLAN

Statements of Changes in Net Assets Available for Benefits

Years ended May 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions (reductions) to net assets attributed to:		
Net change resulting from investment activity:		
Net appreciation (depreciation) in fair value of investments	\$ 9,579,167	\$ (11,041,946)
Interest and dividend income	<u>3,304,921</u>	<u>3,863,118</u>
Net change resulting from investment activity	12,884,088	(7,178,828)
Employer contributions	<u>17,000,000</u>	<u>15,000,000</u>
Net additions	<u>29,884,088</u>	<u>7,821,172</u>
Deductions from net assets attributed to:		
Benefits paid	11,006,598	17,405,113
Administrative expenses	<u>1,024,787</u>	<u>506,360</u>
Total deductions	<u>12,031,385</u>	<u>17,911,473</u>
Net increase (decrease)	17,852,703	(10,090,301)
Transfer of assets, net	(2,784,702)	3,736,070
Net assets available for benefits at beginning of year	<u>225,607,659</u>	<u>231,961,890</u>
Net assets available for benefits at end of year	<u>\$ 240,675,660</u>	<u>\$ 225,607,659</u>

See accompanying notes to the financial statements.

DTTS PENSION PLAN

Notes to the Financial Statements

May 31, 2024 and 2023

(1) Description of plan

The following description of the DTTS Pension Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for more information.

(a) General

The Plan is sponsored by Deloitte Touche Tohmatsu Services, LLC ("DTTS"). Effective June 1, 2008, DTTS created and adopted the Plan for the benefit of the employees of DTTS and its affiliates.

The Plan is a cash balance defined benefit pension plan, which reports accrued benefits to participants in the form of hypothetical account balances. Account balances are increased each year by a percentage of each participant's compensation plus an interest credit rate determined annually. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 as amended (ERISA).

(b) Participation

The purpose of the Plan is to provide retirement benefits for certain eligible employees, including managing directors, of DTTS and its affiliates (collectively "Participants") who have adopted the Plan with the consent of DTTS as well as to accept the transfer of assets and liabilities attributable to participants who were former participants of the Deloitte Pension Plan ("Deloitte Plan"), Deloitte Pension Plan for Partners, Principles and Managing Directors ("PPMD Plan"), Deloitte Pension Plan for Independence ("Independence Plan"), and the Deloitte Defined Benefit Savings Plan for Partners and Principals ("Partner Cash Balance Plan").

Employees who were eligible on June 1, 2008 became participants on that date. Effective January 1, 2023, any other employee becomes a participant as of the first entry date that is coincident with or next following the date on which he or she has both completed one year of service and attained age 18 if he or she is an eligible employee on such date. Prior to January 1, 2023, the age requirement for participation was 21.

(c) Plan transfers

During the year ended May 31, 2024, the Plan received net transfers of \$1,647,684 from the PPMD Plan and made net transfers of \$4,092,124 to the Independence Plan and \$340,262 to the Deloitte Plan. During the year ended May 31, 2023, the Plan received net transfers of \$3,098,942 from the Deloitte Plan and \$1,239,923 from the PPMD Plan and made net transfers of \$602,795 to the Independence Plan.

DTTS PENSION PLAN

Notes to the Financial Statements

May 31, 2024 and 2023

(d) Vesting and pension benefits

Participants are vested after three years of service or when the retirement age of 62 has been attained while actively employed by DTTS. After becoming fully vested, participants have the right to their benefit. Upon termination of employment and satisfaction of the vesting requirements, participants have various options in which to receive their retirement benefit. Each participant may receive a lump-sum payment or a lifetime monthly payment that may continue to a designated beneficiary if the Participant dies after retirement.

(e) Plan funding

DTTS contributes to the Plan through contributions determined by the actuary for the Plan using the unit credit funding method in compliance with the Pension Protection Act of 2006. DTTS's present intention is to make annual contributions in amounts sufficient to meeting the minimum funding requirements of ERISA.

(f) Plan termination

Although it has not expressed any intent to do so, DTTS has the right to terminate the Plan subject to the provisions of ERISA.

Should the Plan terminate at some future time, its net assets generally may not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation ("PBGC") at that time. Some benefits may be fully or partially provided for by the Plan's then existing assets and the PBGC guaranty, while other benefits may not be provided at all. The priority order of participants' claims to the assets of the Plan upon termination comply with applicable sections of benefits guaranteed by the PBGC as detailed in the Plan document.

(2) Summary of significant accounting policies

(a) Basis of accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States.

DTTS PENSION PLAN

Notes to the Financial Statements

May 31, 2024 and 2023

(b) Investment valuation and income recognition

The Plan's investments are stated at their fair market value as determined on the last day of the Plan year, as reported by the trustee. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for discussion of fair value measurements.

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

(c) Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

(d) Expenses

Administrative expenses of the Plan are paid by the Plan to the extent such expenses are not paid by DTTS.

(e) Payment of benefits

Benefit payments to participants are recorded upon distribution.

(f) Actuarial present value of accumulated plan benefits

Accumulated plan benefits are those estimated future periodic payments that are attributable under the Plan's provisions to service rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, and (b) present employees or their beneficiaries. Benefits for active, retired or terminated employees or their beneficiaries are based on a career average formula or a hypothetical cash balance at valuation date. Benefits payable under all circumstances - retirement, death, and termination of employment - are included to the extent they are deemed attributable to employee service rendered to the valuation date.

DTTS PENSION PLAN

Notes to the Financial Statements

May 31, 2024 and 2023

(g) Events occurring after reporting date

The management of DTTS has evaluated events and transactions that occurred between May 31, 2024 and March 17, 2025 which is the date that the financial statements were available to be issued, for possible recognition or disclosure in the financial statements.

(3) Actuarial present value of accumulated plan benefits

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

Actuarial present values of accumulated plan benefits at the beginning of the Plan years 2024 and 2023 are as follows:

	<u>June 1, 2023</u>	<u>June 1, 2022</u>
Vested benefits:		
Participants currently receiving payments	\$ 20,897,628	\$ 17,418,726
Other participants	<u>177,978,880</u>	<u>175,420,221</u>
Total vested	198,876,508	192,838,947
Nonvested benefits	<u>936,715</u>	<u>1,076,868</u>
Total	\$ <u>199,813,223</u>	\$ <u>193,915,815</u>

Significant assumptions and methods underlying the actuarial computations as of the beginning of the Plan years 2024 and 2023 are as follows:

Actuarial Cost Method	- Unit Credit
Assumed Rate of Return on Investments	- 6.75% for 2023 and 6.25% for 2022, net of expenses
Early Retirement Date	- Age 50 with 10 years of service or age 55 with 5 years of service
Normal Retirement Date	- Age 62
Mortality Basis	- RP-2006 Employee and Healthy Annuitant mortality tables for males and females with white collar adjustments and generational mortality improvements using Scale MP-2018.

DTTS PENSION PLAN

Notes to the Financial Statements

May 31, 2024 and 2023

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Changes in actuarial present values of accumulated plan benefits for the years beginning June 1, 2023 and 2022 are summarized as follows:

	<u>June 1, 2023</u>	<u>June 1, 2022</u>
Accumulated present value of accumulated plan benefits - beginning of year	\$ 193,915,815	\$ 166,482,345
Net additional benefits accumulated	17,381,962	15,462,648
Increase for interest due to change in discount period	11,574,743	10,686,096
Benefits paid, including interest	(17,439,870)	(16,339,614)
Change in actuarial assumptions and plan provisions	(9,766,432)	10,640,914
Transfers	<u>4,147,005</u>	<u>6,983,426</u>
Actuarial present value of accumulated plan benefits - end of year	<u>\$ 199,813,223</u>	<u>\$ 193,915,815</u>

Changes in actuarial assumptions

- The discount rate was changed from 6.25% to 6.75%.

