

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan... [X] a single-employer plan [ ] a DFE... B This return/report is: [ ] the first return/report [ ] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [ ] automatic extension... 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 SAVANT SYSTEMS 401(K) PROFIT SHARING PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 01/01/2005
2a Plan sponsor's name (employer, if for a single-employer plan) SAVANT SYSTEMS, INC.
2b Employer Identification Number (EIN) 85-1002349
2c Plan Sponsor's telephone number 508-683-2500
2d Business code (see instructions) 541519

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>3b</b> Administrator's EIN              |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>3c</b> Administrator's telephone number |     |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>4b</b> EIN                              |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>4d</b> PN                               |     |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>5</b>                                   | 737 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b>                               | 423 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>6a(2)</b>                               | 394 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>6b</b>                                  | 2   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>6c</b>                                  | 215 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>6d</b>                                  | 611 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>6e</b>                                  | 1   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>6f</b>                                  | 612 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>6g(1)</b>                               | 674 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>6g(2)</b>                               | 568 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>7</b>                                   |     |

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

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

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

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

|                                                                                                                                                                |                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <b>a Pension Schedules</b>                                                                                                                                     | <b>b General Schedules</b>                                                                          |
| (1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)                                                                                 | (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)                            |
| (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary | (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)                          |
| (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                               | (3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>1</u> |
| (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____                                                                  | (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)                     |
| (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)                                                                        | (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)               |
|                                                                                                                                                                | (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)                             |

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

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**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.

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**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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 \_\_\_\_\_

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|                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                  |                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| <p><b>SCHEDULE A</b><br/><b>(Form 5500)</b></p> <p>Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p>Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p> | <p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

|                                                                                                      |                                                                            |                   |
|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------|
| <p><b>A</b> Name of plan<br/><b>SAVANT SYSTEMS 401(K) PROFIT SHARING PLAN</b></p>                    | <p><b>B</b> Three-digit plan number (PN) ▶</p>                             | <p><b>001</b></p> |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><b>SAVANT SYSTEMS, INC.</b></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><b>85-1002349</b></p> |                   |

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**TRANSAMERICA LIFE INSURANCE COMPANY**

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 39-0989781 | 86231         | 514375 / 998888                       | 568                                                                         | 01/01/2024              | 12/31/2024 |

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

|                                                                                                    |                                             |
|----------------------------------------------------------------------------------------------------|---------------------------------------------|
| <p><b>(a)</b> Total amount of commissions paid</p> <p style="text-align: center;"><b>81352</b></p> | <p><b>(b)</b> Total amount of fees paid</p> |
|----------------------------------------------------------------------------------------------------|---------------------------------------------|

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

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

**CETERA ADVISORS LLC** **RICHARD R ROSSOMANDO**  
200 N SEPULVEDA BLVD STE 1200  
EL SEGUNDO, CA 90245

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| 81352                                         |                                 |             | 3                     |

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

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

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

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

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

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

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

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

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

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

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

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

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

|                                                                                                        |          |         |
|--------------------------------------------------------------------------------------------------------|----------|---------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 3096206 |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> | 0       |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

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

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

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

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

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

|                                                        |           |         |
|--------------------------------------------------------|-----------|---------|
| <b>b</b> Balance at the end of the previous year ..... | <b>7b</b> | 3906006 |
|--------------------------------------------------------|-----------|---------|

|                                                                       |              |         |
|-----------------------------------------------------------------------|--------------|---------|
| <b>c</b> Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> | 593651  |
|                                                                       | <b>7c(2)</b> |         |
|                                                                       | <b>7c(3)</b> | 95478   |
|                                                                       | <b>7c(4)</b> | 3833663 |
|                                                                       | <b>7c(5)</b> | 59526   |
| ▶ FORFEITURE ACTIVITY, LOAN ACTIVITY, TRANSFERS IN, EBA ADDITIONS     |              |         |

|                           |              |         |
|---------------------------|--------------|---------|
| (6) Total additions ..... | <b>7c(6)</b> | 4582318 |
|---------------------------|--------------|---------|

|                                                                                       |           |         |
|---------------------------------------------------------------------------------------|-----------|---------|
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) ..... | <b>7d</b> | 8488324 |
|---------------------------------------------------------------------------------------|-----------|---------|

|                                                                                                                                                                                                  |              |         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------|
| <b>e</b> Deductions:<br>(1) Disbursed from fund to pay benefits or purchase annuities during year<br>(2) Administration charge made by carrier.....<br>(3) Transferred to separate account ..... | <b>7e(1)</b> | 1030661 |
|                                                                                                                                                                                                  | <b>7e(2)</b> | 7338    |
|                                                                                                                                                                                                  | <b>7e(3)</b> | 4342634 |
|                                                                                                                                                                                                  | <b>7e(4)</b> | 11485   |
| ▶ LOAN ACTIVITY, TRANSFERS OUT                                                                                                                                                                   |              |         |

|                            |              |         |
|----------------------------|--------------|---------|
| (5) Total deductions ..... | <b>7e(5)</b> | 5392118 |
|----------------------------|--------------|---------|

|                                                                                                        |           |         |
|--------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )..... | <b>7f</b> | 3096206 |
|--------------------------------------------------------------------------------------------------------|-----------|---------|

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

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)
- b**  Dental
- c**  Vision
- d**  Life insurance
- e**  Temporary disability (accident and sickness)
- f**  Long-term disability
- g**  Supplemental unemployment
- h**  Prescription drug
- i**  Stop loss (large deductible)
- j**  HMO contract
- k**  PPO contract
- l**  Indemnity contract
- m**  Other (specify) ▶

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

|          |                                                                                                                                                                                                                        |            |  |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> | Total premiums or subscription charges paid to carrier .....                                                                                                                                                           | <b>10a</b> |  |
| <b>b</b> | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... | <b>10b</b> |  |

Specify nature of costs.

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                        |                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

|                                                                                              |                                                                    |            |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><b>SAVANT SYSTEMS 401(K) PROFIT SHARING PLAN</b>                    | <b>B</b> Three-digit plan number (PN) ▶                            | <b>001</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>SAVANT SYSTEMS, INC.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>85-1002349</b> |            |

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

**TRANSAMERICA LIFE INSURANCE COMPANY**

**39-0989781**

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

**TRANSAMERICA RETIREMENT SOLUTIONS**

**13-3689044**

**(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

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

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

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

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

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

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

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

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

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

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

TRANSAMERICA LIFE INSURANCE COMPANY

39-0989781

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 37 52<br>62 64 67   | RECORDKEEPER                                                                                      | 12153                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 37 52<br>62 64 67   | RECORDKEEPER                                                                                      | 59418                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

CETERA ADVISORS LLC

84-0858799

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 22 23 53               | BROKER                                                                                            | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 29185                                                                                                                                                                           | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)                                                                                                                               | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| CETERA ADVISORS LLC                                                 | 22 23 53                                                                                                                                                           | 29185                                     |
| (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. |                                           |
| TRANSAMERICA RETIREMENT SOLUTIONS<br><br>13-3689044                 | COMMISSIONS                                                                                                                                                        |                                           |
| (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.

