

<p><b>Form 5500</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>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).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
---	---	--

**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 (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) \_\_\_\_\_

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description)

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>INTERCOS 401(K) PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>INTERCOS AMERICA, INC.</u></p> <p><u>200 ROUTE 303 NORTH</u> <u>CONGERS, NY 10920</u></p>	<p><b>1c</b> Effective date of plan <u>10/15/2001</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>13-3646536</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>845-267-3622</u></p> <p><b>2d</b> Business code (see instructions) <u>339900</u></p>

**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/14/2025	LAURA MONTEMARANO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<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: <b>a</b> Sponsor's name <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>	489
<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> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <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) ..... <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) ..... <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>	385
	<b>6a(2)</b>	367
	<b>6b</b>	0
	<b>6c</b>	78
	<b>6d</b>	445
	<b>6e</b>	0
	<b>6f</b>	445
	<b>6g(1)</b>	303
	<b>6g(2)</b>	336
<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 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)

**a Pension Schedules**

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

**b General Schedules**

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

---

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

---

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

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

---

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

**11c** Enter the Receipt Confirmation Code for the 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 \_\_\_\_\_

---

<p style="text-align: center;"><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">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 style="font-size: large;"><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 <span style="color: blue;">INTERCOS 401(K) PLAN</span></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><span style="color: blue;">001</span></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <span style="color: blue;">INTERCOS AMERICA, INC.</span></p>	<p><b>D</b> Employer Identification Number (EIN) <span style="color: blue;">13-3646536</span></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  
JOHN HANCOCK LIFE INSURANCE COMPANY OF NEW YORK

(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
13-3646501	86375	99900		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.

(a) Total amount of commissions paid	(b) Total amount of fees paid
	68759

**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

MML INSURANCE AGENCY, LLC. 1295 STATE ST  
SPRINGFIELD, MA 01111

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	57375		4

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

PENSERV, INC. 118 N. BEDFORD ROAD, SUITE 303  
MT. KISCO, NY 10549

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	11384		5

(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>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**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. .... 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 ▶

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
	<b>7c(6)</b>	
(6) Total additions .....	<b>7c(6)</b>	
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	<b>7e(5)</b>	
(5) Total deductions .....	<b>7e(5)</b>	
<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>	

**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. .... Specify nature of costs.	<b>10b</b>

**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> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <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 <b>INTERCOS 401(K) 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 <b>INTERCOS AMERICA, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>13-3646536</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

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

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

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

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

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

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

JOHN HANCOCK LIFE INS CO OF NY

13-3646501

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 28 59 60 62 63 67 68	RECORDKEEPER	3746	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

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

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

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

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

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> 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> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <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 <u>INTERCOS 401(K) PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>INTERCOS AMERICA, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>13-3646536</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> (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>TOQUEVILLE GOLD FUND</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INS CO OF NY</u>				
<b>c</b> EIN-PN <u>13-3646501-000</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>38057</u>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD ENERGY FUND</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INS CO OF NY</u>				
<b>c</b> EIN-PN <u>13-3646501-000</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>43895</u>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>DFA EMERGING MARKETS VALUE</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INS CO OF NY</u>				
<b>c</b> EIN-PN <u>13-3646501-000</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>120270</u>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>ROYCE OPPORTUNITY</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INS CO OF NY</u>				
<b>c</b> EIN-PN <u>13-3646501-000</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>167195</u>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIDELITY ADV LEVERAGED CO STK</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INS CO OF NY</u>				
<b>c</b> EIN-PN <u>13-3646501-000</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>247666</u>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>OPPENHEIMER DEVELOPING MKT</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INS CO OF NY</u>				
<b>c</b> EIN-PN <u>13-3646501-000</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>13329</u>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SMALL CAP VALUE FUND</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INS CO OF NY</u>				
<b>c</b> EIN-PN <u>13-3646501-000</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>91020</u>	

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>SMALL CAP GROWTH</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INS CO OF NY</b>		
<b>c</b> EIN-PN <b>13-3646501-000</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>118315</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>INTL EQUITY INDEX FUND</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INS CO OF NY</b>		
<b>c</b> EIN-PN <b>13-3646501-000</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>15893</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>SMALL CAP INDEX FUND</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INS CO OF NY</b>		
<b>c</b> EIN-PN <b>13-3646501-000</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>41629</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>LEGG MASON CLEARBR AGG GROWTH</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INS CO OF NY</b>		
<b>c</b> EIN-PN <b>13-3646501-000</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>8849</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>SMALLCAP WORLD FUND</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INS CO OF NY</b>		
<b>c</b> EIN-PN <b>13-3646501-000</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>11826</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>REAL EST. SECURITIES FUND</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INS CO OF NY</b>		
<b>c</b> EIN-PN <b>13-3646501-000</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>50151</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>T. ROWE PRICE SML CAP VAL</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INS CO OF NY</b>		
<b>c</b> EIN-PN <b>13-3646501-000</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>196911</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>MID CAP INDEX FUND</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INS CO OF NY</b>		
<b>c</b> EIN-PN <b>13-3646501-000</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>423471</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>CAPITAL WORLD GROWTH &amp; INCOME</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INS CO OF NY</b>		
<b>c</b> EIN-PN <b>13-3646501-000</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>72545</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>PRU JENNISON MID GROWTH FUND</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INS CO OF NY</b>		
<b>c</b> EIN-PN <b>13-3646501-000</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>12597</b>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: UTILITIES FUND		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO OF NY		
<b>c</b> EIN-PN 13-3646501-000	<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) 171770
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: EQUITY INCOME FUND		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO OF NY		
<b>c</b> EIN-PN 13-3646501-000	<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) 113208
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL STOCK MARKET INDEX FUND		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO OF NY		
<b>c</b> EIN-PN 13-3646501-000	<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) 112648
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: 500 INDEX FUND		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO OF NY		
<b>c</b> EIN-PN 13-3646501-000	<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) 654138
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY CONTRAFUND		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO OF NY		
<b>c</b> EIN-PN 13-3646501-000	<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) 516875
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PARNASSUS EQUITY INCOME		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO OF NY		
<b>c</b> EIN-PN 13-3646501-000	<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) 112649
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO ALL ASSET		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO OF NY		
<b>c</b> EIN-PN 13-3646501-000	<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) 52413
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MUTUAL GLOBAL DISCOVERY		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO OF NY		
<b>c</b> EIN-PN 13-3646501-000	<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) 20480
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR TOTAL BOND		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO OF NY		
<b>c</b> EIN-PN 13-3646501-000	<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) 253816
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: CORE BOND FUND		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO OF NY		
<b>c</b> EIN-PN 13-3646501-000	<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) 65068

