

<p>Form 5500</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>Annual Return/Report of Employee Benefit Plan</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>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2022</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/16/2022</u>	
A	This return/report is for: <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
	<input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____
B	This return/report is: <input type="checkbox"/> the first return/report <input checked="" type="checkbox"/> the final return/report
	<input type="checkbox"/> an amended return/report <input checked="" type="checkbox"/> a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ <input type="checkbox"/>
D	Check box if filing under: <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program
	<input type="checkbox"/> special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ <input type="checkbox"/>

Part II	Basic Plan Information —enter all requested information
<p>1a Name of plan <u>HOVENSIA LEGACY EMPLOYEES' PENSION PLAN</u></p> <p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>HESS CORPORATION</u></p> <p><u>1501 MCKINNEY STREET</u> <u>HOUSTON, TX 77010</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>002</u></p> <p>1c Effective date of plan <u>11/01/1998</u></p> <p>2b Employer Identification Number (EIN) <u>13-4921002</u></p> <p>2c Plan Sponsor's telephone number <u>713-496-5500</u></p> <p>2d Business code (see instructions) <u>324110</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.

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2023	BRENT SCHWARTZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

<p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p style="color: blue;">HESS CORPORATION EMPLOYEE BENEFIT PLANS COMMITTEE</p> <p style="color: blue;">1501 MCKINNEY STREET HOUSTON, TN 77010</p>	<p>3b Administrator's EIN 13-2857739</p> <p>3c Administrator's telephone number 713-496-5500</p>
<p>4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:</p> <p>a Sponsor's name</p> <p>c Plan Name</p>	<p>4b EIN</p> <p>4d PN</p>
<p>5 Total number of participants at the beginning of the plan year</p>	<p>5 920</p>
<p>6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).</p>	
<p>a(1) Total number of active participants at the beginning of the plan year</p>	<p>6a(1) 4</p>
<p>a(2) Total number of active participants at the end of the plan year</p>	<p>6a(2) 0</p>
<p>b Retired or separated participants receiving benefits</p>	<p>6b 0</p>
<p>c Other retired or separated participants entitled to future benefits.....</p>	<p>6c 0</p>
<p>d Subtotal. Add lines 6a(2), 6b, and 6c.....</p>	<p>6d 0</p>
<p>e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.</p>	<p>6e 0</p>
<p>f Total. Add lines 6d and 6e</p>	<p>6f 0</p>
<p>g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....</p>	<p>6g 0</p>
<p>h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....</p>	<p>6h 0</p>
<p>7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)</p>	<p>7</p>
<p>8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1I 1H</p> <p>b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:</p>	
<p>9a Plan funding arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>	<p>9b Plan benefit arrangement (check all that apply)</p> <p>(1) <input checked="" type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>
<p>10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)</p>	
<p>a Pension Schedules</p> <p>(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information – Small Plan)</p> <p>(3) <input checked="" type="checkbox"/> ¹ A (Insurance Information)</p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>

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 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning **01/01/2022** and ending **12/16/2022**

A Name of plan HOVENSA LEGACY EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 HESS CORPORATION	D Employer Identification Number (EIN) 13-4921002

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
MASSACHUSETTS MUTUAL LIFE INSURANCE

(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
04-1590850	65935	TFO 45245	767	05/18/2022	12/31/2022

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
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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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ **APPLICABLE MORTALITY TABLE & INTEREST RATE DETERMINED BY INS. CO**

b Premiums paid to carrier	6b	79908557
c Premiums due but unpaid at the end of the year	6c	0
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount..... Specify nature of costs ▶	6d	

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

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

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

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

b Balance at the end of the previous year **7b**

c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits.....	7c(2)		
(3) Interest credited during the year.....	7c(3)		
(4) Transferred from separate account.....	7c(4)		
(5) Other (specify below)	7c(5)		

(6) Total additions..... **7c(6)** 0

d Total of balance and additions (add lines **7b** and **7c(6)**)..... **7d** 0

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(2) Administration charge made by carrier.....	7e(2)		
(3) Transferred to separate account.....	7e(3)		
(4) Other (specify below)	7e(4)		

(5) Total deductions..... **7e(5)** 0

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 0

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

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	
10 Nonexperience-rated contracts:			
a Total premiums or subscription charges paid to carrier		10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.		10b	

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/16/2022

A Name of plan <u>HOVENSA LEGACY EMPLOYEES' PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HESS CORPORATION</u>	D Employer Identification Number (EIN) <u>13-4921002</u>	