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

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

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

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

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

| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> 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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><hr/> <b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                                       |
|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u> |                                                                                       |
| <b>A</b> Name of plan<br><u>SAVANT SYSTEMS 401(K) PROFIT SHARING PLAN</u>                                | <b>B</b> Three-digit plan number (PN) <span style="float: right;">▶</span> <u>001</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>SAVANT SYSTEMS, INC.</u>      | <b>D</b> Employer Identification Number (EIN)<br><u>85-1002349</u>                    |

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

|                                                                                              |                               |                                                                                                              |
|----------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AB SMALL CAP GR RET OPT</u>                |                               |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u> |                               |                                                                                                              |
| <b>c</b> EIN-PN <u>39-0989781-509</u>                                                        | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>ALLSPRING SMALL CAP VAL INV OPT</u>        |                               |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u> |                               |                                                                                                              |
| <b>c</b> EIN-PN <u>39-0989781-021</u>                                                        | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>ALLSPRING SPECIAL MD CP VAL RT OPT</u>     |                               |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u> |                               |                                                                                                              |
| <b>c</b> EIN-PN <u>39-0989781-748</u>                                                        | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>ALLSPRING UTILITY &amp; TELECOMM INV</u>   |                               |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u> |                               |                                                                                                              |
| <b>c</b> EIN-PN <u>39-0989781-125</u>                                                        | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FDS EUROPACIFIC GR RET OPT</u>    |                               |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u> |                               |                                                                                                              |
| <b>c</b> EIN-PN <u>39-0989781-068</u>                                                        | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FDS FDAMENTAL INVS INV OPT</u>    |                               |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u> |                               |                                                                                                              |
| <b>c</b> EIN-PN <u>39-0989781-009</u>                                                        | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN CENTURY LG CO VAL INV OPT</u>     |                               |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u> |                               |                                                                                                              |
| <b>c</b> EIN-PN <u>39-0989781-038</u>                                                        | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |

|                                                                                       |                        |                                                                                                       |
|---------------------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY GL GR RET OPT         |                        |                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY |                        |                                                                                                       |
| <b>c</b> EIN-PN 39-0989781-149                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY MD CP VAL RET OPT     |                        |                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY |                        |                                                                                                       |
| <b>c</b> EIN-PN 39-0989781-280                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FDS AMERICAN MTL RT OPT       |                        |                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY |                        |                                                                                                       |
| <b>c</b> EIN-PN 39-0989781-754                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS AMCAP INV OPT           |                        |                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY |                        |                                                                                                       |
| <b>c</b> EIN-PN 39-0989781-014                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS BALANCED INV OPT        |                        |                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY |                        |                                                                                                       |
| <b>c</b> EIN-PN 39-0989781-026                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMER FDS GR FD OF AMERICA INV          |                        |                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY |                        |                                                                                                       |
| <b>c</b> EIN-PN 39-0989781-015                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMER FDS NEW PERSPECTIVE INV           |                        |                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY |                        |                                                                                                       |
| <b>c</b> EIN-PN 39-0989781-023                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FDS SMALLCAP WORLD RET OPT    |                        |                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY |                        |                                                                                                       |
| <b>c</b> EIN-PN 39-0989781-069                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMER FDS WASHINGTON MTL INVS INV       |                        |                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY |                        |                                                                                                       |
| <b>c</b> EIN-PN 39-0989781-008                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW WORLD RET OPT       |                        |                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY |                        |                                                                                                       |
| <b>c</b> EIN-PN 39-0989781-628                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **BNY MELLON DYN VAL INV OPT**

**b** Name of sponsor of entity listed in (a): **TRANSAMERICA LIFE INSURANCE COMPANY**

|                                       |                               |                                                                                                     |          |
|---------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------|----------|
| <b>c</b> EIN-PN <b>39-0989781-010</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <b>0</b> |
|---------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------|----------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **CALVERT EQ INV OPT**

**b** Name of sponsor of entity listed in (a): **TRANSAMERICA LIFE INSURANCE COMPANY**

|                                       |                               |                                                                                                     |          |
|---------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------|----------|
| <b>c</b> EIN-PN <b>39-0989781-439</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <b>0</b> |
|---------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------|----------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **COLUMBIA DIVIDEND INC RET OPT**

**b** Name of sponsor of entity listed in (a): **TRANSAMERICA LIFE INSURANCE COMPANY**

|                                       |                               |                                                                                                     |          |
|---------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------|----------|
| <b>c</b> EIN-PN <b>39-0989781-635</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <b>0</b> |
|---------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------|----------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **COLUMBIA INC OPP INV OPT**

**b** Name of sponsor of entity listed in (a): **TRANSAMERICA LIFE INSURANCE COMPANY**

|                                       |                               |                                                                                                     |          |
|---------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------|----------|
| <b>c</b> EIN-PN <b>39-0989781-228</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <b>0</b> |
|---------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------|----------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **COLUMBIA MID CAP VAL INV OPT**

**b** Name of sponsor of entity listed in (a): **TRANSAMERICA LIFE INSURANCE COMPANY**

|                                       |                               |                                                                                                     |          |
|---------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------|----------|
| <b>c</b> EIN-PN <b>39-0989781-397</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <b>0</b> |
|---------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------|----------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **DELAWARE IVY SCIENCE & TECH INV OPT**

**b** Name of sponsor of entity listed in (a): **TRANSAMERICA LIFE INSURANCE COMPANY**

|                                       |                               |                                                                                                     |          |
|---------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------|----------|
| <b>c</b> EIN-PN <b>39-0989781-082</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <b>0</b> |
|---------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------|----------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **FIDELITY ADV EMERGING MKT RET OPT**

**b** Name of sponsor of entity listed in (a): **TRANSAMERICA LIFE INSURANCE COMPANY**

|                                       |                               |                                                                                                     |          |
|---------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------|----------|
| <b>c</b> EIN-PN <b>39-0989781-288</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <b>0</b> |
|---------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------|----------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **FIRST EAGLE OVERSEAS RET OPT**

**b** Name of sponsor of entity listed in (a): **TRANSAMERICA LIFE INSURANCE COMPANY**

|                                       |                               |                                                                                                     |          |
|---------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------|----------|
| <b>c</b> EIN-PN <b>39-0989781-291</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <b>0</b> |
|---------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------|----------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **FRANKLIN BIOTECH DISCOVERY INV OPT**

**b** Name of sponsor of entity listed in (a): **TRANSAMERICA LIFE INSURANCE COMPANY**

|                                       |                               |                                                                                                     |          |
|---------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------|----------|
| <b>c</b> EIN-PN <b>39-0989781-440</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <b>0</b> |
|---------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------|----------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **FRANKLIN SMALL CAP VAL RET OPT**

**b** Name of sponsor of entity listed in (a): **TRANSAMERICA LIFE INSURANCE COMPANY**

|                                       |                               |                                                                                                     |          |
|---------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------|----------|
| <b>c</b> EIN-PN <b>39-0989781-078</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <b>0</b> |
|---------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------|----------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: GOLDMAN SACHS MID CAP VAL RET OPT

**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

|                                |                        |                                                                                                     |   |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------|---|
| <b>c</b> EIN-PN 39-0989781-080 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: GOLDMAN SACHS LG CP VAL INSIGHTS

**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

|                                |                        |                                                                                                     |   |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------|---|
| <b>c</b> EIN-PN 39-0989781-081 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO MID CAP GR INV OPT

**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

|                                |                        |                                                                                                     |   |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------|---|
| <b>c</b> EIN-PN 39-0989781-395 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO MAIN STREET INV OPT

**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

|                                |                        |                                                                                                     |   |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------|---|
| <b>c</b> EIN-PN 39-0989781-012 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO SMALL CAP GR INV OPT

**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

|                                |                        |                                                                                                     |   |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------|---|
| <b>c</b> EIN-PN 39-0989781-390 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN EQ INC RET OPT

**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

|                                |                        |                                                                                                     |   |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------|---|
| <b>c</b> EIN-PN 39-0989781-584 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES BD RET OPT

**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

|                                |                        |                                                                                                     |   |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------|---|
| <b>c</b> EIN-PN 39-0989781-150 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES INV GRADE BD RT OPT