(4) Income tax status

The Plan obtained a favorable determination letter on March 03, 2021, in which the Internal Revenue Service (IRS) stated that the Plan was in compliance with the applicable requirements of the Internal Revenue Code (IRC). Subsequent to this determination by the IRS, the Plan was amended. The Plan is required to operate in conformity with the IRC to maintain its qualification. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan, as amended, is qualified and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability or asset if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of May 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or asset or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

DTTS PENSION PLAN

Notes to the Financial Statements

May 31, 2024 and 2023

(5) Transactions with parties-in-interest

During the years ended May 31, 2024 and 2023, transactions with parties-in-interest included purchases and sales of assets through U.S. Bank, N.A., the trustee. As described in Note 1, the Plan paid expenses to various service providers which also qualify as party-in-interest transactions.

(6) Fair value measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

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

- (i) *Money market and mutual funds:* Valued based on the funds' reported closing net asset value (NAV) as of the last business day of the plan year. The funds are deemed to be actively traded.

DTTS PENSION PLAN

Notes to the Financial Statements

May 31, 2024 and 2023

- (ii) *Fixed income funds:* Valuations are sourced from independent pricing services and are primarily based upon a market approach, using matrix pricing and considering a security's relationship to other securities for which quoted prices in an active market may be available.
- (iii) *Partnerships/Joint Ventures:* The LGIMA Long Duration U.S. Credit Fund is valued at the NAV, which is based on the market value of the underlying investments held by the fund at year end. This commingled fund is redeemable semi-monthly with a 5 days notice.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of May 31, 2024 and 2023:

Fair Value Measurements as of May 31, 2024 using the following inputs

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market fund	\$ 14,299,080	\$ -	\$ -	\$ 14,299,080
Mutual funds	82,389,734	-	-	82,389,734
Fixed income funds	<u>-</u>	<u>17,911,666</u>	<u>-</u>	<u>17,911,666</u>
Total assets in the fair value hierarchy	<u>\$ 96,688,814</u>	<u>\$ 17,911,666</u>	<u>\$ -</u>	114,600,480
Investments measured at NAV as a practical expedient (a)				<u>101,623,167</u>
Investments at fair value				<u>\$ 216,223,647</u>

DTTS PENSION PLAN

Notes to the Financial Statements

May 31, 2024 and 2023

Fair Value Measurements as of May 31, 2023 using the following inputs

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market fund	\$ 3,385,072	\$ -	\$ -	\$ 3,385,072
Mutual funds	85,273,950	-	-	85,273,950
Partnerships/Joint Ventures	<u>-</u>	<u>44,512,254</u>	<u>-</u>	<u>44,512,254</u>
Total assets in the fair value hierarchy	\$ <u>88,659,022</u>	\$ <u>44,512,254</u>	\$ <u>-</u>	133,171,276
Investments measured at NAV as a practical expedient (a)				<u>74,390,271</u>
Investments at fair value				<u>\$ 207,561,547</u>

- (a) Certain investments are measured at NAV as a practical expedient to estimate fair value and, therefore, have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The following table summarizes investments for which the fair value is measured using the NAV as a practical expedient as of May 31, 2024 and 2023, respectively. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

<u>Description</u>	<u>Fair Value 5/31/2024</u>	<u>Fair Value 5/31/2023</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
Commingled funds	\$47,313,568	\$54,306,401	None	Daily	None
Partnerships/ Joint Ventures	\$39,333,917	\$7,356,742	None	Daily	None
Partnerships/ Joint Ventures	\$14,975,682	\$12,727,128	None	Monthly	1-30 days

The partnerships/joint ventures are not direct filing entities. These funds have a growth investing strategy by investing in various domestic and international stocks, debt securities, and derivative contracts.

DTTS PENSION PLAN

Notes to the Financial Statements

May 31, 2024 and 2023

(7) Risks and uncertainties

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

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

DTTS PENSION PLAN

EIN 13-3086681, PLAN No. 001

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

May 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	Cash, settlement receivables and obligations, net		\$ <u>7,102,053</u>	\$ <u>7,259,028</u>
	Money market fund -			
	First American Govt Obligation Fund	14,299,080 shares	<u>14,299,080</u>	<u>14,299,080</u>
	Mutual funds:			
	Harding Loevner Global	42,290 shares	1,496,598	1,745,750
	Amg GW&K Small Cap Core	60,771 shares	1,710,156	1,897,266
	Pgim High Yield Fund	724,288 shares	3,742,600	3,389,669
	Templeton Inst Foreign Small Co	35,519 shares	775,444	674,853
	Goldman Sachs Managed Beta	3,852,836 shares	49,235,334	59,063,977
	Goldman Sachs Tactical Tilt Overlay	789,303 shares	7,847,686	8,114,030
	Federated Inst High Yield Bond	441,626 shares	4,117,098	3,842,142
	Goldman Sachs Multi Mgr Real Assets	392,502 shares	<u>4,186,167</u>	<u>3,662,047</u>
	Total mutual funds		<u>73,111,083</u>	<u>82,389,734</u>
	Commingled funds:			
	Goldman Sachs Int Duration Cr	2,628,370 shares	27,703,025	27,992,145
	Goldman Sachs Long Duration Cr	669,490 shares	9,750,000	9,567,019
	Wellington CIF II Opportunistic	174,641 shares	1,902,512	1,535,093
	T. Rowe Price Emerging Mkts Equity	2,465 shares	1,809,783	1,335,397
	SSGA MSCI World Index	39,178 shares	2,559,420	3,959,061
	SSGA Factor-Based NI Ctf	151,791 shares	<u>1,683,125</u>	<u>2,924,853</u>
	Total commingled funds		<u>45,407,865</u>	<u>47,313,568</u>
	Fixed income funds:			
	US Treasury Bond Strip - 8/15/39	7,980,000 shares	4,203,385	4,034,528
	US Treasury Note - 4.5% - 8/15/39	5,910,000 shares	6,086,862	5,863,607
	US Treasury Bond - 3.375% - 5/15/44	9,730,000 shares	<u>7,996,123</u>	<u>8,013,531</u>
	Total fixed income funds		<u>18,286,370</u>	<u>17,911,666</u>

* Represents a party-in-interest.

DTTS PENSION PLAN

EIN 13-3086681, PLAN No. 001

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

May 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	Partnerships/Joint Ventures:			
	Marathon Emerging Mkt Bond II	5,500,000 shares	5,500,000	4,314,998
	Global Alpha Intl Sm	833,364 shares	420,687	833,364
	Robeco Emerging Markets Equity	103,989 shares	1,845,761	1,757,287
	Pacific Asset Mgmt Bank Loan Fund	4,846,027 shares	4,846,027	4,846,027
	Boston Partners Trend	1,632 shares	1,664,280	2,995,367
	Goldman Sachs Global Eq Volatility	194,566 shares	3,200,345	5,115,157
	Prudential Long Duration Cr	29,600,000 shares	29,600,000	29,600,000
	Graham Global Inv II	17,001 shares	2,435,049	3,224,006
	Boston Partners Trend CI-A Ser 8	400 shares	400,000	472,682
	Ninety One Emerging Mk Local Cur Dt	10,212 shares	1,113,762	1,150,711
	Total partnerships/joint ventures		51,025,911	54,309,599
	Total		\$ 209,232,362	\$ 223,482,675

* Represents a party-in-interest.