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL BOND MARKET FUND					
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO OF NY					
<b>c</b> EIN-PN 13-3646501-000	<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)		65582	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK STABLE VALUE					
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO OF NY					
<b>c</b> EIN-PN 13-3646501-000	<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)		515068	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH THRU 2045 ACTIVE STRATEGY					
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO OF NY					
<b>c</b> EIN-PN 13-3646501-000	<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)		299212	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH THRU 2020 ACTIVE STRATEGY					
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO OF NY					
<b>c</b> EIN-PN 13-3646501-000	<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)		1017	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH THRU 2040 ACTIVE STRATEGY					
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO OF NY					
<b>c</b> EIN-PN 13-3646501-000	<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)		48019	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH LIFETIME BLEND 2045					
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO OF NY					
<b>c</b> EIN-PN 13-3646501-000	<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)		1117710	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH LIFETIME BLEND 2035					
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO OF NY					
<b>c</b> EIN-PN 13-3646501-000	<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)		385184	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH LIFETIME BLEND 2050					
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO OF NY					
<b>c</b> EIN-PN 13-3646501-000	<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)		647954	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH LIFETIME BLEND 2055					
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO OF NY					
<b>c</b> EIN-PN 13-3646501-000	<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)		684003	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH LS AGG ACTIVE STRATEGY					
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO OF NY					
<b>c</b> EIN-PN 13-3646501-000	<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)		121932	

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH LS GROW ACTIVE STRATEGY		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO OF NY		
<b>c</b> EIN-PN 13-3646501-000	<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) 1530864

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH LS MOD ACTIVE STRATEGY		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO OF NY		
<b>c</b> EIN-PN 13-3646501-000	<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) 897063

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH LS CONSERV ACTIVE STRATEGY		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO OF NY		
<b>c</b> EIN-PN 13-3646501-000	<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) 359480

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MID VALUE FUND		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO OF NY		
<b>c</b> EIN-PN 13-3646501-000	<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) 256736

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH MID CAP GROWTH FUND		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO OF NY		
<b>c</b> EIN-PN 13-3646501-000	<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) 74455

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH LIFETIME BLEND 2040		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO OF NY		
<b>c</b> EIN-PN 13-3646501-000	<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) 968908

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH LIFETIME BLEND 2060		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO OF NY		
<b>c</b> EIN-PN 13-3646501-001	<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) 491095

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SELECT AA CONSERVATIVE		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO OF NY		
<b>c</b> EIN-PN 13-3646501-000	<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) 14165

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SELECT AA BALANCE		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO OF NY		
<b>c</b> EIN-PN 13-3646501-000	<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) 5224

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH THRU 2030 ACTIVE STRATEGY		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO OF NY		
<b>c</b> EIN-PN 13-3646501-000	<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) 37854

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH THRU 2035 ACTIVE STRATEGY		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO OF NY		
<b>c</b> EIN-PN 13-3646501-000	<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) 91761
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH THRU 2060 ACTIVE STRATEGY		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO OF NY		
<b>c</b> EIN-PN 13-3646501-000	<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) 64214
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH THRU 2050 ACTIVE STRATEGY		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO OF NY		
<b>c</b> EIN-PN 13-3646501-000	<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) 6821
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE NEW ERA FUND		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO OF NY		
<b>c</b> EIN-PN 13-3646501-000	<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) 24514
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH THRU 2025 ACTIVE STRATEGY		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO OF NY		
<b>c</b> EIN-PN 13-3646501-000	<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) 21983
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH LIFETIME BLEND 2010		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO OF NY		
<b>c</b> EIN-PN 13-3646501-000	<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) 80714
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH THRU 2055 ACTIVE STRATEGY		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO OF NY		
<b>c</b> EIN-PN 13-3646501-000	<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) 203129
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH LIFETIME BLEND 2065		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO OF NY		
<b>c</b> EIN-PN 13-3646501-000	<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) 136078
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: WASHINGTON MUTUAL INVESTORS		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO OF NY		
<b>c</b> EIN-PN 13-3646501-000	<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) 86697
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH LIFETIME BLEND 2020		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO OF NY		
<b>c</b> EIN-PN 13-3646501-000	<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) 59592

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH LIFETIME BLEND 2025

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO OF NY

<b>c</b> EIN-PN 13-3646501-000	<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) 47988
--------------------------------	------------------------	---

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH LIFETIME BLEND 2030

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO OF NY

<b>c</b> EIN-PN 13-3646501-000	<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) 526109
--------------------------------	------------------------	--

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

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO OF NY

<b>c</b> EIN-PN 13-3646501-000	<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) 11877
--------------------------------	------------------------	---

**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)
-----------------	----------------------	---

**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> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <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 <b>INTERCOS 401(K) 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 <b>INTERCOS AMERICA, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>13-3646536</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>	34597	77559
<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>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<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>	321368	471579
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	631436	5145335
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	10898095	8488819
<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>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</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>	11885496	14183292
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		10095
<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>		10095
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	11885496	14173197

**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>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	393820	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	1005841	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	410574	
(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>		1810235
<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>		
<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>	33729	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		33729
<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>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) 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>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		1525874
(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>		
<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>		3369838

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	1007584	
(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>		1007584
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		2983
<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>	4800	
(3) Recordkeeping fees .....	<b>2i(3)</b>	66770	
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(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>		71570
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		1082137

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		2287701
<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: **FUNARO & CO., PC**

(2) EIN: **13-2871428**

**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:

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

	Yes	No	Amount
<b>4a</b>	X		237261
<b>4b</b>		X	
<b>4c</b>		X	
<b>4d</b>		X	
<b>4e</b>	X		1000000
<b>4f</b>		X	
<b>4g</b>		X	
<b>4h</b>		X	
<b>4i</b>	X		
<b>4j</b>		X	
<b>4k</b>		X	
<b>4l</b>		X	
<b>4m</b>		X	
<b>4n</b>			

**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> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <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 <b>INTERCOS 401(K) 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 <b>INTERCOS AMERICA, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>13-3646536</b>	

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

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

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... 

<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): 13-3646501

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

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

<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 Q703007A.