**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

|                                |                        |                                                                                                     |   |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------|---|
| <b>c</b> EIN-PN 39-0989781-086 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: MORGAN STANLEY GR OPP RET OPT

**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

|                                |                        |                                                                                                     |   |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------|---|
| <b>c</b> EIN-PN 39-0989781-167 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: MORGAN STANLEY GR RET OPT

**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

|                                |                        |                                                                                                     |   |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------|---|
| <b>c</b> EIN-PN 39-0989781-166 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: MORGAN STANLEY L CR PLS FXD INC PF

**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

|                                |                        |                                                                                                     |   |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------|---|
| <b>c</b> EIN-PN 39-0989781-776 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN MTL SHARES INV OPT

**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

|                                |                        |                                                                                                     |   |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------|---|
| <b>c</b> EIN-PN 39-0989781-017 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: NEUBERGER BERMAN REAL EST RET OPT

**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

|                                |                        |                                                                                                     |   |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------|---|
| <b>c</b> EIN-PN 39-0989781-538 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PGIM JENNISON NATURAL RES INV OPT

**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

|                                |                        |                                                                                                     |   |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------|---|
| <b>c</b> EIN-PN 39-0989781-084 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PIONEER DISCIPLINED VAL INV OPT

**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

|                                |                        |                                                                                                     |   |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------|---|
| <b>c</b> EIN-PN 39-0989781-092 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON GLBL BD RET OPT

**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

|                                |                        |                                                                                                     |   |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------|---|
| <b>c</b> EIN-PN 39-0989781-313 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA GR RET OPT

**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

|                                |                        |                                                                                                     |   |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------|---|
| <b>c</b> EIN-PN 39-0989781-789 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LG 2025 BLACKROCK

**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

|                                |                        |                                                                                                     |   |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------|---|
| <b>c</b> EIN-PN 39-0989781-049 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LG 2030 BLACKROCK

**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

|                                |                        |                                                                                                     |   |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------|---|
| <b>c</b> EIN-PN 39-0989781-111 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LG 2035 BLACKROCK

**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

|                                |                        |                                                                                                     |   |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------|---|
| <b>c</b> EIN-PN 39-0989781-050 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------|---|

|                                                                                                       |                                        |                                                                                                     |  |                   |
|-------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------|--|-------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">TRANSAMERICA LG 2040 BLACKROCK</a>         |                                        |                                                                                                     |  |                   |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">TRANSAMERICA LIFE INSURANCE COMPANY</a> |                                        |                                                                                                     |  |                   |
| <b>c</b> EIN-PN <a href="#">39-0989781-112</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |  | <a href="#">0</a> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">TRANSAMERICA LG 2045 BLACKROCK</a>         |                                        |                                                                                                     |  |                   |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">TRANSAMERICA LIFE INSURANCE COMPANY</a> |                                        |                                                                                                     |  |                   |
| <b>c</b> EIN-PN <a href="#">39-0989781-051</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |  | <a href="#">0</a> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">TRANSAMERICA LG 2050 BLACKROCK</a>         |                                        |                                                                                                     |  |                   |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">TRANSAMERICA LIFE INSURANCE COMPANY</a> |                                        |                                                                                                     |  |                   |
| <b>c</b> EIN-PN <a href="#">39-0989781-113</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |  | <a href="#">0</a> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">TRANSAMERICA LG 2055 BLACKROCK</a>         |                                        |                                                                                                     |  |                   |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">TRANSAMERICA LIFE INSURANCE COMPANY</a> |                                        |                                                                                                     |  |                   |
| <b>c</b> EIN-PN <a href="#">39-0989781-505</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |  | <a href="#">0</a> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">TRANSAMERICA LG 2060 BLACKROCK</a>         |                                        |                                                                                                     |  |                   |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">TRANSAMERICA LIFE INSURANCE COMPANY</a> |                                        |                                                                                                     |  |                   |
| <b>c</b> EIN-PN <a href="#">39-0989781-612</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |  | <a href="#">0</a> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">TRANSAMERICA LG D BLACKROCK OPT</a>        |                                        |                                                                                                     |  |                   |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">TRANSAMERICA LIFE INSURANCE COMPANY</a> |                                        |                                                                                                     |  |                   |
| <b>c</b> EIN-PN <a href="#">39-0989781-047</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |  | <a href="#">0</a> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">TRANSAMERICA PTNR MD VAL RT OPT</a>        |                                        |                                                                                                     |  |                   |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">TRANSAMERICA LIFE INSURANCE COMPANY</a> |                                        |                                                                                                     |  |                   |
| <b>c</b> EIN-PN <a href="#">39-0989781-427</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |  | <a href="#">0</a> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">TRANSAMERICA PTNR HIGH YIELD BD</a>        |                                        |                                                                                                     |  |                   |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">TRANSAMERICA LIFE INSURANCE COMPANY</a> |                                        |                                                                                                     |  |                   |
| <b>c</b> EIN-PN <a href="#">39-0989781-434</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |  | <a href="#">0</a> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">TRANSAMERICA PTNR STOCK IDX RT OPT</a>     |                                        |                                                                                                     |  |                   |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">TRANSAMERICA LIFE INSURANCE COMPANY</a> |                                        |                                                                                                     |  |                   |
| <b>c</b> EIN-PN <a href="#">39-0989781-587</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |  | <a href="#">0</a> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">TRANSAMERICA SMALL CAP GR RET OPT</a>      |                                        |                                                                                                     |  |                   |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">TRANSAMERICA LIFE INSURANCE COMPANY</a> |                                        |                                                                                                     |  |                   |
| <b>c</b> EIN-PN <a href="#">39-0989781-076</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |  | <a href="#">0</a> |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD INTL VAL RET OPT

**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

|                                |                        |                                                                                                       |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 39-0989781-097 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD SMALL-CAP INDEX RET OPT

**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

|                                |                        |                                                                                                       |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 39-0989781-107 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD TTL STOCK MKT IDX OPT

**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

|                                |                        |                                                                                                       |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 39-0989781-114 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA RET SOLUTIONS CT

**b** Name of sponsor of entity listed in (a): TRANSAMERICA RET SOLUTIONS CORP

|                                |                        |                                                                                                              |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 04-6784256-001 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19952141 |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|

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

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

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

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



|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                    |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b> |                                                                    |
| <b>A</b> Name of plan<br><b>SAVANT SYSTEMS 401(K) PROFIT SHARING PLAN</b>                                | <b>B</b> Three-digit plan number (PN) ▶ <b>001</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>SAVANT SYSTEMS, INC.</b>             | <b>D</b> Employer Identification Number (EIN)<br><b>85-1002349</b> |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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.

|                                                                                                   | (a) Beginning of Year | (b) End of Year      |
|---------------------------------------------------------------------------------------------------|-----------------------|----------------------|
| <b>Assets</b>                                                                                     |                       |                      |
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>             |                      |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                       |                      |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>          |                      |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>          |                      |
| <b>(3)</b> Other .....                                                                            | <b>1b(3)</b>          | 2322      2137       |
| <b>c</b> General investments:                                                                     |                       |                      |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>          | 0      58547         |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>          |                      |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                       |                      |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b>       |                      |
| <b>(B)</b> All other .....                                                                        | <b>1c(3)(B)</b>       |                      |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                       |                      |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b>       |                      |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b>       |                      |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>          |                      |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>          |                      |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>          |                      |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>          | 468510      404458   |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>          | 0      19952141      |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>         | 33982997      0      |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>         |                      |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>         |                      |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....       | <b>1c(13)</b>         | 0      21156223      |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>         | 3906006      3096206 |
| <b>(15)</b> Other.....                                                                            | <b>1c(15)</b>         |                      |

| <b>1d</b> Employer-related investments:                                  |              | (a) Beginning of Year | (b) End of Year |
|--------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities.....                                             | <b>1d(1)</b> |                       |                 |
| (2) Employer real property.....                                          | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation.....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e).....      | <b>1f</b>    | 38359835              | 44669712        |
| <b>Liabilities</b>                                                       |              |                       |                 |
| <b>g</b> Benefit claims payable.....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables.....                                         | <b>1h</b>    |                       |                 |
| <b>i</b> Acquisition indebtedness.....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities.....                                          | <b>1j</b>    |                       |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j)..... | <b>1k</b>    |                       |                 |
| <b>Net Assets</b>                                                        |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                 | <b>1l</b>    | 38359835              | 44669712        |