DTTS PENSION PLAN

EIN 13-3086681, PLAN No. 001

Schedule H, Line 4j - Schedule of Reportable Transactions

Year ended May 31, 2024

(a) Identity of party <u>involved</u>	(b) Description of asset (include interest rate and maturity in <u>case of a loan</u>)	(c) Purchase <u>price</u>	(d) Number of <u>purchases</u>	(e) Selling <u>price</u>	(f) Number of <u>sales</u>	(g) Cost of <u>asset</u>	(h) Current value of asset on transaction <u>date</u>	(i) Net gain or (loss)
SINGLE TRANSACTION IN EXCESS OF 5%								
First American	Govt Obligation Fund	\$ 14,073,804	1	\$ -	-	\$ 14,073,804	\$ 14,073,804	\$ -
First American	Govt Obligation Fund	\$ -	-	\$ 14,946,004	1	\$ 14,946,004	\$ 14,946,004	\$ -
First American	Govt Obligation Fund	\$ 31,250,000	1	\$ -	-	\$ 31,250,000	\$ 31,250,000	\$ -
Goldman Sachs	Int Duration Cr	\$ 28,500,000	1	\$ -	-	\$ 28,500,000	\$ 28,500,000	\$ -
Vanguard	Long-Term Corporate Bond Index	\$ 14,000,000	1	\$ -	-	\$ 14,000,000	\$ 14,000,000	\$ -
Vanguard	Long-Term Corporate Bond Index	\$ -	-	\$ 14,473,804	1	\$ 13,832,661	\$ 14,473,804	\$ 641,143
Prudential	Long Duration Cr	\$ 29,600,000	1	\$ -	-	\$ 29,600,000	\$ 29,600,000	\$ -
SSGA	20+ Year U.S. Treasury Strips	\$ -	-	\$ 55,066,774	1	\$ 67,658,513	\$ 55,066,774	\$ (12,591,739)
LGIMA	Long Duration U.S. Credit	\$ -	-	\$ 35,312,953	1	\$ 34,925,041	\$ 35,312,953	\$ 387,912
SERIES OF TRANSACTIONS IN THE SAME SECURITY, WHEN AGGREGATED INVOLVING AN AMOUNT IN EXCESS OF 5%								
First American	Govt Obligation Fund	\$ 142,030,196	317	\$ 131,116,181	220	\$ 273,146,377	\$ 273,146,377	\$ -
Goldman Sachs	Int Duration Cr	\$ 28,500,000	1	\$ 800,000	1	\$ 29,296,975	\$ 29,300,000	\$ 3,025
Goldman Sachs	Managed Beta Fund	\$ 4,769,763	4	\$ 13,500,000	6	\$ 16,951,394	\$ 18,269,763	\$ 1,318,369
Vanguard	Long-Term Corporate Bond Index	\$ 15,018,501	7	\$ 15,673,804	2	\$ 30,037,004	\$ 30,692,305	\$ 655,301
Prudential	Long Duration Cr	\$ 29,600,000	1	\$ -	-	\$ 29,600,000	\$ 29,600,000	\$ -
SSGA	20+ Year U.S. Treasury Strips	\$ 11,900,000	5	\$ 55,075,306	4	\$ 79,568,390	\$ 66,975,306	\$ (12,593,084)
LGIMA	Long Duration U.S. Credit	\$ -	-	\$ 45,312,953	2	\$ 45,262,701	\$ 45,312,953	\$ 50,252
Euro	Euro Currency	\$ 7,253,753	4	\$ 9,075,796	5	\$ 16,351,297	\$ 16,329,549	\$ (21,748)

DTTS PENSION PLAN

EIN 13-3086681, PLAN No. 001

Schedule H, Line 4j - Schedule of Reportable Transactions

Year ended May 31, 2024

(a) Identity of party <u>involved</u>	(b) Description of asset (include interest rate and maturity in <u>case of a loan</u>)	(c) Purchase <u>price</u>	(d) Number of <u>purchases</u>	(e) Selling <u>price</u>	(f) Number of <u>sales</u>	(g) Cost of <u>asset</u>	(h) Current value of asset on transaction <u>date</u>	(i) Net gain or <u>(loss)</u>
SERIES OF TRANSACTIONS WITH THE SAME BROKER, WHEN AGGREGATED INVOLVING AN AMOUNT IN EXCESS OF 5%								
Barcgb5G	Barclays Bank London	\$ 9,240,323	14	\$ 9,313,092	14	\$ 18,500,628	\$ 18,553,415	\$ 52,787
Bofaus6Ngfx	Bofaus6Ngfx United States	\$ 11,326,712	25	\$ 17,539,161	38	\$ 28,866,060	\$ 28,865,873	\$ (187)
Goldman Sachs	Goldman Sachs Funds	\$ 43,200,000	7	\$ 16,400,000	10	\$ 58,193,998	\$ 59,600,000	\$ 1,406,002
Prudential	Prudential funds	\$ 29,600,000	1	\$ -	-	\$ 29,600,000	\$ 29,600,000	\$ -
State Street	State Street Funds	\$ 11,900,440	8	\$ 56,877,536	13	\$ 80,814,581	\$ 68,777,976	\$ (12,036,605)
LGIMA	LGIMA Funds	\$ -	-	\$ 45,312,953	2	\$ 45,262,701	\$ 45,312,953	\$ 50,252

Plan Name	DTTS Pension Plan
Plan Sponsor EIN	13-3086681
ERISA Plan #	001
Plan Year Ending	May 31, 2024

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

Plan Name: DTTS Pension Plan

EIN: 13-3086681

Plan Number: 001

Attachment to the 2023 Schedule SB (Form 5500)

Schedule SB, Line 26a - Schedule of Active Participant Data

		Alternative B ¹ - Scatter 1									
		Years of Credited Service									
Age Last Birthday		Under 1	1 – 4	5 – 9	10 – 14	15 – 19	20 – 24	25 – 29	30 – 34	35 – 39	40 +
0-24	Number	30	22	-	-	-	-	-	-	-	-
	Average Pay	\$89,122	\$92,028	-	-	-	-	-	-	-	-
25-29	Number	30	72	6	-	-	-	-	-	-	-
	Average Pay	\$113,685	\$105,353	N/A	-	-	-	-	-	-	-
30-34	Number	50	105	59	4	-	-	-	-	-	-
	Average Pay	\$122,731	\$144,076	\$147,868	N/A	-	-	-	-	-	-
35-39	Number	40	98	88	53	7	-	-	-	-	-
	Average Pay	\$136,365	\$162,708	\$169,877	\$179,310	N/A	-	-	-	-	-
40-44	Number	31	80	70	66	41	10	-	-	-	-
	Average Pay	\$139,138	\$157,726	\$181,368	\$192,241	\$196,802	N/A	-	-	-	-
45-49	Number	31	58	48	72	56	43	4	-	-	-
	Average Pay	\$175,511	\$174,705	\$157,486	\$186,955	\$207,793	\$205,808	N/A	-	-	-
50-54	Number	20	59	55	51	46	41	15	-	-	-
	Average Pay	\$178,323	\$200,340	\$176,135	\$184,718	\$208,092	\$225,433	N/A	-	-	-
55-59	Number	17	40	25	24	23	32	20	5	-	-
	Average Pay	N/A	\$172,677	\$176,113	\$183,250	\$191,986	\$199,338	\$218,702	N/A	-	-
60-64	Number	5	17	15	12	10	15	6	1	3	-
	Average Pay	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-
65-69	Number	1	5	1	11	8	4	3	-	-	1
	Average Pay	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-	N/A
70+	Number	-	2	2	1	1	-	1	-	-	-
	Average Pay	-	N/A	N/A	N/A	-	-	N/A	-	-	-

Notes

1. Compensation data has been limited by IRC Section 401(a)(17) limitation of \$305,000.
2. Active participants without pensionable pay are excluded from the average pay calculation.