**INTERCOS 401(K) PLAN**  
**FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**



CERTIFIED PUBLIC ACCOUNTANTS

TAX • AUDIT • ADVISORY

## **INDEPENDENT AUDITOR'S REPORT**

To the Administrator of  
Intercos 401(k) Plan

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

We have performed audits of the accompanying financial statements of Intercos 401(k) 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 Intercos 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan 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.

Management has obtained certifications from John Hancock Life Insurance Company of New York 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 D to the financial statements, is complete and accurate.

(Cont.)

NEW YORK | MIAMI | MILAN | ROME | BARI | FRANKFURT

Funaro & Co., P.C. ■ Empire State Building ■ 350 Fifth Avenue, Suite 3920, New York, NY 10118 ■ Phone (212) 947-3333 ■ Fax (212) 947-4725 ■ [www.funaro.com](http://www.funaro.com)





## **Opinion**

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

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

## **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Intercos 401(k) 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 these 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.

**(Cont.)**



**Responsibilities of Management for the Financial Statements (Continued)**

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 Intercos 401(k) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

**Auditor's Responsibilities for the Audit of the Financial Statements**

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

**(Cont.)**



**Auditor's Responsibilities for the Audit of the Financial Statements (Continued)**

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Intercos 401(k) 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 Intercos 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

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

**(Cont.)**



**Auditor’s Responsibilities for the Audit of the Financial Statements (Continued)**

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.

**Other Matter - Supplemental Schedules Required by ERISA**

The supplemental schedules of Delinquent Participant Contributions, Matching Contributions and Loan Repayments, and Assets Held for Investment Purposes, as of and for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

**(Cont.)**



**Other Matter - Supplemental Schedules Required by ERISA (Continued)**

In our opinion:

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

***Funaro & Co., P.C.***

New York, N.Y.

October 14, 2025

# INTERCOS 401(K) PLAN

## STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

	<u>ASSETS</u>	
	<u>2024</u>	<u>2023</u>
Investments at fair market value		
Common/collective trusts	\$ 5,145,335	\$ 631,436
Pooled separate accounts	<u>8,488,819</u>	<u>10,898,095</u>
Total investments at fair market value	<u>13,634,154</u>	<u>11,529,531</u>
Non-interest-bearing cash	<u>77,559</u>	<u>34,597</u>
Total non-interest-bearing cash	<u>77,559</u>	<u>34,597</u>
Receivables:		
Notes receivable from participants	<u>471,579</u>	<u>321,368</u>
Total receivables	<u>471,579</u>	<u>321,368</u>
Total assets	<u>14,183,292</u>	<u>11,885,496</u>
	<u>LIABILITIES</u>	
Benefit claims payable	<u>10,095</u>	<u>                    </u>
Total liabilities	<u>10,095</u>	<u>                    </u>
Total net assets available for benefits	<u>\$ 14,173,197</u>	<u>\$ 11,885,496</u>

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

**INTERCOS 401(K) PLAN**

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

**YEAR ENDED DECEMBER 31, 2024**

Additions to net assets attributed to:

Investment income

Interest income on notes receivable from participants	\$ 33,729
Net appreciation in fair value of investments	<u>1,525,874</u>

Total investment income 1,559,603

Contributions

Participants	1,005,841
Employer matching	393,820
Participant rollovers	<u>410,574</u>

Total contributions 1,810,235

Total additions 3,369,838

Deductions from net assets attributed to:

Benefits paid to participants	1,007,584
Deemed distribution of participant loans	2,983
Administrative expenses	<u>71,570</u>

Total deductions (1,082,137)

Net increase in assets available for benefits 2,287,701

Net assets available for benefits - beginning of year 11,885,496

Net assets available for benefits - end of year \$ 14,173,197

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

**INTERCOS 401(K) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

**A. DESCRIPTION OF THE PLAN**

The following description of the Intercos America, Inc. (the "Company") 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

1. General

The Plan is a defined contribution plan established to provide retirement benefits to all eligible employees, as defined, of the Company. An eligible employee of the Company has completed 3 months of service. A month of service is defined as a month in which an employee has worked at least 1 hour. An hour of service is any hour for which an employee is paid or is entitled to payment. The effective entry date for employees who become eligible to participate is the first day of the month coinciding with or next following the date eligibility requirements were satisfied. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The benefits under this plan are not insured by the Pension Benefit Guaranty Corporation.

The Plan investments are administered and held in trust by the Plan's custodian, John Hancock Life Insurance Company of New York. Penserv, Inc. is the third party administrator of the Plan.

2. Contributions

a. Each participant may contribute through payroll deferral an amount not to exceed the lesser of \$69,000 (\$66,000 in 2023) or 100% of annual compensation subject to the Internal Revenue Code ("IRC") Rules and Regulations. Roth deferral contributions are not permitted.

b. The Company may in its discretion make a matching contribution to the Plan in an amount equal to a uniform percentage of each participant's salary deferrals during the Plan year. The Company may also make a discretionary profit sharing contribution to participants who are employed on the last day of the Plan Year, regardless of the amount of service completed during the plan year. A participant's allocation of the profit sharing contribution is determined as a ratio of his/her compensation as a percentage of total compensation of all participants eligible for profit sharing. The percentage is established by the Company and communicated to the employees. The Company reserves the right to suspend the contributions at any time or from time to time, or to discontinue them altogether.

**INTERCOS 401(K) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

**A. DESCRIPTION OF THE PLAN (CONT.)**

2. Contributions (cont.)

c. A participant or an employee, who has not satisfied the age or service eligibility requirements, may transfer funds in from other qualified plans. The transferred amount shall be invested and administered as a part of the trust fund and this transfer is 100% vested as defined in the Plan document. The Plan may accept such "rollovers" provided the "rollover" will not jeopardize the tax-exempt status of the Plan or create adverse tax consequences for the Company. Roth "rollovers" are not permitted into the Plan.

d. A participant who is projected to reach age fifty (50) before the close of a taxable year will be permitted to make a catch-up contribution at any time during that Plan year. Catch-up contributions are contributions that exceed either the statutory limit as defined by the IRC Rules and Regulations, or the limit as defined by the plan or any restrictions on contributions for certain highly paid employees. The limit on catch-up contributions for year 2024 was \$7,500 per individual.

3. Participant Accounts

Each participant's account is credited with his/her contributions, the allocation of the Company's contribution, the Plan earnings (losses), and charged with an allocation of administrative expenses during the Plan year. Each participant will have full responsibility for the investment results of his/her investment choices as offered by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investment options include pooled separate accounts and common/collective trusts.