**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.

| <b>Income</b>                                                                                              |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers.....                                         | <b>2a(1)(A)</b> | 1360729    |           |
| <b>(B)</b> Participants.....                                                                               | <b>2a(1)(B)</b> | 4264329    |           |
| <b>(C)</b> Others (including rollovers).....                                                               | <b>2a(1)(C)</b> | 539262     |           |
| (2) Noncash contributions.....                                                                             | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 6164320   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| <b>(1) Interest:</b>                                                                                       |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> | 738        |           |
| <b>(B)</b> U.S. Government securities.....                                                                 | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments.....                                                                 | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants).....                                                         | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans.....                                                                          | <b>2b(1)(E)</b> | 33842      |           |
| <b>(F)</b> Other.....                                                                                      | <b>2b(1)(F)</b> | 95478      |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 130058    |
| <b>(2) Dividends:</b>                                                                                      |                 |            |           |
| <b>(A)</b> Preferred stock.....                                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock.....                                                                               | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> | 274155     |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 274155    |
| <b>(3)</b> Rents.....                                                                                      | <b>2b(3)</b>    |            |           |
| <b>(4) Net gain (loss) on sale of assets:</b>                                                              |                 |            |           |
| <b>(A)</b> Aggregate proceeds.....                                                                         | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....                                               | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....                   | <b>2b(4)(C)</b> |            |           |
| <b>(5) Unrealized appreciation (depreciation) of assets:</b>                                               |                 |            |           |
| <b>(A)</b> Real estate.....                                                                                | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other.....                                                                                      | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |               | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            | 1291588   |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            | 1916003   |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            | 1699100   |
| <b>c</b> Other income .....                                                                     | <b>2c</b>     |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 11475224  |

**Expenses**

|                                                                                             |               |         |         |
|---------------------------------------------------------------------------------------------|---------------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 5088834 |         |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  |         |         |
| (3) Other .....                                                                             | <b>2e(3)</b>  |         |         |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |         | 5088834 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |         | 1164    |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |         |         |
| <b>h</b> Interest expense .....                                                             | <b>2h</b>     |         |         |
| <b>i</b> Administrative expenses:                                                           |               |         |         |
| (1) Salaries and allowances .....                                                           | <b>2i(1)</b>  |         |         |
| (2) Contract administrator fees .....                                                       | <b>2i(2)</b>  |         |         |
| (3) Recordkeeping fees .....                                                                | <b>2i(3)</b>  | 71571   |         |
| (4) IQPA audit fees .....                                                                   | <b>2i(4)</b>  |         |         |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  | 3645    |         |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  | 133     |         |
| (7) Actuarial fees .....                                                                    | <b>2i(7)</b>  |         |         |
| (8) Legal fees .....                                                                        | <b>2i(8)</b>  |         |         |
| (9) Valuation/appraisal fees .....                                                          | <b>2i(9)</b>  |         |         |
| (10) Other trustee fees and expenses .....                                                  | <b>2i(10)</b> |         |         |
| (11) Other expenses .....                                                                   | <b>2i(11)</b> |         |         |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |         | 75349   |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |         | 5165347 |

**Net Income and Reconciliation**

|                                                                               |              |  |         |
|-------------------------------------------------------------------------------|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 6309877 |
| <b>l</b> Transfers of assets:                                                 |              |  |         |
| (1) To this plan .....                                                        | <b>2l(1)</b> |  |         |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |         |

**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: PKF O'CONNOR DAVIES, LLP

(2) EIN: 27-1728945

**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  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)                 |     | X  |         |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) |     | X  |         |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)                                                                                                                             |     | X  |         |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)                                                                                                                  |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | X   |    | 5000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                                                                                                          |     | X  |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?                                                                                                                                       |     | X  |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?                                                                                                                             |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                                                                                                   | X   |    |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)                                                                                     |     | X  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                                                                                                              |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     | X   |    |         |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.                                                                                                                        | X   |    |         |

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

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

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |
|------------------------------|---------------------|--------------------|
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |

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

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                             |                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Retirement Plan Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

|                                                                                              |                                                                    |            |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><b>SAVANT SYSTEMS 401(K) PROFIT SHARING PLAN</b>                    | <b>B</b> Three-digit plan number (PN)                              | <b>001</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>SAVANT SYSTEMS, INC.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>85-1002349</b> |            |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                       |          |          |
|---------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... | <b>1</b> | <b>0</b> |
|---------------------------------------------------------------------------------------------------------------------------------------|----------|----------|

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
EIN(s): 13-3689044

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

|                                                                                                                                  |          |  |
|----------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | <b>3</b> |  |
|----------------------------------------------------------------------------------------------------------------------------------|----------|--|

|                |                                                                                                                                                                               |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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.**

|                                                                                                                                                 |           |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....  | <b>6a</b> |  |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                      | <b>6b</b> |  |
| <b>c</b> 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)..... | <b>6c</b> |  |

**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

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

**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

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

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

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

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

**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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                       |            |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                              | <b>16a</b> |  |
| <b>b</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..... | <b>16b</b> |  |

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

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

# **Savant Systems 401(k) Profit Sharing Plan**

Financial Statements

December 31, 2024

## Independent Auditors' Report

**To the Plan Administrator**  
**Savant Systems 401(k) Profit Sharing Plan**

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

We have performed audits of the financial statements of Savant Systems 401(k) Profit Sharing Plan, (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### Opinion

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

- The amounts and disclosures in the financial statements, referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the financial statements, referred to above, related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### **Basis for Opinion**

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

### **Responsibilities of Management for the Financial Statements**

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

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

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

### **Auditors' Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with U.S. 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 could reasonably be expected to influence the economic decisions of users made on the basis of these financial statements.

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

In performing an audit in accordance with U.S. GAAS, we:

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

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

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

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

**Supplemental Schedule Required by ERISA**

The supplemental Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional 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 U.S. GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

*PKF O'Connor Davies, LLP*

Boston, Massachusetts  
October 2, 2025

## Savant Systems 401(k) Profit Sharing Plan

### Statements of Net Assets Available for Benefits

|                                                    | December 31,         |                      |
|----------------------------------------------------|----------------------|----------------------|
|                                                    | <u>2024</u>          | <u>2023</u>          |
| <b>ASSETS</b>                                      |                      |                      |
| Investments                                        |                      |                      |
| Stable value fund, at contract value               | \$ 3,096,207         | \$ 3,906,006         |
| Mutual funds, at fair value                        | 21,156,223           | -                    |
| Common collective trusts, at fair value            | 19,952,140           | -                    |
| Interest bearing cash                              | 58,547               | -                    |
| Pooled separate investment accounts, at fair value | <u>-</u>             | <u>33,982,997</u>    |
| Total Investments                                  | 44,263,117           | 37,889,003           |
| Receivables                                        |                      |                      |
| Notes receivable from participants                 | <u>406,595</u>       | <u>470,832</u>       |
| Net Assets Available for Benefits                  | <u>\$ 44,669,712</u> | <u>\$ 38,359,835</u> |