¹ As described in instructions to 2023 Schedule SB (Form 5500).

Plan Name: DTTS Pension Plan

EIN: 13-3086681

Plan Number: 001

Attachment to the 2023 Schedule SB (Form 5500)

Schedule SB, Line 26a - Schedule of Active Participant Data

		Alternative B ¹ - Scatter 2									
		Years of Credited Service									
Age Last Birthday		Under 1	1 – 4	5 – 9	10 – 14	15 - 19	20 – 24	25 - 29	30 – 34	35 – 39	40 +
0-24	Number	30	22	-	-	-	-	-	-	-	-
	Average Cash Balance	\$5,253	\$8,566	-	-	-	-	-	-	-	-
25-29	Number	30	72	6	-	-	-	-	-	-	-
	Average Cash Balance	\$3,817	\$11,245	N/A	-	-	-	-	-	-	-
30-34	Number	50	105	59	4	-	-	-	-	-	-
	Average Cash Balance	\$4,023	\$15,658	\$29,437	N/A	-	-	-	-	-	-
35-39	Number	40	98	88	53	7	-	-	-	-	-
	Average Cash Balance	\$2,846	\$17,687	\$39,448	\$62,636	N/A	-	-	-	-	-
40-44	Number	31	80	70	66	41	10	-	-	-	-
	Average Cash Balance	\$4,751	\$19,943	\$48,584	\$83,359	\$115,491	N/A	-	-	-	-
45-49	Number	31	58	48	72	56	43	4	-	-	-
	Average Cash Balance	\$4,221	\$23,078	\$46,696	\$90,765	\$145,155	\$191,680	N/A	-	-	-
50-54	Number	20	59	55	51	46	41	15	-	-	-
	Average Cash Balance	\$4,205	\$32,599	\$65,020	\$113,804	\$171,430	\$244,091	N/A	-	-	-
55-59	Number	17	40	25	24	23	32	20	5	-	-
	Average Cash Balance	N/A	\$30,348	\$70,619	\$120,357	\$166,460	\$259,587	\$326,265	N/A	-	-
60-64	Number	5	17	15	12	10	15	6	1	3	-
	Average Cash Balance	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-
65-69	Number	1	5	1	11	8	4	3	-	-	1
	Average Cash Balance	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-	N/A
70+	Number	-	2	2	1	1	-	1	-	-	-
	Average Cash Balance	-	N/A	N/A	N/A	N/A	-	N/A	-	-	-

¹ As described in instructions to 2023 Schedule SB (Form 5500).

Plan Name: DTTS Pension Plan
EIN: 13-3086681
Plan Number: 001
Attachment to the 2023 Schedule SB (Form 5500)
Schedule SB, Part V – Summary of Plan Provisions

Plan Provisions Summary

Effective Date of the Plan	June 1, 2008.
Plan Year	Plan years coincide with the firm's fiscal years (fiscal years begin on June 1st).
Eligibility for Participation	• Employees of DTTS are eligible to participate after reaching age 21 with one year of service. Eligible employees become Participants on the first Plan entry date after satisfying the eligibility conditions. Plan entry dates are on the first day of the Plan Year or six months later. Participants who transferred to DTTS Pension Plan from Deloitte Pension Plan or from Deloitte Pension Plan for Partners, Principals and Managing Directors on or after June 1, 2008 become eligible immediately. • Effective June 1, 2014, USI employees on assignment to the US are not eligible to accrue benefits under the plan, and the plan's eligibility was amended to exclude those participants whose benefits were fully transferred to the Deloitte Pension Plan for Independence. • Effective January 1, 2023, the Plan was amended to lower the eligibility age from age 21 to age 18.
Continuous Service	Elapsed time rule – subject to break-in-service rules.
Credited Service	The period of continuous service after entering the Plan. For employees transferred to DTTS Pension Plan from Deloitte Pension Plan or Deloitte Pension Plan for Partners, Principals and Managing Directors on or after June 1, 2008 credited service includes service earned under Deloitte Pension Plan or Deloitte Pension Plan for Partners, Principals and Managing Directors.
Compensation Considered	For benefits accruing after August 31, 1989 (or June 3, 1989, for Deloitte Haskins & Sells): Effective September 1, 1989 (or June 4, 1989, for Deloitte Haskins & Sells), compensation considered is W-2 earnings, including salary deferrals under the Deloitte and DTTS Savings and Investment Plan, the Deloitte and DTTS Flexible Spending Plan, and the Deloitte and DTTS transportation programs. Compensation is limited by IRS regulations. For the Plan Year commencing June 1, 2023 the compensation limit is \$330,000 per year.
Normal Retirement Date	Age 62 with payment commencing on the first day of the month coincident with or next following the participant's 62nd birthday.
Early Commencement Date (applicable for Participants who terminate on or after June 4, 2017)	Managing Directors are eligible to commence benefits upon completion of at least three years of service. For other employees, early commencement is available upon completion of at least three years of service if the value of their accrued benefit is less than \$30,000 at termination. Effective January 1, 2023, all participants who terminate on January 1, 2023 or later are eligible to commence benefits upon completion of at least three years of service.
Early Retirement Date	The earlier of the participant's 50th birthday and completion of at least ten years of service and the participant's 55th birthday and completion of at least five years of service.

Plan Name: DTTS Pension Plan

EIN: 13-3086681

Plan Number: 001

Attachment to the 2023 Schedule SB (Form 5500)

Schedule SB, Part V – Summary of Plan Provisions

Plan Provisions Summary

Normal and Deferred Retirement Benefit	A. For Former Touche Ross employees and Partners, benefits accrued through August 31, 1989: Monthly pension for life beginning at age 65 equal to 1/12 of 1.50% of final average pay (as of August 31, 1989) less 2.38% of Primary Social Security benefit based on 1989 Social Security law and 1989 earnings, assuming earnings remain unchanged to age 65, for each of the first 35 years of credited service. The minimum benefit is \$10 per month for each of the first 30 years of service. Benefits accrued after August 31, 1989: Effective September 1, 1989, benefits are accrued on a calendar-year basis with a transition period of September 1, 1989 to December 31, 1989. The total accrued benefit in any year is that year's accrual, plus the total accrued benefit for prior years. For each year of credited service up to 35 years, the monthly accrual equals 1/12 of the sum of 2% of compensation up to Social Security Covered Compensation and 2.5% of the excess of compensation over Social Security Covered Compensation. For each year of credited service over 35 years, the accrual equals 2.5% of compensation. The monthly benefit is payable for life beginning at age 62. B. For other Participants, benefits accrued through June 3, 1989: Monthly pension for life beginning at age 62 equal to 1/12 of 1% of Base Compensation up to Social Security Base, plus 1.5% of Base Compensation above Social Security Base, times years and months of credited service, where base compensation is the average over the highest paid five consecutive years in the last 10 years before June 4, 1989. Benefits accrued after June 3, 1989: Effective June 4, 1989, benefits are accrued on a calendar-year basis with a transition period of June 4, 1989, to December 31, 1989. The total accrued benefit in any year is that year's accrual plus the total accrued benefit for prior years. For each year of credited service up to 35 years, the monthly accrual equals 1/12 of the sum of 2% of compensation up to Social Security Covered Compensation and 2.5% of the excess of compensation over Social Security Covered Compensation. For each year of credited service over 35 years, the accrual equals 2.5% of compensation. The monthly benefit is payable for life beginning at age 62. C. For all Participants effective January 1, 1997: Effective January 1, 1997, the Plan was amended to provide benefits under a cash balance formula. The principal features of the cash balance formula are as follows: <u>Opening Balance</u> – the accrued benefit as of December 31, 1996 for each active participant was converted into its actuarial equivalent single sum amount. This single sum amount represents the opening cash balance account. <u>Interest Credits</u> – at the end of each calendar year, prior to crediting the service credit, each participant's cash balance account is credited with an interest credit equal to the beginning of the year account balance multiplied by the 30-Year U.S. Treasury Bond rate for November published in the month of December preceding the beginning of the calendar year. Effective January 1, 2012, the minimum interest crediting rate is 3.8%. In years following the application of the minimum, the Treasury rate will be adjusted down (not less than 3.8%), such that the aggregate interest crediting rate is the same as the unadjusted aggregate Treasury rates, over the same period of time. Effective January 1, 2021, the interest credit will be based on the 30 -Year U.S. Treasury Bond rate for August published in the month of September preceding the beginning of the calendar year.
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Plan Name: DTTS Pension Plan