4. Vesting

A participant is immediately 100% vested in his or her own deferral and rollover contributions. Also, a participant will always be automatically 100% vested in his or her Company contribution account upon the earlier of reaching retirement age (59.5), at death or disability, or upon termination of the Plan. For the purpose of vesting, all years of service are credited from the date of hire to determine a participant's vesting service. To earn a year of service, a participant must be credited with at least 1,000 hours of service during a Plan Year. The Plan uses an "equivalency" method to credit employees with 190 hours of service for each month during the year in which they would otherwise be credited at least 1 hour of service.

# INTERCOS 401(K) PLAN

## NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

### A. DESCRIPTION OF THE PLAN (CONT.)

#### 4. Vesting (cont.)

A participant vesting in the Company's discretionary matching and profit sharing contributions is based on years of service as determined under the schedule set forth below:

<u>Years of service</u>	<u>Vested percentage</u>
Less than 1	0%
1	20%
2	40%
3	60%
4	80%
5 or more	100%

#### 5. Payment of benefits

A participant may elect to receive the full amount of his or her vested account balance in the event of normal retirement, termination of service, death or disability. Early withdrawals are permitted at the request of a participant after the age of 59-1/2. All distributions of benefits under this plan shall be made by the company holding the investments in accordance with the terms and conditions set forth in the group contract. Hardship withdrawals are also permitted, as defined in the Plan document.

Benefits will be distributed by a single lump-sum payment, or any other optional form of distribution available under the Plan. Distributions shall be made as soon as reasonably practicable following a distribution request. Participant consent is required only for distributions over \$5,000, the cash-out limit.

#### 6. Loans and withdrawals

A participant may elect to receive a loan in an amount that may not exceed the lesser of \$50,000 or one-half of the participant's vested account. All loans bear a reasonable rate of interest as determined by the Plan administrator based on the prevailing interest rate charged by persons in the business of lending money. Each loan amount (principal and interest) must be completely paid within five (5) years with the exception of loans used for the purchase of a principal residence which may exceed five years. Loan repayments and interest are deducted ratably from the participant's compensation in each payroll period.

**INTERCOS 401(K) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

**A. DESCRIPTION OF THE PLAN (CONT.)**

6. Loans and withdrawals (cont)

A participant may elect to withdraw from his or her account by demonstrating an immediate and heavy financial hardship and that the money can not be obtained from any other source. Immediate and heavy financial hardships are: post-secondary tuition payments for the education of the participant and immediate family members; the purchase of a principal residence; non-elective medical expenses; funeral or burial expenses; repair expense to a principal residence that would qualify as a casualty loss deduction, and payments to prevent the eviction of the participant from a principal residence.

7. Forfeiture accounts

The portion of a participant's account balance that is not vested upon termination of employment will be forfeited. Any forfeitures occurring during a Plan year may be used first to pay any administrative expenses and then applied to reduce employer contributions. During the year 2024, the Company used \$34,537 of forfeitures for the annual true-up employer match contribution.

At December 31, 2024 and 2023, forfeited non-vested accounts totaled \$67,729 and \$34,597, respectively, and were included in the statement of net assets available for benefits. If the forfeited credits were excluded from the investments, the total net assets available for benefits would be \$14,105,468 and \$11,850,899 at December 31, 2024 and 2023, respectively.

**B. SUMMARY OF ACCOUNTING POLICIES**

Basis of accounting

The financial statements of the Plan are prepared using the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

**INTERCOS 401(K) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

**B. SUMMARY OF ACCOUNTING POLICIES (CONT.)**

Estimates

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

Investment valuation and income recognition

Investments 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. See Note C for discussion of fair value measurement.

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

Notes receivable from participants

Loans to participants are reported at their unpaid principal balances plus accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2024, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

Administrative expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements.

Payments of benefits

Benefits are recorded when paid. However, as of December 31, 2024, \$3,249,774 of allocated balances for terminated participants was not paid because the participants did not request the withdrawal of their balances.

**INTERCOS 401(K) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

**B. SUMMARY OF ACCOUNTING POLICIES (CONT.)**

Date of management's review

Subsequent events were evaluated through October 14, 2025, which is the date the financial statements were available to be issued.

**C. FAIR VALUE MEASUREMENTS**

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

The fair value measurement hierarchy established under Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820 prioritizes the inputs to valuation techniques. This hierarchy consists of three broad levels:

- Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority,
- Level 2 inputs are inputs other than quoted prices included within Level 1 that are observable for the assets or liabilities, either directly or indirectly, including quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in markets that are not active; inputs other than quoted prices that are observable for the assets and liabilities; and inputs that are derived principally from or corroborated by observable market data by correlation or other means, and
- Level 3 inputs are unobservable and have the lowest priority.

The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 and 2 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

**INTERCOS 401(K) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

**C. FAIR VALUE MEASUREMENTS (CONT.)**

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

Level 2 Fair Value Measurements

Pooled Separate Accounts - The investment contracts with the insurance company are not actively traded and significant other observable inputs are not available. The fair value of investment contracts with the insurance company for pooled separate accounts (PSAs) is determined using the share prices or net asset value (NAV) of underlying mutual funds. These unregistered PSAs are divided into investment divisions called sub-accounts (SAs). Each SA invests in shares of an underlying mutual fund specified by the Plan. Shares of the underlying funds held by the SAs are traded daily based on the participant net purchase and sales transactions processed. NAVs are adjusted by fund companies when dividends are declared. Each fund includes the current and previous day's NAV and the change from the previous day NAV. SAs receive dividends from underlying funds in the form of additional shares of the fund rather than cash. When a dividend is declared, the system automatically calculates the number of shares resulting from the dividend and increases the number of shares of the fund owned by the SA. Once the market value of the SA is calculated, the system calculates the market value of each class in the SA by taking each class's pro-rata share of the previous day's market value in the SA and multiplying it by the current day's market value of the SA. To determine the unit value of each class, the market value of each class is reduced by the applicable fees (annual maintenance charge and sales and service fee) and then divided by the number of units in that class.

Common/Collective Trusts - The Plan offers several Collective Investment Trusts (CITs) as investment options for participants. CITs are tax-exempt, pooled investment vehicles maintained by a bank or trust company exclusively for qualified plans. These trusts combine assets from eligible investors into a single investment portfolio with a specific strategy. The CITs are valued daily at fair market value based on the net asset value (NAV) of the underlying investments. CITs are not actively traded and are generally considered Level 2 assets because their fair value is based on the net asset value (NAV) of the underlying investments, which is considered an indirectly observable input.