See Notes to Financial Statements

## Savant Systems 401(k) Profit Sharing Plan

### Statement of Changes in Net Assets Available for Benefits Year Ended December 31, 2024

#### ADDITIONS

|                                                       |                   |
|-------------------------------------------------------|-------------------|
| Investment Income                                     |                   |
| Net appreciation in value of investments              | \$ 4,905,919      |
| Interest and dividends                                | 369,883           |
| Total Investment Income                               | <u>5,275,802</u>  |
| <br>                                                  |                   |
| Interest income on notes receivable from participants | <u>35,523</u>     |
| <br>                                                  |                   |
| Contributions                                         |                   |
| Participant deferrals                                 | 4,264,328         |
| Participant rollovers                                 | 539,262           |
| Employer contributions                                | 1,359,912         |
| Total Contributions                                   | <u>6,163,502</u>  |
| Total Additions                                       | <u>11,474,827</u> |

#### DEDUCTIONS

|                               |                  |
|-------------------------------|------------------|
| Benefits paid to participants | 5,089,875        |
| Administrative expenses       | 75,075           |
| Total Deductions              | <u>5,164,950</u> |
| Net Increase                  | 6,309,877        |

#### NET ASSETS AVAILABLE FOR BENEFITS

|                   |                      |
|-------------------|----------------------|
| Beginning of year | <u>38,359,835</u>    |
| <br>              |                      |
| End of year       | <u>\$ 44,669,712</u> |

See Notes to Financial Statements

## **Savant Systems 401(k) Profit Sharing Plan**

Notes to Financial Statements  
December 31, 2024

### **1. Description of Plan**

The following description of the Savant Systems 401(k) Profit Sharing Plan (the “Plan”) is provided for general information purposes only. More complete information regarding the Plan’s provisions may be found in the plan document.

#### ***General***

The Plan is a defined contribution profit sharing plan covering all employees of Savant Systems, Inc (the “Employer”), who are at least 18 years of age, except non-resident aliens who have no earned income from sources within the United States, residents of Puerto Rico, union employees effective September 1, 2023, part-time, temporary, and seasonal employees as defined in the Plan document, (“Participants”). Part-time, temporary or seasonal employees will become eligible once they attain 1,000 hours in a Plan year. Employees may enter the Plan once eligibility requirements are met.

Transamerica Life Insurance Company (“TLIC”) is the Plan’s custodian that holds the Plan’s pooled separate investment accounts and the stable value fund. Transamerica Trust Company (“TTC”) is the Plan’s custodian for the mutual funds and common collective trust investments. Transamerica Retirement Solutions Corporation provides recordkeeping services for the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). All investments are Participant-directed.

#### ***Participant Contributions***

Each year, Participants may defer a minimum of 1% up to a maximum of 100% of their eligible compensation, not to exceed a dollar limit established under the Internal Revenue Code (“IRC”). Participants may make pre-tax or Roth contributions to their accounts. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans (“Participant rollovers”).

#### ***Employer Contributions***

The Employer, at its discretion, may elect to make matching contributions equal to a discretionary percentage of the Participant’s elective deferrals. For the year ended December 31, 2024, the Employer contributed \$1,304,726 of Employer discretionary matching contributions.

The Employer, at its discretion, may make non-elective contributions to the Plan as determined by its Board of Directors. Non-elective contributions are allocated to each Participant in the ratio that each eligible Participant’s compensation bears to the total eligible compensation paid to all eligible Participants for the Plan year. To be eligible, Participants must have completed 1 year of service, defined in the Plan document as 12 consecutive months with at least 1,000 hours of service during the Plan year and be employed by the Employer on the last day of the Plan year. For the year ended December 31, 2024, the Employer elected not to make a non-elective contribution.

## **Savant Systems 401(k) Profit Sharing Plan**

Notes to Financial Statements  
December 31, 2024

### **1. Description of Plan (*continued*)**

#### ***Participant Accounts***

Each Participant's account is credited with the Participant's contributions, their respective Employer contributions and an allocation of the Plan's investment earnings or losses and is charged with an allocation of certain expenses. Allocations are based on Participant compensation or account balance, as defined in the Plan document. The benefit to which a Participant is entitled is the benefit that can be provided from the Participant's vested account balance.

#### ***Vesting***

Participants are immediately vested in their respective deferral contributions, rollover contributions, Employer matching contributions and Employer non-elective contributions.

#### ***Payment of Benefits***

Upon termination of service due to death, disability, termination, or retirement, a Participant or beneficiary may elect to receive either a lump-sum or partial distribution of amounts less than or equal to the value of the Participant's vested interest in his or her account. The payment can either be a cash or property distribution to the Participant, subject to income tax withholdings, or a tax-free rollover to an individual retirement account or another qualified plan. If a terminated Participant's vested account balance is less than \$7,000, the plan administrator may distribute the account balance to the Participant in a lump-sum payment.

In-service withdrawals from all of the Participant's vested account balances are permitted upon reaching age 59 ½. In-service withdrawals are also permitted from Participants' rollover accounts or due to financial hardship from the Participant's deferral contributions account.

#### ***Notes Receivable from Participants***

Subject to approval by the plan administrator, Participants may borrow from their accounts up to a maximum amount equal to the lesser of \$50,000 or 50% of their vested account balance. The minimum amount a Participant may borrow is \$1,000. A Participant may have up to two loans outstanding at a time. Loan terms range from one to five years (or up to thirty years for the purchase of a primary residence). The loans are secured by the vested balance in the Participant's account, bear interest equal to 1% above the prime rate and mature at various times through October 2029. Principal and interest are paid ratably through payroll deductions or by check if the employee has terminated employment. If a Participant ceases to make loan repayments and the plan administrator deems the loan to be in default, the Participant's loan balance is reduced and a benefit payment is made in accordance with the Plan document. The interest rates on all outstanding loans at December 31, 2024 and 2023 ranged from 4.25% to 9.50%.

## Savant Systems 401(k) Profit Sharing Plan

Notes to Financial Statements  
December 31, 2024

### 1. Description of Plan (*continued*)

#### ***Plan Administration***

The Employer is the plan administrator and has the authority to appoint person(s) or entities to carry out the operation of the Plan. Individual Participant accounts may be charged with an allocation of administrative expenses, if not paid by the Employer. Expenses paid by the Employer are excluded from these financial statements.

#### ***Subsequent Events***

Management has evaluated subsequent events for disclosure and/or recognition in the financial statements through the date that the financial statements were available to be issued, which date is October 2, 2025.

### 2. Summary of Significant Accounting Policies

#### ***Basis of Accounting***

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

#### ***Use of Estimates***

The preparation of financial statements in conformity with U.S. GAAP requires plan management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein and the disclosures of contingent assets and liabilities. Accordingly, actual results could vary from the estimates that were used.

#### ***Fair Value Measurements***

The Plan follows U.S. GAAP guidance on *Fair Value Measurements* which defines fair value and establishes a fair value hierarchy organized into three levels based upon the input assumptions used in pricing assets. Level 1 inputs have the highest reliability and are related to assets with unadjusted quoted prices in active markets. Level 2 inputs relate to assets with other than quoted prices in active markets which may include quoted prices for similar assets or liabilities or other inputs which can be corroborated by observable market data. Level 3 inputs are unobservable and are used to the extent that observable inputs do not exist.

Pursuant to U.S. GAAP guidance, alternative investments where fair value is measured using the Net Asset Value ("NAV") per share as a practical expedient is not categorized within the fair value hierarchy.

*Mutual funds:* Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded and classified as Level 1 within the fair value hierarchy.