EIN: 13-3086681

Plan Number: 001

Attachment to the 2023 Schedule SB (Form 5500)

Schedule SB, Part V – Summary of Plan Provisions

Plan Provisions Summary

Normal and Deferred Retirement Benefit (continued)

Service Credits – at the end of each calendar year, each participant's cash balance account is credited with a percentage of the participant's pensionable pay during the year, with the percentage determined according to the following schedule:

Participant's age plus credited

<u>service at the end of the year</u>	<u>Percentage of pay credit</u>
less than 30	2.5%
30-39	3.0%
40-49	4.0%
50-59	5.0%
60-69	6.0%
70-79	7.0%
80-89	8.0%
90+	9.0%

The following service credit schedule is in effect as of January 1, 2017 for managing directors:

Participant's age plus credited

<u>service at the end of the year</u>	<u>Percentage of pay credit</u>
less than 30	4.0%
30-39	5.0%
40-49	6.0%
50-59	7.0%
60-69	8.0%
70-79	11.0%
80-89	13.0%
90+	16.0%

The following service credit schedule is in effect as of January 1, 2023 for all eligible employees:

Participant's age plus credited

<u>service at the end of the year</u>	<u>Percentage of pay credit</u>
less than 40	3.0%
40-49	4.0%
50-59	5.0%
60-69	6.0%
70-79	7.0%
80-89	8.0%
90+	9.0%

The following service credit schedule is in effect as of January 1, 2023 for managing directors:

Participant's age plus credited

<u>service at the end of the year</u>	<u>Percentage of pay credit</u>
less than 40	6.0%
40-49	7.0%
50-59	8.0%
60-69	9.0%
70-79	11.0%
80-89	13.0%
90+	16.0%

In the first year of participation only, the minimum service credit is \$2,500. For employees and managing directors entering the DTTS Pension Plan on or after June 1, 2017, the minimum service credit is \$5,000.

Minimum Benefit – all Participants that performed an hour of service during 1997 ("grandfathered") are eligible to receive the greater of the benefit under the cash balance formula and the benefit that would have been earned as if the Plan in effect on December 31, 1996 had continued unchanged.

Plan Name: DTTS Pension Plan
EIN: 13-3086681
Plan Number: 001
Attachment to the 2023 Schedule SB (Form 5500)
Schedule SB, Part V – Summary of Plan Provisions

Plan Provisions Summary

Early Commencement Benefit	The early commencement benefit is the benefit payable before the participant's Early Retirement Date, with further actuarial reduction to the participant's early commencement date.
Early Retirement Benefit	Pre-1997 Plan – A Participant retiring on or after his Early Retirement Date and before his Normal Retirement Date is eligible to receive a monthly benefit payable for life. For Touche Ross employees and Partners, the monthly benefit equals the normal retirement benefit accrued for service through August 31, 1989, reduced by 1/180th for each of the first 60 months or fraction thereof by which the date of commencement of benefits precedes age 65, and reduced actuarially for the next 60 months, and with the benefit accrued for service after August 31, 1989, reduced by 1/2 of 1% for each month or fraction thereof by which the date of commencement of benefits precedes age 62. For Deloitte Haskins & Sells employees, the monthly benefit equals the normal retirement benefit, reduced by 1/2 of 1% for each month by which the date of commencement precedes age 62. For certain Deloitte Haskins & Sells employees that attained age 50 and had at least 10 years of service as of June 1, 1991, the benefit accrued for service through June 3, 1989, is reduced 1/2 of 1% per month before age 60. For Deloitte employees, the monthly benefit equals the normal retirement benefit accrued for service as of the date of termination reduced by 1/2 of 1% for each calendar month or fraction thereof that the participant's benefit commencement date precedes age 62. <u>Cash Balance Formula</u> – The early retirement benefit is the monthly benefit which is the actuarial equivalent of the cash balance accumulated to the participant's Early Retirement Date. If a participant is grandfathered, the minimum early retirement benefit is calculated under the provisions of the pre-1997 Plan as described above.
Disability Benefit	A participant that becomes totally disabled and qualifies for Social Security disability benefits will continue to accrue credited service towards a normal retirement benefit which commences on the first day of the month coincident with or next following attainment of age 62. If early retirement is elected, credited service accruals cease upon benefit commencement, and an early retirement reduction will apply if benefits start before age 62 (or age 65 for the pre September 1, 1989 portion for former Touche Ross Plan Participants).
Termination of Employment	Each participant will acquire a vested, nonforfeitable right to a deferred retirement benefit after completing three years of continuous service, in the form of a monthly benefit for life commencing at Normal Retirement Date (if elected) in an amount equal to 100% of his accrued benefit to the date of termination. Payment of benefits may commence prior to Normal Retirement Date, in which case the accrued benefit would be reduced as described under "Early Commencement Benefit" and "Early Retirement Benefit".
Pre-retirement Death	The pre-retirement death benefits are based on marital status, as follows: <u>Automatic Coverage - Single participant</u> If the participant is not married at the time of death, the Plan provides for payment of the vested benefit to the beneficiary in a single lump sum payment as soon as practicable following death (unless the beneficiary elects an optional preretirement death benefit in the form of an actuarial equivalent Life Only annuity or a Life and Term Certain Annuity). The beneficiary's benefit will be <i>the greater of</i>: • The value of the Cash Balance Account; • For grandfathered participants only, the present value of the participant's normal retirement benefit under the Career Average Formula; or • For grandfathered participants only, the present value of the payments that the beneficiary would receive, based on the Career Average Formula, as if the participant had retired immediately prior to his death and commenced payment in the form of a Joint and 100% Survivor Annuity.

Plan Name: DTTS Pension Plan**EIN: 13-3086681****Plan Number: 001****Attachment to the 2023 Schedule SB (Form 5500)****Schedule SB, Part V – Summary of Plan Provisions****Plan Provisions Summary**