**INTERCOS 401(K) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

**C. FAIR VALUE MEASUREMENTS (CONT.)**

The following table sets forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2024 and 2023:

	<u>Fair value</u>	<u>Fair value measurements using Significant other observable inputs (Level 2)</u>
<u>December 31, 2024</u>		
Common/collective trusts	\$ 5,145,335	\$ 5,145,335
Pooled separate accounts	<u>8,488,819</u>	<u>8,488,819</u>
Total	<u>\$ 13,634,154</u>	<u>\$ 13,634,154</u>
<u>December 31, 2023</u>		
Common/collective trusts	631,436	631,436
Pooled separate accounts	<u>\$ 10,898,095</u>	<u>10,898,095</u>
Total	<u>\$ 11,529,531</u>	<u>\$ 11,529,531</u>

**D. INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN**

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by the custodian as of and for the years ended December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Investments at fair value:		
Non-interest bearing cash	\$ 77,559	\$ 34,597
Common/collective trusts	5,145,335	631,436
Pooled separate accounts	8,488,819	10,898,095
Notes receivable from participants	471,579	321,368
Benefit claims payable	<u>(10,095)</u>	<u></u>
Total investments:	<u>\$ 14,173,197</u>	<u>\$ 11,885,496</u>
Investment income for the year		
Net appreciation in fair value of investments	1,525,874	1,330,992
Interest on participant notes	<u>33,729</u>	<u>19,450</u>
Total investment income	<u>\$ 1,559,603</u>	<u>\$ 1,350,442</u>

**INTERCOS 401(K) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

**E. PLAN TERMINATION**

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100 percent vested in their employer contributions.

**F. TAX STATUS**

The Internal Revenue Service has informed the Company by a letter dated June 30, 2020 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the opinion letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believe that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2021.

**G. PARTY-IN-INTEREST TRANSACTIONS**

The Plan issues loans to participants that are secured by participants' account balances. These transactions qualify as party-in-interest transactions, however, they are exempt from the prohibited transaction rules under ERISA.

The Plan engages John Hancock Life Insurance Company of New York as the Plan's recordkeeper and trustee and accordingly invests in funds managed by them. Transactions in such investments qualify as party-in-interest transactions, however, they are exempt from the prohibited transaction rules under ERISA.

The Plan engages MML Insurance Agency LLC as broker for the Plan.

The Plan engages Penserv, Inc. as the third party administrator for the Plan.

**INTERCOS 401(K) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

**G. PARTY-IN-INTEREST TRANSACTIONS (CONT.)**

The Company pays for most of the expenses incurred in the administration of the Plan. Certain fees, to the extent not paid by the Company, are paid by the Plan. These transactions are not deemed prohibited party-in-interest transactions because they are covered by statutory and administrative exemptions from the IRC and ERISA rules on prohibited transactions.

**H. RISKS AND UNCERTAINTIES**

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

**S U P P L E M E N T A L I N F O R M A T I O N**

**INTERCOS 401(K) PLAN**

**(EIN # 13-3646536 PLAN #001)**

**FORM 5500 SCHEDULE H - PART IV - LINE 4A**

**SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS, MATCHING  
CONTRIBUTIONS AND LOAN REPAYMENTS UNDER VOLUNTARY FIDUCIARY  
CORRECTION PROGRAM (VFCP)**

**FOR THE YEAR ENDED DECEMBER 31, 2024**

Participant contributions, matching contributions and loan repayments transferred late to plan	<u>Total that constitute nonexempt prohibited transactions</u>			Total fully corrected under VFCP and PTE 2002-51
	<u>Contributions not corrected</u>	<u>Contributions corrected outside VFCP</u>	<u>Contributions pending correction in VFCP</u>	
For the year ended 12/31/2023	\$ 103,128	\$	\$	\$ 103,128
For the year ended 12/31/2022	\$ 134,543	\$	\$	\$ 134,543

See independent auditor's report.

INTERCOS 401(K) PLAN

(EIN # 13-3646536 PLAN #001)

FORM 5500 SCHEDULE H - PART IV LINE 4I

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

FOR THE YEAR ENDED DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investments, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
		<u>Pooled Separate Accounts</u>		
* 1	American Funds RSLFX	SMALLCAP World Fund 107 units	\$ 11,728	\$ 11,826
* 2	DFA DFEVX	Emerging Markets Value Portfolio 2,878 units	134,107	120,270
* 3	Fidelity FCNTX	ContraFund 1,166 units	439,069	516,875
* 4	Invesco ODVYX	Developing Market 301 units	17,573	13,329
* 5	John Hancock JACEX	Mid Cap Growth 7,901 units	64,242	74,455
* 6	John Hancock JECIX	Mid Cap Index Fund 7,594 units	431,125	423,471
* 7	John Hancock JEMUX	Mid Value Fund 6,869 units	261,680	256,736
* 8	PGIM PEGZX	Jennison Mid Cap Growth 107 units	11,655	12,597
* 9	John Hancock JIREX	Real Est. Securities Fund 1,678 units	59,496	50,151
* 10	Royce RYPNCX	Small-Cap Opportunity 4,169 units	173,177	167,195

See independent auditor's report.

**INTERCOS 401(K) PLAN****(EIN # 13-3646536 PLAN #001)****FORM 5500 SCHEDULE H - PART IV LINE 4I****SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES****FOR THE YEAR ENDED DECEMBER 31, 2024**

<u>(a)</u>	<u>(b)</u>	<u>(c)</u>	<u>(d)</u>	<u>(e)</u>
	<u>Identity of issue, borrower, lessor or similar party</u>	<u>Description of investments, including maturity date, rate of interest, collateral, par or maturity value</u>	<u>Cost</u>	<u>Current value</u>
* 11	John Hancock JESIX	Small Cap Index Fund 1,263 units	\$ 45,379	\$ 41,629
* 12	John Hancock JESVX	Small Cap Value Fund 1,999 units	98,299	91,020
* 13	Sprott SGDLX	Gold Equity Fund 702 units	37,338	38,057
* 14	T. Rowe Price TRNEX	New Era Fund 487 units	25,896	24,514
* 15	T. Rowe Price PRSVX	Sml Cap Val 1,729 units	185,741	196,911
* 16	Vanguard VGELX	Energy Fund 303 units	44,022	43,895
* 17	Vanguard VSGAX	Small Cap Growth Index 1,109 units	106,862	118,315
* 18	John Hancock JFIVX	500 Index Fund 7,467 units	589,897	654,138
* 19	American Funds RWGIX	Capital World Growth & Income 687 units	67,720	72,545
* 20	American Funds RWMEX	Washington Mutual Investors 663 units	75,094	86,697

See independent auditor's report.