## Savant Systems 401(k) Profit Sharing Plan

Notes to Financial Statements  
December 31, 2024

### 2. Summary of Significant Accounting Policies *(continued)*

#### ***Fair Value Measurements (continued)***

*Interest bearing cash:* Interest bearing cash held by the Plan are deemed to be actively traded and are classified as Level 1 instruments.

*Common collective trust:* Valued at the NAV of units in collective trust funds. The NAV, as provided by TTC, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Generally, contributions to and withdrawals from the fund are converted to units by dividing the amounts of such transactions by the unit values as last determined, and the Participants' accounts are charged or credited with the number of units properly attributable to each Participant. There were no unfunded commitments, no restrictions on redemption frequency and no advance notice periods required for these investments at December 31, 2024.

*Pooled separate investment accounts:* The pooled separate investment accounts invest in various investment options and are valued based on the observable NAV per share of the underlying investments held. The NAV, as provided by TLIC, is used as a practical expedient to determine fair value for these accounts. While the majority of the underlying assets' values are quoted market prices, the NAV of the pooled separate investment accounts are not publicly quoted. Each plan's share is determined on a participation-unit or variable-unit basis and represents a portion of the holdings of the fund. At December 31, 2023, the pooled separate accounts have no unfunded commitments, can be redeemed daily and do not have a redemption notice period.

Pursuant to U.S. GAAP guidance, investments where fair value is measured using the NAV per share as a practical expedient is not categorized within the fair value hierarchy.

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

#### ***Investments, Investment Valuation and Income Recognition***

Investments in interest bearing cash, mutual funds, common collective trusts and pooled separate investment accounts are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

The stable value fund is a fully benefit responsive investment contract measured at contract value. Contract value is the relevant measurement attribute for that portion of net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount Participants would receive if they were to initiate permitted transactions under the terms of the Plan. See Note 4 for information on the stable value fund.

## **Savant Systems 401(k) Profit Sharing Plan**

Notes to Financial Statements  
December 31, 2024

### **2. Summary of Significant Accounting Policies (continued)**

#### ***Investments, Investment Valuation and Income Recognition (continued)***

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

#### ***Unit Values***

Individual Participant accounts for the common collective trusts and pooled separate investment accounts are maintained on a unit value basis. Participants do not have beneficial ownership in the specific underlying securities or other assets in the funds, but do have an interest therein represented by units which are valued daily. The funds earn dividends and interest which are automatically reinvested in additional units. Generally, contributions to and withdrawals from each fund are converted to units by dividing the amounts of such transactions by the unit values as last determined, and the Participant's accounts are charged or credited with the number of units properly attributable to each Participant.

#### ***Notes Receivable from Participants***

Notes receivable from Participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from Participants is recognized on the accrual basis of accounting. Related fees are recorded as administrative fees and expensed when incurred.

#### ***Payment of Benefits***

Benefits are recorded during the period in which they are paid.

### **3. Information Prepared and Certified by the Plan's Custodians (Unaudited)**

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required Schedule H, Part IV, Line 4i, Schedule of Assets (Held at End of Year) including investments and notes receivable from participants held at December 31, 2024 and 2023, and net appreciation in value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by TLIC and TTC, qualified institutions.

## Savant Systems 401(k) Profit Sharing Plan

Notes to Financial Statements  
December 31, 2024

### 4. Stable Value Fund

The stable value fund is a fully benefit-responsive investment contract (the "Investment Contract") with TLIC, which is backed by the TLIC's general account and therefore is reported at contract value. TLIC maintains the contributions in a general account. Contract value, as reported to the Plan by TLIC, represents contributions made under the contract, plus earnings, less Participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The Investment Contract issuer is contractually obligated to repay the principal and a specified interest rate to the Plan, subject to the claims paying ability of TLIC.

Participants invest in the Investment Contract through the general account stable value fund. The Investment Contract is a depository liability with no formal underlying maturities, and as such considered fairly valued at contract value at December 31, 2024 and 2023. There are no redemption fees, early withdrawal charges, or market value adjustments that are charged on participant transfers of assets in or out of the Investment Contract. Upon notice of an employer-level liquidation, participant transfer activity will be reviewed by TLIC and a surrender charge may apply. The investment seeks to protect against losses of principal, while providing returns in excess of money market funds and one-year Treasury bills.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The average yield and crediting interest rate for the year ended December 31, 2024 was approximately 3.50%. The crediting interest rate is based on a formula agreed upon with TLIC. Such interest rates are reviewed on a semi-annual basis for resetting. There is no stated minimum or maximum interest rate.

Certain events limit the ability of the Plan to transact at contract value with RTC. Such events include the following: (i) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (ii) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (iii) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause significant withdrawal from the Plan, or (iv) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under the ERISA. The plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with Plan Participants are probable of occurring. There are no events that allow the issuer to terminate the contract and which require the Employer to settle at an amount different than contract value paid.

### 5. Risk and Uncertainties

The Plan invests in investment securities which 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 such changes could materially affect Participants' account balances and the amounts reported in the statements of net assets available for benefits.

## **Savant Systems 401(k) Profit Sharing Plan**

Notes to Financial Statements  
December 31, 2024

### **6. Plan Termination**

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time or to terminate the Plan, subject to the provisions of ERISA. In the event of Plan termination, any unallocated assets of the Plan will be allocated to Participant accounts and distributed in such a manner as the Employer may determine.

### **7. Party-In-Interest Transactions**

Plan investments include common collective trusts, pooled separate investment accounts and a stable value fund, managed by TLIC and TTC. Transamerica Retirement Solutions Corporation, an affiliate of TLIC, provides record keeping services. These transactions qualify as exempt party-in-interest transactions. Administrative fees of \$75,075 were paid to TLIC and Transamerica Retirement Solutions Corporation during 2024. Notes receivable from Participants also qualify as exempt party-in-interest transactions as defined by ERISA.

### **8. Tax Status**

The underlying volume submitter profit sharing plan has received an opinion letter from the Internal Revenue Service (the "IRS"), dated June 30, 2020, stating that the form of the plan is qualified under section 401(a) of the IRC. Any employer adopting this form of the plan and is currently operating it in accordance with the applicable sections of the IRC will be considered to have a plan qualified under section 401(a) of the IRC.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax asset or liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. It is the Plan's policy to account for any uncertainties as described under the income tax laws. No such uncertain tax positions have been recognized by the Plan.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

\*\*\*\*\*

# **Savant Systems 401(k) Profit Sharing Plan**

Supplemental Schedule

December 31, 2024

**Savant Systems 401(k) Profit Sharing Plan**  
Schedule Pursuant to Department of Labor Requirements  
December 31, 2024