Pre-retirement Death Benefit (continued)	<u>Automatic Coverage - Married participant</u> If the participant is married at the time of death, the Plan provides for a Life Only Annuity payment to the surviving spouse (unless the spouse elects an optional preretirement death benefit in the form of an actuarial equivalent Lump Sum, or Life and Term Certain Annuity). The spouse's benefit will be a Life Only Annuity that is actuarially equivalent to the greater of: • The value of the Cash Balance Account; • For grandfathered participants only, the present value of the participant's normal retirement benefit under the Career Average Formula; or • For grandfathered participants only, the present value of the payments that the beneficiary would receive, based on the Career Average Formula, as if the participant had retired immediately prior to his death and commenced payment in the form of a Joint and 100% Survivor Annuity.
Normal & Disability Form of Benefit	Level monthly payments for life. Married Participants will receive an actuarially reduced Joint and 50% Survivor Benefit unless another form of benefit is specifically selected by the Participant with appropriate spousal consent.
Optional Forms of Benefit	The following forms of benefit are payable from the Plan upon early commencement, early, normal, or deferred retirement: • Life Annuity • Life Annuity with a 120 or 150 month Term Certain • Joint and Survivor Annuity (50%, 75%, or 100%) • Joint and Survivor Annuity (50%, 75%, or 100%) with a 120 or 150 month Term Certain • Lump Sum
Plan Changes Since the Prior Plan Year	• Effective January 1, 2024 the Internal Revenue Code (IRC) Section 415 defined benefit limit increased from \$265,000 to \$275,000. This change is reflected for purposes of determining the 2023 Target Normal Cost for the plan year ending June 3, 2024, if applicable. • Effective January 1, 2023, the IRC Section 401(a)(17) compensation limit increased from \$305,000 to \$330,000. • Effective January 1, 2023: ○ The Cash Balance Service Credit for employees with less than 30 years of combined age plus credited service was increased to 3.0% (from 2.5% previously); ○ The Cash Balance Service Credit for managing directors with less than 70 years of combined age plus credited service was increased; ○ Any participant who terminates service on or after January 1, 2023 will be permitted to take an immediate distribution of their full accrued benefit (previously only available to partners, managing directors, and employees who terminated with a benefit value under \$30,000); ○ Age requirement for plan participation decreased from age 21 to age 18.

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 06/01/2023 and ending 05/31/2024

► Round off amounts to nearest dollar.
► Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan DTTS PENSION PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF DELOITTE TOUCHE TOHMATSU SERVICES, LLC	D Employer Identification Number (EIN) 13-3086681
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>6</u> Day <u>1</u> Year <u>2023</u>	
2 Assets:	
a Market value	2a 224,550,474
b Actuarial value	2b 247,005,521
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants 65 (2) Vested Funding Target 23,157,891 (3) Total Funding Target 23,157,891
b For terminated vested participants.....	743 48,869,981 48,869,981
c For active participants	1,872 157,212,748 158,364,790
d Total.....	2,680 229,240,620 230,392,662
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 5.32 %
6 Target normal cost.....	
a Present value of current plan year accruals.....	6a 15,215,301
b Expected plan-related expenses	6b 299,799
c Target normal cost	6c 15,515,100

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

SIGN HERE	 Signature of actuary	03/03/2025 Date
TIMOTHY J. GEDDES Type or print name of actuary		23-06181 Most recent enrollment number
DELOITTE CONSULTING LLP Firm name		(313) 396-3954 Telephone number (including area code)
1001 WOODWARD, SUITE 700 Address of the firm	MI 48226-1904	

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

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	46,094,333
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	46,094,333
10 Interest on line 9 using prior year's actual return of <u>-3.84</u> %	0	-1,770,022
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		706,225
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.50</u> %		38,842
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		745,067
d Portion of (c) to be added to prefunding balance		745,067
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	45,069,378

Part III Funding Percentages

14 Funding target attainment percentage	14	87.64%
15 Adjusted funding target attainment percentage	15	107.21%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.13%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/27/2024	3,100,000		12/27/2024	500,000	
07/29/2024	500,000		01/30/2025	3,100,000	
08/29/2024	3,100,000				
09/26/2024	3,100,000				
10/30/2024	3,100,000				
11/26/2024	500,000				
Totals ▶			18(b)	17,000,000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	15,850,806

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes	☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes	☒ No
26 Demographic and benefit information		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	☒ Yes	☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	15,515,100	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	15,515,100	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	15,515,100	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	15,850,806	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	335,706	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

Plan Name	DTTS Pension Plan
Plan Sponsor EIN	13-3086681
ERISA Plan #	001
Plan Year Ending	May 31, 2024

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

Plan Name: DTTS Pension Plan

EIN: 13-3086681

Plan Number: 001

Attachment to the 2023 Schedule SB (Form 5500)

Schedule SB, Line 26b – Schedule of Projection of Expected Benefit Payments

Funding Cash Flow

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2023	7,290,160	9,869,203	1,868,641	19,028,004
2024	6,785,886	1,870,880	1,855,737	10,512,503
2025	7,790,689	1,271,404	1,841,325	10,903,417
2026	7,495,181	1,978,979	1,825,203	11,299,363
2027	8,075,904	2,342,472	1,807,144	12,225,520
2028	9,241,554	3,261,212	1,786,895	14,289,662
2029	8,869,436	2,475,537	1,764,176	13,109,150
2030	8,792,092	3,160,551	1,738,688	13,691,332
2031	9,185,560	3,059,308	1,709,550	13,954,418
2032	10,027,966	3,105,492	1,675,479	14,808,937
2033	10,246,122	3,609,632	1,639,293	15,495,047
2034	10,603,717	4,125,092	1,598,963	16,327,772
2035	10,463,333	3,756,397	1,554,186	15,773,916
2036	11,016,304	5,489,183	1,504,706	18,010,193
2037	10,704,732	3,814,069	1,450,338	15,969,139
2038	11,355,768	4,447,975	1,390,981	17,194,724
2039	11,240,105	3,201,690	1,326,640	15,768,435
2040	11,597,739	3,350,433	1,257,456	16,205,628
2041	11,109,612	3,017,310	1,183,724	15,310,645
2042	10,351,714	3,850,344	1,105,920	15,307,978
2043	10,754,001	2,474,089	1,024,709	14,252,799
2044	9,888,857	2,793,935	940,927	13,623,719
2045	10,305,764	2,667,884	855,578	13,829,227
2046	9,697,280	2,639,008	769,863	13,106,150
2047	9,299,915	2,831,051	685,123	12,816,088
2048	8,839,913	2,326,218	602,729	11,768,860
2049	8,208,448	2,179,984	523,963	10,912,395
2050	7,640,829	2,128,172	449,902	10,218,903
2051	7,589,369	2,033,910	381,376	10,004,656

Plan Name: DTTS Pension Plan

EIN: 13-3086681

Plan Number: 001

Attachment to the 2023 Schedule SB (Form 5500)

Schedule SB, Line 26b – Schedule of Projection of Expected Benefit Payments

Funding Cash Flow

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2052	7,065,280	1,711,445	318,982	9,095,708
2053	6,277,604	1,803,647	263,113	8,344,365
2054	6,181,640	1,664,227	213,922	8,059,789
2055	5,469,230	1,553,885	171,345	7,194,460
2056	5,220,769	1,570,236	135,145	6,926,150
2057	4,896,012	1,315,085	104,895	6,315,992
2058	4,454,188	1,270,594	80,053	5,804,835
2059	4,249,231	1,137,543	60,033	5,446,806
2060	3,879,022	1,037,209	44,200	4,960,430
2061	3,577,249	981,809	31,918	4,590,977
2062	3,238,760	887,824	22,586	4,149,171
2063	2,840,098	814,358	15,648	3,670,103
2064	2,571,381	742,674	10,604	3,324,658
2065	2,328,844	673,302	7,022	3,009,168
2066	2,098,218	606,748	4,541	2,709,508
2067	1,882,274	543,470	2,866	2,428,610
2068	1,679,778	483,849	1,764	2,165,392
2069	1,492,038	428,179	1,058	1,921,275
2070	1,318,839	376,646	619	1,696,103
2071	1,160,125	329,339	352	1,489,816
2072	1,015,940	286,263	196	1,302,399

Plan Name: DTTS Pension Plan

EIN: 13-3086681

Plan Number: 001

Attachment to the 2023 Schedule SB (Form 5500)