**INTERCOS 401(K) PLAN**

**(EIN # 13-3646536 PLAN #001)**

**FORM 5500 SCHEDULE H - PART IV LINE 4I**

**SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES**

**FOR THE YEAR ENDED DECEMBER 31, 2024**

<u>(a)</u>	<u>(b)</u>	<u>(c)</u>	<u>(d)</u>	<u>(e)</u>
	<u>Identity of issue, borrower, lessor or similar party</u>	<u>Description of investments, including maturity date, rate of interest, collateral, par or maturity value</u>	<u>Cost</u>	<u>Current value</u>
* 21	ClearBridge SHRAX	Growth Fund 21 units	\$ 8,198	\$ 8,849
* 22	John Hancock JIEMX	Equity Income Fund 2,278 units	116,121	113,208
* 23	Fidelity FLVIX	Adv Leveraged Co Stk 1,627 units	228,772	247,366
* 24	Franklin MDISX	Mutual Global Discovery 308 units	22,307	20,480
* 25	John Hancock JIEQX	International Equity Index Fund 622 units	17,380	15,893
* 26	Parnassus PRBLX	Core Equity Fund 854 units	101,985	112,648
* 27	John Hancock JETSX	Total Stock Market Index Fund 1,974 units	103,561	117,416
* 28	MFS MMUHX	Utilities Fund 5,564 units	186,293	171,770
* 29	PIMCO PAALX	All Asset 2,785 units	59,513	52,413
* 30	John Hancock JICDX	Core Bond Fund 4,236 units	70,953	65,068

See independent auditor's report.

**INTERCOS 401(K) PLAN**

**(EIN # 13-3646536 PLAN #001)**

**FORM 5500 SCHEDULE H - PART IV LINE 4I**

**SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES**

**FOR THE YEAR ENDED DECEMBER 31, 2024**

<u>(a)</u>	<u>(b)</u>	<u>(c)</u>	<u>(d)</u>	<u>(e)</u>
	<u>Identity of issue, borrower, lessor or similar party</u>	<u>Description of investments, including maturity date, rate of interest, collateral, par or maturity value</u>	<u>Cost</u>	<u>Current value</u>
* 31	Fidelity FEPIX	Advisor Total Bond 18,795 units	\$ 244,997	\$ 253,816
* 32	John Hancock JHNBX	Bond Fund 630 units	11,486	11,877
* 33	John Hancock JTBMX	Total Bond Market Fund 5,571 units	68,650	65,582
* 34	John Hancock JAJWX	Stable Val 419,877 units	531,941	515,068
* 35	John Hancock JRETX	Multimanager 2060 Lifetime Portfolio 2,731 units	61,880	64,214
* 36	John Hancock JLKUX	Multimanager 2055 Lifetime Portfolio 8,273 units	191,752	203,129
* 37	John Hancock JLKOX	Multimanager 2050 Lifetime Portfolio 238 units	6,609	6,821
* 38	John Hancock JLJLOX	Multimanager 2045 Lifetime Portfolio 10,633 units	284,272	299,212
* 39	John Hancock JLIOX	Multimanager 2040 Lifetime Portfolio 1,750 units	45,979	48,019
* 40	John Hancock JLHOX	Multimanager 2035 Lifetime Portfolio 3,512 units	88,639	91,761

See independent auditor's report.

**INTERCOS 401(K) PLAN**

**(EIN # 13-3646536 PLAN #001)**

**FORM 5500 SCHEDULE H - PART IV LINE 4I**

**SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES**

**FOR THE YEAR ENDED DECEMBER 31, 2024**

(a)	(b)	(c)	(d)	(e)
<u>          </u>	<u>Identity of issue, borrower, lessor or similar party</u>	<u>Description of investments, including maturity date, rate of interest, collateral, par or maturity value</u>	<u>Cost</u>	<u>Current value</u>
* 41	John Hancock JLFOX	Multimanager 2030 Lifetime Portfolio 1,573 units	\$ 36,931	\$ 37,854
* 42	John Hancock JLEOX	Multimanager 2025 Lifetime Portfolio 986 units	21,733	21,983
* 43	John Hancock JLDOX	Multimanager 2020 Lifetime Portfolio 50 units	1,028	1,017
* 44	John Hancock JILAX	Multimanager Aggressive Lifestyle Portfolio 3,117 units	115,747	121,932
* 45	John Hancock JILGX	Multimanager Growth Lifestyle Portfolio 42,44 units	1,520,246	1,530,864
* 46	John Hancock JILMX	Multimanager Moderate Lifestyle Portfolio 36,313 units	968,298	897,064
* 47	John Hancock JILCX	Multimanager Conserv Lifestyle Portfolio 17,440 units	394,171	359,480
* 48	John Hancock JELBX	Select Asset Allocation Balanced 230 units	5,135	5,224
*49	John Hancock JELCX	Select Asset Allocation Conservative 874 units	<u>14,783</u>	<u>14,165</u>
		Total Pooled Separate Accounts	\$ 8,409,460	\$ 8,488,819

See independent auditor's report.

**INTERCOS 401(K) PLAN**

**(EIN # 13-3646536 PLAN #001)**

**FORM 5500 SCHEDULE H - PART IV LINE 4I**

**SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES**

**FOR THE YEAR ENDED DECEMBER 31, 2024**

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investments, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
* 50	John Hancock	Lifetime Blend 2065 CIT R2 11,932 units	\$ 130,938	\$ 136,078
* 51	John Hancock	Lifetime Blend 2060 CIT R2 43,149 units	468,590	491,095
* 52	John Hancock	Lifetime Blend 2055 CIT R2 60,113 units	648,319	684,003
* 53	John Hancock	Lifetime Blend 2050 CIT R2 56,926 units	617,077	647,954
* 54	John Hancock	Lifetime Blend 2045 CIT R2 99,441 units	1,064,452	1,117,710
* 55	John Hancock	Lifetime Blend 2040 CIT R2 88,620 units	928,681	968,908
* 56	John Hancock	Lifetime Blend 2035 CIT R2 36,214 units	371,501	385,184
* 58	John Hancock	Lifetime Blend 2030 CIT R2 50,691 units	512,180	526,109
* 58	John Hancock	Lifetime Blend 2025 CIT R2 4,718 units	47,108	47,988
* 59	John Hancock	Lifetime Blend 2020 CIT R2 5,869 units	58,414	59,592
* 60	John Hancock	Lifetime Blend 2010 CIT R2 7,962 units	<u>78,829</u>	<u>80,714</u>
		Total Common / Collective Trusts	\$ 4,926,089	\$ 5,145,335

See independent auditor's report.