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

EIN: 85-1002349  
Plan No. 001

| (a)                 | (b)                                       | (c)<br>Description of<br>investments, including<br>maturity date, rate of<br>interest, collateral, par<br>or maturity value | (d)<br>Cost | (e)<br>Current Value |
|---------------------|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-------------|----------------------|
| <b>MUTUAL FUNDS</b> |                                           |                                                                                                                             |             |                      |
|                     | Vanguard Total Stock Mkt Idx Adm          | Mutual Funds                                                                                                                | **          | 2,581,197            |
|                     | American Funds Washington Mutual R6       | Mutual Funds                                                                                                                | **          | 2,443,947            |
|                     | American Funds Growth Fund of Amer R6     | Mutual Funds                                                                                                                | **          | 1,885,856            |
|                     | Invesco Main Street R6                    | Mutual Funds                                                                                                                | **          | 1,690,017            |
|                     | Fidelity NASDAQ Composite Index           | Mutual Funds                                                                                                                | **          | 1,193,403            |
|                     | MFS Growth R6                             | Mutual Funds                                                                                                                | **          | 959,825              |
|                     | Vanguard Small Cap Growth Index Admiral   | Mutual Funds                                                                                                                | **          | 927,567              |
|                     | Loomis Sayles Investment Grade Bond N     | Mutual Funds                                                                                                                | **          | 863,644              |
|                     | JPMorgan Large Cap Value R6               | Mutual Funds                                                                                                                | **          | 789,024              |
|                     | Vanguard International Value Inv          | Mutual Funds                                                                                                                | **          | 615,783              |
|                     | JPMorgan US Equity R6                     | Mutual Funds                                                                                                                | **          | 545,395              |
|                     | JHancock Income R6                        | Mutual Funds                                                                                                                | **          | 542,431              |
|                     | Oakmark R6                                | Mutual Funds                                                                                                                | **          | 522,483              |
|                     | Invesco Discovery Mid Cap Growth R6       | Mutual Funds                                                                                                                | **          | 469,927              |
|                     | American Funds New Perspective R6         | Mutual Funds                                                                                                                | **          | 444,324              |
|                     | American Funds American Mutual R6         | Mutual Funds                                                                                                                | **          | 383,012              |
|                     | Alger Capital Appreciation Instl Y        | Mutual Funds                                                                                                                | **          | 359,867              |
|                     | Dodge & Cox Stock X                       | Mutual Funds                                                                                                                | **          | 346,223              |
|                     | American Funds AMCAP R6                   | Mutual Funds                                                                                                                | **          | 280,755              |
|                     | Allspring Special Mid Cap Value R6        | Mutual Funds                                                                                                                | **          | 256,620              |
|                     | JPMorgan Large Cap Growth R6              | Mutual Funds                                                                                                                | **          | 247,002              |
|                     | Invesco Small Cap Value R6                | Mutual Funds                                                                                                                | **          | 228,111              |
|                     | Transamerica Mid Cap Value Opps R6        | Mutual Funds                                                                                                                | **          | 223,489              |
|                     | Transamerica High Yield Bond R6           | Mutual Funds                                                                                                                | **          | 219,361              |
|                     | Allspring Small Company Value R6          | Mutual Funds                                                                                                                | **          | 205,176              |
|                     | American Century Focused Global Gr R6     | Mutual Funds                                                                                                                | **          | 205,003              |
|                     | AB Small Cap Growth Z                     | Mutual Funds                                                                                                                | **          | 201,332              |
|                     | American Funds EuroPacific Gr R6          | Mutual Funds                                                                                                                | **          | 193,731              |
|                     | American Funds Capital World Bond R6      | Mutual Funds                                                                                                                | **          | 157,992              |
|                     | American Funds SMALLCAP World R6          | Mutual Funds                                                                                                                | **          | 156,279              |
|                     | Putnam Small Cap Growth R6                | Mutual Funds                                                                                                                | **          | 155,895              |
|                     | Columbia Income Opportunities Inst3       | Mutual Funds                                                                                                                | **          | 148,027              |
|                     | First Eagle Overseas R6                   | Mutual Funds                                                                                                                | **          | 115,631              |
|                     | Columbia Select Mid Cap Value Instl3      | Mutual Funds                                                                                                                | **          | 95,039               |
|                     | Fidelity Advisor Focus Emerging Markets Z | Mutual Funds                                                                                                                | **          | 92,624               |
|                     | PIMCO Commodity Real Ret Strat Instl      | Mutual Funds                                                                                                                | **          | 87,903               |
|                     | American Funds New World R6               | Mutual Funds                                                                                                                | **          | 82,140               |
|                     | Fidelity Mid Cap Growth Index             | Mutual Funds                                                                                                                | **          | 72,619               |
|                     | Neuberger Berman Real Estate R6           | Mutual Funds                                                                                                                | **          | 70,262               |
|                     | American Century Mid Cap Value R6         | Mutual Funds                                                                                                                | **          | 65,201               |
|                     | Franklin Core Plus Bond R6                | Mutual Funds                                                                                                                | **          | 32,106               |
|                     |                                           | Subtotal                                                                                                                    |             | <u>\$ 21,156,223</u> |

\* Party-in-interest as defined by ERISA.

\*\* Cost information is not required for participant-directed investments and has therefore not been included.

See Independent Auditors' Report

**Savant Systems 401(k) Profit Sharing Plan**  
Schedule Pursuant to Department of Labor Requirements  
December 31, 2024

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

EIN: 85-1002349  
Plan No. 001

| (a) | (b)                                                     | (c)<br>Description of<br>investments, including<br>maturity date, rate of<br>interest, collateral, par<br>or maturity value | (d)  | (e)                  |
|-----|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|------|----------------------|
|     | Identity of issue, borrower, lessor<br>or similar party |                                                                                                                             | Cost | Current Value        |
|     | Subtotal from previous page                             |                                                                                                                             |      | \$ <u>21,156,223</u> |
|     | <b>COMMON COLLECTIVE TRUSTS</b>                         |                                                                                                                             |      |                      |
| *   | Transamerica LifeGoal(SM) 2040 Fund                     | Common Collective Trust                                                                                                     | **   | 3,905,604            |
| *   | Transamerica LifeGoal(SM) 2050 Fund                     | Common Collective Trust                                                                                                     | **   | 3,239,880            |
| *   | Transamerica LifeGoal(SM) 2045 Fund                     | Common Collective Trust                                                                                                     | **   | 3,235,532            |
| *   | Transamerica LifeGoal(SM) 2030 Fund                     | Common Collective Trust                                                                                                     | **   | 2,792,690            |
| *   | Transamerica LifeGoal(SM) 2055 Fund                     | Common Collective Trust                                                                                                     | **   | 2,340,641            |
| *   | Transamerica LifeGoal(SM) 2035 Fund                     | Common Collective Trust                                                                                                     | **   | 1,748,327            |
| *   | Transamerica LifeGoal(SM) 2060 Fund                     | Common Collective Trust                                                                                                     | **   | 1,370,688            |
| *   | Transamerica LifeGoal(SM) 2025 Fund                     | Common Collective Trust                                                                                                     | **   | 972,552              |
| *   | Transamerica LifeGoal(SM) Retirement Fund               | Common Collective Trust                                                                                                     | **   | 303,422              |
| *   | Transamerica LifeGoal(SM) 2065 Fund                     | Common Collective Trust                                                                                                     | **   | <u>42,804</u>        |
|     |                                                         |                                                                                                                             |      | 19,952,140           |
|     | <b>GENERAL ACCOUNT STABLE VALUE FUND</b>                |                                                                                                                             |      |                      |
| *   | Transamerica Stable Value Beacon Option                 | Stable Value Fund                                                                                                           | **   | 3,096,207            |
|     | <b>INTEREST BEARING CASH</b>                            |                                                                                                                             |      |                      |
|     | Diversified Cash                                        | Interest Bearing Cash                                                                                                       |      | 58,547               |
| *   | <b>NOTES RECEIVABLE FROM PARTICIPANTS</b>               | Interest Rates (4.25% - 9.50%)<br>Maturity dates through<br>October 2029                                                    | -0-  | <u>406,595</u>       |
|     | <b>Total Assets (Held at End of Year)</b>               |                                                                                                                             |      | <u>\$ 44,669,712</u> |

\* Party-in-interest as defined by ERISA.

\*\* Cost information is not required for participant-directed investments and has therefore not been included.