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Actuarial Assumptions

Interest Rates		Pre-MAP-21 Segment Rates ¹	25-Year Average Segment Rates	ARP/IIJA	
				2023 Corridor (95%-105%)	Segment Rates ²
	Lookback Month	June 2023	N/A	N/A	N/A
	First Segment Rate	3.03%	5.00% ³	4.75% - 5.25%	4.75%
	Second Segment Rate	4.11%	5.26%	5.00% - 5.52%	5.00%
	Third Segment Rate	4.27%	6.04%	5.74% - 6.34%	5.74%
	Effective Rate	4.15%	N/A	N/A	5.32%
	¹ Used for Maximum Deductible, PBGC Method for Variable-Rate Premium, ERISA §4010 reporting \$15M underfunded and 80% threshold, and excess assets for §420 transfers.				
	² Used for minimum funding and benefit restrictions				
	³ Actual rate of 3.48% was limited to a floor of 5.00% per the provisions of ARP.				
Cash Balance Interest Crediting Rate	4% per annum				
Mortality	Funding Target: As defined in IRS Reg §1.430(h)(3)-1(a)(3). This table is based on the annuitant and non-annuitant static mortality rates for 2023 for males and females from IRS Reg §1.430(h)(3)–1(e).				
Turnover Rates	Expected percentage of Participants terminating during the year, prior to meeting retirement eligibility.				
	Employees: Rates of withdrawal are shown in the table below for sample ages:				
	Less than 5 years of service		5 or more Years of Service		
	Age	Rate	Age	Rate	
	< 30	25.0%	21-26	25.0%	
	30+	20.0	27-30	20.0	
			31-35	15.0	
			36-46	12.0	
			47-51	10.0	
			52+	5.0	
	Active Managing Directors:				
	Age	Rate			
	21-45	3.0%			
	46-50	6.0			
	51-55	10.0			
	56-59	12.0			
	60+	15.0			

Plan Name: DTTS Pension Plan

EIN: 13-3086681

Plan Number: 001

Attachment to the 2023 Schedule SB (Form 5500)

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Actuarial Assumptions

Retirement Rates	Expected percentage of Participants retiring during the year, after meeting retirement eligibility.			
	<u>Employees</u>		<u>Active Managing Directors</u>	
	<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
	50-54	1.0%	50-51	1.0%
	55-57	3.0	52-56	2.0
Salary Scale rates	58-60	5.0	57-59	5.0
	61	10.0	60	7.0
	62-69	20.0	61-63	20.0
	70	100.0	64-69	25.0
			70	100.0
	<u>Vested Terminated Participants</u>			
	<u>Age</u>	<u>Rate</u>		
	62	100.0%		
	Salary increases shown in the tables below for sample ages.			
	<u>Exempt Employees:</u>			
	<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
	25	13.0%	45	4.0%
	30	8.0	50	3.0
	35	6.0	55	3.0
	40	5.0	60	2.0
	<u>Non-Exempt Employees:</u>			
	<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
	25	6.0%	45	3.0%
	30	4.75	50	3.00
	35	3.65	55	2.50
	40	3.15	60	2.00
	<u>Managing Directors:</u>			
	<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
	30	8.0%	50	5.0%
	35	8.0	55	4.0
	40	7.0	58	3.0
	45	6.0	60	2.0
Social Security	For benefits accrued through August 31, 1989: Social Security law for 1989.			
	For benefits accrued after August 31, 1989: Social Security wage base used in the calculation of the Career Average Benefit increases at 4.75%.			
Expense Load	Expenses and PBGC premiums paid from trust based on actual expenses paid during prior year.			

Plan Name: DTTS Pension Plan

EIN: 13-3086681

Plan Number: 001

Attachment to the 2023 Schedule SB (Form 5500)

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Actuarial Assumptions

Marriage Assumption	80% of participants are assumed to be married. Male participants are assumed to be 2 years older than their spouses. Female participants are assumed to be 2 years younger than their spouses. Actual spousal data is used for retirees.			
Form of Benefit Distribution	Benefit distributions are assumed to follow the below schedule:			
	<u>Active Participants who are Retirement Eligible</u>	<u>Immediate Lump Sum</u>	<u>Immediate Annuity</u>	
	Employees	65%	35%	
	Managing Directors:	50%	50%	
	<u>Active participants who are not yet Retirement Eligible</u>	<u>Immediate Lump Sum</u>	<u>Deferred to Age 62 Lump Sum</u>	<u>Deferred to Age 62 Annuity</u>
	Employees	25%	48.75%	26.25%
	Managing Directors:	50%	25%	25%
	<u>Terminated Vested Participants</u>	<u>Deferred Lump Sum</u>	<u>Deferred Annuity</u>	
	Employees	65%	35%	
	Managing Directors:	50%	50%	
Lump Sum Basis	<u>Funding Target</u>			
	Interest Rate:	The ERISA Funding Interest Rates as prescribed by the IRS, same as underlying valuation rates.		
	Mortality:	2023 IRS 417(e) published table		

Plan Name: DTTS Pension Plan

EIN: 13-3086681

Plan Number: 001

Attachment to the 2023 Schedule SB (Form 5500)

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Actuarial Methods for Funding

Liability Valuation Method

Funding Target and Target Normal Cost as Defined in PPA

The Funding Target is defined to be the present value of the benefits accrued or earned at the valuation date. The earned benefits include retirement-type benefits and ancillary benefits (1.430(d)-1(c)(1)(i)). If the amount of a benefit that is expected to be paid is neither a function of the accrued benefit at the time the benefit is expected to be paid nor a function of the participant's service at that time, then the portion of the benefit taken into account for purposes of determining the Funding Target for a plan year is based on the proportion of a participant's service as of the first day of the plan year relative to the service the participant will have when the participant decrements. The portion of the benefit that is taken into account in the Target Normal Cost is the increase in the proportional benefit for the plan year (1.430(d)-1(c)(1)(ii)(C)). The determination of the Funding Target and Target Normal Cost of a Plan for a plan year is not permitted to take into account any limitations or anticipated limitations under section 436 (1.430(d)-1(c)(1)(iii)).

The Target Normal Cost is the present value of all the benefits expected to accrue or to be earned during the year (benefits attributable to services performed in a prior year that are increased by reason of a compensation increase in the current year are treated as having accrued during the current year). Plan administrative expenses paid (or expected to be paid) from Actuarial Value of Assets for a plan year are not reflected in the determination of a plan's Funding Target for that plan year (1.430(d)-1(c)(2)), but are reflected in the determination of a plan's Target Normal Cost.

Generally if insurance contracts are held by the Plan, they are included in Actuarial Value of Assets and the related benefits are included in the liability. In the case of benefits that are funded through insurance contracts purchased from an insurance company licensed under the laws of a State, the Plan is permitted to exclude the benefits from the liability and the insurance policy from the assets, but only to the extent that the right to receive benefits is an irrevocable contractual right based on premiums paid prior to the valuation date (1.430(d)-1(c)(3)).

The determination of a Plan's Funding Target and Target Normal Cost for a plan year is based on Plan provisions that are adopted no later than the valuation date for the plan year and that become effective during that plan year. Section 412(d)(2) applies for purposes of determining whether a Plan amendment is treated as having been adopted on the first day of the plan year (including a Plan amendment adopted within two and one half months after the close of the plan year) (1.430(d)-1(d)).

For maximum deductible purposes, the cushion amount is equal to the sum of 50 percent of the Funding Target for the plan year and the amount the Funding Target for the plan year would increase if the Plan were to take into account increases in compensation which are expected to occur in succeeding plan years. If the Plan does not base benefits for service to date on compensation, increases in benefits which are expected to occur in succeeding plan years (determined on the basis of the average annual increase in benefits over the six preceding plan years) are taken into account in lieu of expected increases in compensation. For plans that have less than 100 participants, increases in benefits for highly compensated employees as a result of Plan amendments within the last two years are excluded from the calculation of the cushion amount.