**INTERCOS 401(K) PLAN**

**(EIN # 13-3646536 PLAN #001)**

**FORM 5500 SCHEDULE H - PART IV LINE 4I**

**SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES**

**FOR THE YEAR ENDED DECEMBER 31, 2024**

<u>(a)</u>	<u>(b)</u>	<u>(c)</u>	<u>(d)</u>	<u>(e)</u>
	<u>Identity of issue, borrower, lessor or similar party</u>	<u>Description of investments, including maturity date, rate of interest, collateral, par or maturity value</u>	<u>Cost</u>	<u>Current value</u>
61		Cash Account (Forfeitures)	\$ <u>67,729</u>	\$ <u>67,464</u>
* 62	Participants	Notes - interest rates of 4.25% - 9.50%; Maturities from 2025 to 2029; Collateralized by participant account balances		\$ <u>471,579</u>
		Total Assets		\$ <u><u>14,173,197</u></u>

\* Party-in-interest to the Plan

See independent auditor's report.

**Form 5500**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110  
1210-0089

**2024**

**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 (Filers checking this box must provide participating employer information in accordance with the form instructions.)  
 a single-employer plan  a DFE (specify) \_\_\_\_\_
- B** This return/report is:  the first return/report  the final return/report  
 an amended return/report  a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. . . . . ▶
- D** Check box if filing under:  Form 5558  automatic extension  the DFVC program  
 special extension (enter description)
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶

**Part II Basic Plan Information—enter all requested information**

<b>1a</b> Name of plan Intecos 401(k) Plan		<b>1b</b> Three-digit plan number (PN) ▶ 001
		<b>1c</b> Effective date of plan 10/15/2001
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Intecos America, Inc.  200 Route 303 North  Congers, NY 10920		<b>2b</b> Employer Identification Number (EIN) 13-3646536
		<b>2c</b> Plan Sponsor's telephone number (845) 267-3622
		<b>2d</b> Business code (see instructions) 339900

**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.

<b>SIGN HERE</b>	<i>Laura Montemarano</i> <b>SIGN HERE</b>	10/14/25	LAURA MONTEMARANO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)  
v. 240311

**INTERCOS 401(K) PLAN****(EIN # 13-3646536 PLAN #001)****FORM 5500 SCHEDULE H - PART IV LINE 4I****SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES****FOR THE YEAR ENDED DECEMBER 31, 2024**

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investments, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
		<u>Pooled Separate Accounts</u>		
* 1	American Funds RSLFX	SMALLCAP World Fund 107 units	\$ 11,728	\$ 11,826
* 2	DFA DFEVX	Emerging Markets Value Portfolio 2,878 units	134,107	120,270
* 3	Fidelity FCNTX	ContraFund 1,166 units	439,069	516,875
* 4	Invesco ODVYX	Developing Market 301 units	17,573	13,329
* 5	John Hancock JACEX	Mid Cap Growth 7,901 units	64,242	74,455
* 6	John Hancock JECIX	Mid Cap Index Fund 7,594 units	431,125	423,471
* 7	John Hancock JEMUX	Mid Value Fund 6,869 units	261,680	256,736
* 8	PGIM PEGZX	Jennison Mid Cap Growth 107 units	11,655	12,597
* 9	John Hancock JIREX	Real Est. Securities Fund 1,678 units	59,496	50,151
* 10	Royce RYPNCX	Small-Cap Opportunity 4,169 units	173,177	167,195

See independent auditor's report.

**INTERCOS 401(K) PLAN****(EIN # 13-3646536 PLAN #001)****FORM 5500 SCHEDULE H - PART IV LINE 4I****SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES****FOR THE YEAR ENDED DECEMBER 31, 2024**

<u>(a)</u>	<u>(b)</u>	<u>(c)</u>	<u>(d)</u>	<u>(e)</u>
	<u>Identity of issue, borrower, lessor or similar party</u>	<u>Description of investments, including maturity date, rate of interest, collateral, par or maturity value</u>	<u>Cost</u>	<u>Current value</u>
* 11	John Hancock JESIX	Small Cap Index Fund 1,263 units	\$ 45,379	\$ 41,629
* 12	John Hancock JESVX	Small Cap Value Fund 1,999 units	98,299	91,020
* 13	Sprott SGDLX	Gold Equity Fund 702 units	37,338	38,057
* 14	T. Rowe Price TRNEX	New Era Fund 487 units	25,896	24,514
* 15	T. Rowe Price PRSVX	Sml Cap Val 1,729 units	185,741	196,911
* 16	Vanguard VGELX	Energy Fund 303 units	44,022	43,895
* 17	Vanguard VSGAX	Small Cap Growth Index 1,109 units	106,862	118,315
* 18	John Hancock JFIVX	500 Index Fund 7,467 units	589,897	654,138
* 19	American Funds RWGIX	Capital World Growth & Income 687 units	67,720	72,545
* 20	American Funds RWMEX	Washington Mutual Investors 663 units	75,094	86,697

See independent auditor's report.

**INTERCOS 401(K) PLAN****(EIN # 13-3646536 PLAN #001)****FORM 5500 SCHEDULE H - PART IV LINE 4I****SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES****FOR THE YEAR ENDED DECEMBER 31, 2024**

<u>(a)</u>	<u>(b)</u>	<u>(c)</u>	<u>(d)</u>	<u>(e)</u>
	<u>Identity of issue, borrower, lessor or similar party</u>	<u>Description of investments, including maturity date, rate of interest, collateral, par or maturity value</u>	<u>Cost</u>	<u>Current value</u>
* 21	ClearBridge SHRAX	Growth Fund 21 units	\$ 8,198	\$ 8,849
* 22	John Hancock JIEMX	Equity Income Fund 2,278 units	116,121	113,208
* 23	Fidelity FLVIX	Adv Leveraged Co Stk 1,627 units	228,772	247,366
* 24	Franklin MDISX	Mutual Global Discovery 308 units	22,307	20,480
* 25	John Hancock JIEQX	International Equity Index Fund 622 units	17,380	15,893
* 26	Parnassus PRBLX	Core Equity Fund 854 units	101,985	112,648
* 27	John Hancock JETSX	Total Stock Market Index Fund 1,974 units	103,561	117,416
* 28	MFS MMUHX	Utilities Fund 5,564 units	186,293	171,770
* 29	PIMCO PAALX	All Asset 2,785 units	59,513	52,413
* 30	John Hancock JICDX	Core Bond Fund 4,236 units	70,953	65,068

See independent auditor's report.