See Independent Auditors' Report

**Savant Systems 401(k) Profit Sharing Plan**  
**EIN No.: 85-1002349, Plan No. 001**  
**Schedule H, Line 4i - Schedule of Assets**  
**Plan Year Ending: 12/31/2024**

| (a) | (b)<br>Identity of Issuer, Borrower,<br>Lessor or Similar Party | (c)<br>Description of Investment, Including Maturity Date,<br>Rate of Interest, Par or Maturity Value | (d)<br>CURRENT VALUE |
|-----|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|----------------------|
| *   | Transamerica Life Ins Co                                        | Transamerica Stable Val Beacon ion                                                                    | \$ 3,096,206         |
|     |                                                                 | <b>General Account Total:</b>                                                                         | <b>\$ 3,096,206</b>  |
| *   | Transamerica Trust Company                                      | Cash Reserve Account                                                                                  | \$ 58,547            |
|     |                                                                 | <b>Cash Reserve Total:</b>                                                                            | <b>\$ 58,547</b>     |
| *   | Transamerica Ret Solutions Corp                                 | Transamerica LifeGoal(SM) 2025 Fd                                                                     | \$ 972,552           |
| *   | Transamerica Ret Solutions Corp                                 | Transamerica LifeGoal(SM) 2030 Fd                                                                     | \$ 2,792,690         |
| *   | Transamerica Ret Solutions Corp                                 | Transamerica LifeGoal(SM) 2035 Fd                                                                     | \$ 1,748,327         |
| *   | Transamerica Ret Solutions Corp                                 | Transamerica LifeGoal(SM) 2040 Fd                                                                     | \$ 3,905,604         |
| *   | Transamerica Ret Solutions Corp                                 | Transamerica LifeGoal(SM) 2045 Fd                                                                     | \$ 3,235,532         |
| *   | Transamerica Ret Solutions Corp                                 | Transamerica LifeGoal(SM) 2050 Fd                                                                     | \$ 3,239,880         |
| *   | Transamerica Ret Solutions Corp                                 | Transamerica LifeGoal(SM) 2055 Fd                                                                     | \$ 2,340,641         |
| *   | Transamerica Ret Solutions Corp                                 | Transamerica LifeGoal(SM) 2060 Fd                                                                     | \$ 1,370,688         |
| *   | Transamerica Ret Solutions Corp                                 | Transamerica LifeGoal(SM) 2065 Fund                                                                   | \$ 42,805            |
| *   | Transamerica Ret Solutions Corp                                 | Transamerica LifeGoal(SM) Rtmnt Fd                                                                    | \$ 303,422           |
|     |                                                                 | <b>Collective Trusts Total:</b>                                                                       | <b>\$ 19,952,141</b> |
|     | AB                                                              | AB Small Cap Gr Z                                                                                     | \$ 201,332           |
|     | Alger                                                           | Alger Capital Appreciation Instl Y                                                                    | \$ 359,867           |
|     | Allspring                                                       | Allspring Small Co Val R6                                                                             | \$ 205,176           |
|     | Allspring                                                       | Allspring Spec Mid Cap Val R6                                                                         | \$ 256,620           |
|     | American Century                                                | American Century Focused Gbl R6                                                                       | \$ 205,003           |
|     | American Century                                                | American Century Mid Cap Val R6                                                                       | \$ 65,201            |
|     | American Funds                                                  | American Funds AMCAP R6                                                                               | \$ 280,755           |
|     | American Funds                                                  | American Funds American Mtl R6                                                                        | \$ 383,012           |
|     | American Funds                                                  | American Fds Capital World Bd R6                                                                      | \$ 157,992           |
|     | American Funds                                                  | American Funds EuroPacific Gr R6                                                                      | \$ 193,731           |
|     | American Funds                                                  | American Fds Gr Fd of America R6                                                                      | \$ 1,885,856         |
|     | American Funds                                                  | American Funds New Perspective R6                                                                     | \$ 444,324           |
|     | American Funds                                                  | American Funds New World R6                                                                           | \$ 82,140            |
|     | American Funds                                                  | American Funds Small Cap World R6                                                                     | \$ 156,279           |
|     | American Funds                                                  | American Funds Washington Mtl R6                                                                      | \$ 2,443,947         |
|     | Columbia                                                        | Columbia Inc Opp Inst3                                                                                | \$ 148,027           |
|     | Columbia                                                        | Columbia Select Mid Cap Val Inst3                                                                     | \$ 95,039            |
|     | Dodge & Cox                                                     | Dodge & Cox Stock X                                                                                   | \$ 346,223           |
|     | Fidelity                                                        | Fidelity Adv Focus Emerging Mkt Z                                                                     | \$ 92,624            |
|     | Fidelity                                                        | Fidelity Mid Cap Gr Index                                                                             | \$ 72,619            |
|     | Fidelity                                                        | Fidelity NASDAQ Composite Index                                                                       | \$ 1,193,403         |
|     | First Eagle                                                     | First Eagle Overseas R6                                                                               | \$ 115,631           |
|     | Franklin Templeton                                              | Franklin Strategic Inc R6                                                                             | \$ 32,106            |
|     | Invesco                                                         | Invesco Discv Mid Cap Gr R6                                                                           | \$ 469,927           |
|     | Invesco                                                         | Invesco Main Street R6                                                                                | \$ 1,690,017         |
|     | Invesco                                                         | Invesco Small Cap Val R6                                                                              | \$ 228,111           |
|     | John Hancock                                                    | JHancock Income R6                                                                                    | \$ 542,431           |
|     | JPMorgan                                                        | JPMorgan Lg Cap Gr R6                                                                                 | \$ 247,002           |
|     | JPMorgan                                                        | JPMorgan Lg Cap Val R6                                                                                | \$ 789,024           |
|     | JPMorgan                                                        | JPMorgan US Eq R6                                                                                     | \$ 545,395           |
|     | Loomis Sayles                                                   | Loomis Sayles Inv Grade Bd N                                                                          | \$ 863,644           |
|     | MFS                                                             | MFS Gr R6                                                                                             | \$ 959,825           |
|     | Neuberger Berman                                                | Neuberger Berman Real Estate R6                                                                       | \$ 70,262            |
|     | Oakmark                                                         | Oakmark R6                                                                                            | \$ 522,483           |
|     | Pimco                                                           | PIMCO Comm RI Ret Strategy Instl                                                                      | \$ 87,903            |

**Savant Systems 401(k) Profit Sharing Plan**  
**EIN No.: 85-1002349, Plan No. 001**  
**Schedule H, Line 4i - Schedule of Assets**  
**Plan Year Ending: 12/31/2024**

| (a)                      | (b)<br>Identity of Issuer, Borrower,<br>Lessor or Similar Party | (c)<br>Description of Investment, Including Maturity Date,<br>Rate of Interest, Par or Maturity Value | (d)<br>CURRENT VALUE |
|--------------------------|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|----------------------|
|                          | Putnam                                                          | Putnam Small Cap Gr R6                                                                                | \$ 155,895           |
| *                        | Transamerica Capital, Inc.                                      | Transamerica High Yield Bd R6                                                                         | \$ 219,361           |
| *                        | Transamerica Capital, Inc.                                      | Transamerica Mid Cap Val Opps R6                                                                      | \$ 223,489           |
|                          | Vanguard                                                        | Vanguard Intl Val Fund                                                                                | \$ 615,783           |
|                          | Vanguard                                                        | Vanguard Small-Cap Gr Index Fund                                                                      | \$ 927,567           |
|                          | Vanguard                                                        | Vanguard Total Stock Mkt Index Adm                                                                    | \$ 2,581,197         |
|                          |                                                                 | <b>Mutual Funds Total:</b>                                                                            | <b>\$ 21,156,223</b> |
| *                        | Participants                                                    | Notes Receivable with interest rates of 4.25% to 9.50%                                                | <b>\$ 404,458</b>    |
| <b>TOTAL PLAN ASSETS</b> |                                                                 |                                                                                                       | <b>\$ 44,667,575</b> |

\* Indicates Party-In-Interest to the Plan