Plan Name: DTTS Pension Plan

EIN: 13-3086681

Plan Number: 001

Attachment to the 2023 Schedule SB (Form 5500)

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Actuarial Methods for Funding

Asset Valuation Method

Actuarial Value of Assets are determined using the two-year averaging method as set forth in Notice 2009-22. Under this method, the Actuarial Value of Assets is the average of the fair market value of the assets on the valuation date and the adjusted fair Market Value of Assets determined as of the two prior determination dates. The adjusted fair Market Value of Assets as of a determination date is the Market Value of Assets on that date, increased by contributions that were not included in the plan's asset balance on the determination date and decreased by benefits and administrative expenses between that determination date and the valuation date plus an adjustment for expected earnings as the sum of the expected earnings separately determined for each period between the determination date and the valuation date. The calculated value is then further constrained to be no more than 110% of the Market Value of Assets plus discounted receivable contributions and no less than 90% of the Market Value of Assets plus discounted contributions.

Procedures

Financial and census data: Financial data was submitted by the Trustee and census data was submitted by the employer. Information provided was reviewed for internal consistency and we have no reason to doubt its substantial accuracy.

No benefits of materiality were excluded from the valuation of the liabilities.

The limitations of the Internal Revenue Code 415(b) and 401(a)(17) have been incorporated into our calculations.

No liability is included for participants who terminated without vesting in their benefit prior to the valuation date.

The employer provided us with the data on its employees as of the valuation date, but only those employees who have completed the Plan's eligibility requirements are included in the valuation of liabilities.

The normal cost associated with participants who have transferred to or from the Deloitte Pension Plan, the Deloitte Pension Plan for Partners, Principals, and Managing Directors, the Deloitte Pension Plan for Independence, and the Deloitte Defined Benefit Savings Plan for Partners and Principals have been calculated as of the beginning of the year, and allocated based on the transfer date of the transferred participants. This is not inconsistent with the requirements of Code section 430.

Model Use

Actuarial Standard of Practice No. 56 – Modeling requires disclosure of certain information regarding the actuary's use of models when issuing actuarial reports for work performed on or after October 1, 2020. For this valuation, the liability calculations were determined using industry-leading defined benefit valuation software developed and maintained by a third-party vendor. The model was designed specifically for the measurement of defined benefit pension liabilities and the actuary has updated the applicable parameters for the specific plan provisions and assumptions selected for this valuation.

An Excel-based model that calculates a supportable long-term rate of return on assets with inputs of a target asset allocation and publicly available capital market assumptions by asset class was used to assess the reasonableness of the long-term rate of return assumption.

Method Changes Since Last Year

There were no method changes since the prior valuation.

Plan Name	DTTS Pension Plan
Plan Sponsor EIN	13-3086681
ERISA Plan #	001
Plan Year Ending	May 31, 2024

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

Plan Name: DTTS Pension Plan

EIN: 13-3086681

Plan Number: 001

Attachment to the 2023 Schedule SB (Form 5500)

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

Description of Weighted Average Retirement Age - Employees

(1)	(2)	(3)	(4)
<u>Age</u>	<u>Lives at Beginning of Year</u>	<u>Retirement Rate</u>	<u>Expected # Retiring During Year</u>
			<u>(1) X (3)</u>
50	100,000	1.00%	1,000
51	99,000	1.00%	990
52	98,010	1.00%	980
53	97,030	1.00%	970
54	96,060	1.00%	961
55	95,099	3.00%	2,853
56	92,246	3.00%	2,767
57	89,479	3.00%	2,684
58	86,794	5.00%	4,340
59	82,455	5.00%	4,123
60	78,332	5.00%	3,917
61	74,415	10.00%	7,442
62	66,974	20.00%	13,395
63	53,579	20.00%	10,716
64	42,863	20.00%	8,573
65	34,291	20.00%	6,858
66	27,432	20.00%	5,486
67	21,946	20.00%	4,389
68	17,557	20.00%	3,511
69	14,045	20.00%	2,809
70	11,236	100.00%	11,236

Weighted Average Retirement Age (rounded to the nearest whole age): 63

The weighted average retirement age is the sum of column (4) divided by 100,000 which represents the radix of the table.

Plan Name: DTTS Pension Plan

EIN: 13-3086681

Plan Number: 001

Attachment to the 2023 Schedule SB (Form 5500)

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

Description of Weighted Average Retirement Age - Managing Directors

(1)	(2)	(3)	(4)
Age	<u>Lives at</u> <u>Beginning of Year</u>	<u>Retirement</u> <u>Rate</u>	<u>Expected</u> <u># Retiring</u> <u>During Year</u> (1) X (3)
50	100,000	1.00%	1,000
51	99,000	1.00%	990
52	98,010	2.00%	1,960
53	96,050	2.00%	1,921
54	94,129	2.00%	1,883
55	92,246	2.00%	1,845
56	90,401	2.00%	1,808
57	88,593	5.00%	4,430
58	84,164	5.00%	4,208
59	79,955	5.00%	3,998
60	75,958	7.00%	5,317
61	70,641	20.00%	14,128
62	56,512	20.00%	11,302
63	45,210	20.00%	9,042
64	36,168	25.00%	9,042
65	27,126	25.00%	6,781
66	20,344	25.00%	5,086
67	15,258	25.00%	3,815
68	11,444	25.00%	2,861
69	8,583	25.00%	2,146
70	6,437	100.00%	6,437

Weighted Average Retirement Age (rounded to the nearest whole age): 62

The weighted average retirement age is the sum of column (4) divided by 100,000 which represents the radix of the table.

	Count	Weighted Average Retirement Age
Employees	1,756	63
Managing Directors	116	62

Combined Weighted Average Retirement Age (rounded to the nearest whole age): 63

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 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 06/01/2023 and ending 05/31/2024	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
	☒ 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 DTTS PENSION PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 06/01/2008
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) DELOITTE TOUCHE TOHMATSU SERVICES, LLC 1221 Avenue of the Americas New York NY 10020-1001	2b Employer Identification Number (EIN) 13-3086681 2c Plan Sponsor's telephone number (212) 489-1600 2d Business code (see instructions) 561110

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		03/17/2025	Cynthia Rudnicki
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		03/17/2025	Cynthia Rudnicki
	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

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

3a Plan administrator's name and address ☐ Same as Plan Sponsor Retirement Committee c/o Cynthia Rudnicki Deloitte Touche Tohmatsu Svcs., LLC 1221 Avenue of the Americas New York NY 10020-1001	3b Administrator's EIN 13-3086681 3c Administrator's telephone number (212) 489-1600																						
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 2,564																						
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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 90%;"></td> </tr> <tr> <td>6a(1)</td> <td>1,872</td> </tr> <tr> <td>6a(2)</td> <td>1,917</td> </tr> <tr> <td>6b</td> <td>65</td> </tr> <tr> <td>6c</td> <td>837</td> </tr> <tr> <td>6d</td> <td>2,819</td> </tr> <tr> <td>6e</td> <td>4</td> </tr> <tr> <td>6f</td> <td>2,823</td> </tr> <tr> <td>6g(1)</td> <td></td> </tr> <tr> <td>6g(2)</td> <td></td> </tr> <tr> <td>6h</td> <td>44</td> </tr> </table>			6a(1)	1,872	6a(2)	1,917	6b	65	6c	837	6d	2,819	6e	4	6f	2,823	6g(1)		6g(2)		6h	44
6a(1)	1,872																						
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6b	65																						
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6d	2,819																						
6e	4																						
6f	2,823																						
6g(1)																							
6g(2)																							
6h	44																						
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:
1C 3H

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) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____