**INTERCOS 401(K) PLAN****(EIN # 13-3646536 PLAN #001)****FORM 5500 SCHEDULE H - PART IV LINE 4I****SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES****FOR THE YEAR ENDED DECEMBER 31, 2024**

<u>(a)</u>	<u>(b)</u>	<u>(c)</u>	<u>(d)</u>	<u>(e)</u>
	<u>Identity of issue, borrower, lessor or similar party</u>	<u>Description of investments, including maturity date, rate of interest, collateral, par or maturity value</u>	<u>Cost</u>	<u>Current value</u>
* 31	Fidelity FEPIX	Advisor Total Bond 18,795 units	\$ 244,997	\$ 253,816
* 32	John Hancock JHNBX	Bond Fund 630 units	11,486	11,877
* 33	John Hancock JTBMX	Total Bond Market Fund 5,571 units	68,650	65,582
* 34	John Hancock JAJWX	Stable Val 419,877 units	531,941	515,068
* 35	John Hancock JRETX	Multimanager 2060 Lifetime Portfolio 2,731 units	61,880	64,214
* 36	John Hancock JLKUX	Multimanager 2055 Lifetime Portfolio 8,273 units	191,752	203,129
* 37	John Hancock JLKOX	Multimanager 2050 Lifetime Portfolio 238 units	6,609	6,821
* 38	John Hancock JLJLOX	Multimanager 2045 Lifetime Portfolio 10,633 units	284,272	299,212
* 39	John Hancock JLIOX	Multimanager 2040 Lifetime Portfolio 1,750 units	45,979	48,019
* 40	John Hancock JLHOX	Multimanager 2035 Lifetime Portfolio 3,512 units	88,639	91,761

See independent auditor's report.

**INTERCOS 401(K) PLAN**

**(EIN # 13-3646536 PLAN #001)**

**FORM 5500 SCHEDULE H - PART IV LINE 4I**

**SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES**

**FOR THE YEAR ENDED DECEMBER 31, 2024**

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of investments, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value	
* 41	John Hancock JLFOX	Multimanager 2030 Lifetime Portfolio 1,573 units	\$ 36,931	\$ 37,854
* 42	John Hancock JLEOX	Multimanager 2025 Lifetime Portfolio 986 units	21,733	21,983
* 43	John Hancock JLDOX	Multimanager 2020 Lifetime Portfolio 50 units	1,028	1,017
* 44	John Hancock JILAX	Multimanager Aggressive Lifestyle Portfolio 3,117 units	115,747	121,932
* 45	John Hancock JILGX	Multimanager Growth Lifestyle Portfolio 42,44 units	1,520,246	1,530,864
* 46	John Hancock JILMX	Multimanager Moderate Lifestyle Portfolio 36,313 units	968,298	897,064
* 47	John Hancock JILCX	Multimanager Conserv Lifestyle Portfolio 17,440 units	394,171	359,480
* 48	John Hancock JELBX	Select Asset Allocation Balanced 230 units	5,135	5,224
* 49	John Hancock JELCX	Select Asset Allocation Conservative 874 units	<u>14,783</u>	<u>14,165</u>
		Total Pooled Separate Accounts	\$ 8,409,460	\$ 8,488,819

See independent auditor's report.

**INTERCOS 401(K) PLAN**

**(EIN # 13-3646536 PLAN #001)**

**FORM 5500 SCHEDULE H - PART IV LINE 4I**

**SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES**

**FOR THE YEAR ENDED DECEMBER 31, 2024**

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investments, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
* 50	John Hancock	Lifetime Blend 2065 CIT R2 11,932 units	\$ 130,938	\$ 136,078
* 51	John Hancock	Lifetime Blend 2060 CIT R2 43,149 units	468,590	491,095
* 52	John Hancock	Lifetime Blend 2055 CIT R2 60,113 units	648,319	684,003
* 53	John Hancock	Lifetime Blend 2050 CIT R2 56,926 units	617,077	647,954
* 54	John Hancock	Lifetime Blend 2045 CIT R2 99,441 units	1,064,452	1,117,710
* 55	John Hancock	Lifetime Blend 2040 CIT R2 88,620 units	928,681	968,908
* 56	John Hancock	Lifetime Blend 2035 CIT R2 36,214 units	371,501	385,184
* 58	John Hancock	Lifetime Blend 2030 CIT R2 50,691 units	512,180	526,109
* 58	John Hancock	Lifetime Blend 2025 CIT R2 4,718 units	47,108	47,988
* 59	John Hancock	Lifetime Blend 2020 CIT R2 5,869 units	58,414	59,592
* 60	John Hancock	Lifetime Blend 2010 CIT R2 7,962 units	<u>78,829</u>	<u>80,714</u>
		Total Common / Collective Trusts	\$ 4,926,089	\$ 5,145,335

See independent auditor's report.

**INTERCOS 401(K) PLAN**

**(EIN # 13-3646536 PLAN #001)**

**FORM 5500 SCHEDULE H - PART IV LINE 4I**

**SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES**

**FOR THE YEAR ENDED DECEMBER 31, 2024**

<u>(a)</u>	<u>(b)</u>	<u>(c)</u>	<u>(d)</u>	<u>(e)</u>
	<u>Identity of issue, borrower, lessor or similar party</u>	<u>Description of investments, including maturity date, rate of interest, collateral, par or maturity value</u>	<u>Cost</u>	<u>Current value</u>
61		Cash Account (Forfeitures)	\$ <u>67,729</u>	\$ <u>67,464</u>
* 62	Participants	Notes - interest rates of 4.25% - 9.50%; Maturities from 2025 to 2029; Collateralized by participant account balances		\$ <u>471,579</u>
		Total Assets		\$ <u><u>14,173,197</u></u>

\* Party-in-interest to the Plan

See independent auditor's report.