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

NORTHERN TRUST CORPORATION

36-2723087

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

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

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

GROOM LAW GROUP

52-1219029

(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?
29 50	NONE	270714	Yes <input type="checkbox"/> No <input checked="" 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)

WILLIS TOWERS WATSON

53-0181291

(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?
17 50 51	NONE	265979	Yes <input type="checkbox"/> No <input checked="" 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)

MERCER

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50 70	NONE	174200	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

FID INV INST OPS CO

04-2647786

(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?
17 16 50	NONE	102975	Yes <input type="checkbox"/> No <input checked="" 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)

NORTHERN TRUST COMPANY

36-1561860

(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?
21 50 62	NONE	61624	Yes <input type="checkbox"/> No <input checked="" 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)

DEMARCHE ASSOC.

43-1493130

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50 70	NONE	9000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

BLACKROCK FINANCIAL

13-3806691

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	6612	Yes <input type="checkbox"/> No <input checked="" 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"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<p style="text-align: center;">SCHEDULE D (Form 5500)</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>	<p>DFE/Participating Plan Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p>	<p style="font-size: x-small;">OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2022</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/16/2022</u>		
A Name of plan <u>HOVENSA LEGACY EMPLOYEES' PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>HESS CORPORATION</u>	D Employer Identification Number (EIN) <u>13-4921002</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>NTGI COLLECTIVE GOVERNMENT STIF</u>	
b Name of sponsor of entity listed in (a):	<u>NORTHERN TRUST INVESTMENTS, N.A.</u>	
c EIN-PN <u>45-6138589-068</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>LONG TERM GOV/CREDIT BOND INDEX FUN</u>	
b Name of sponsor of entity listed in (a):	<u>BLACKROCK INSTITUTIONAL TRUST CO. N.A.</u>	
c EIN-PN <u>94-3289737-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**SCHEDULE H
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning **01/01/2022** and ending **12/16/2022**

A Name of plan HOVENSA LEGACY EMPLOYEES' PENSION PLAN		B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 HESS CORPORATION		D Employer Identification Number (EIN) 13-4921002	

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests.....	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	139497491	0
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	139497491	0
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	243721	0
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	243721	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	139253770	0

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	624361	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-9178586
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-11435007
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-19989232
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	22578021	
(2) To insurance carriers for the provision of benefits	2e(2)	79908557	
(3) Other	2e(3)	949648	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		103436226
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	854557	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees	2i(3)	15612	
(4) Other	2i(4)	68213	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		938382
j Total expenses. Add all expense amounts in column (b) and enter total	2j		104374608
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-124363840
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan.....	2l(2)		14889930

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: ERNST & YOUNG

(2) EIN: 34-6565596

d The opinion of an independent qualified public accountant is **not attached** because:

(1) This form is filed for a CCT, PSA, 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.

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.)

	Yes	No	Amount
4a		X	

		Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....	4d		X	
e Was this plan covered by a fidelity bond?.....	4e	X		100000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	4i		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k	X		
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... Yes No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
HESS CORPORATION EMPLOYEES' PENSION PLAN	13-4921002	333

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 475500.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/16/2022

A Name of plan <u>HOVENSA LEGACY EMPLOYEES' PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HESS CORPORATION</u>	D Employer Identification Number (EIN) <u>13-4921002</u>	

Part I	Distributions
---------------	----------------------

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

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

1	0
---	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 36-1561860

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

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

3	151
---	-----

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
 0-3 years 3-6 years 6-9 years 9-12 years 12-15 years 15-18 years 18-21 years 21 years or more

c What duration measure was used to calculate line 19(b)?
 Effective duration Macaulay duration Modified duration Other (specify): _____

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 _____

HOVENSA Legacy Employees' Pension Plan

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

As of December 16, 2022 and December 31, 2021, and for the period from January 1, 2022 to December 16, 2022
With Report of Independent Auditors

HOVENSA Legacy Employees' Pension Plan

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

As of December 16, 2022 and December 31, 2021,
and for the period from January 1, 2022 to December 16, 2022

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Report of Independent Auditors

Hess Corporation Employee Benefit Plans Committee and
Participants in the HOVENSA Legacy Employees' Pension Plan Opinion

Opinion

We have audited the financial statements of HOVENSA Legacy Employees' Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 16, 2022 (in liquidation) and December 31, 2021 (in liquidation), and the related statement of changes in net assets available for benefits in liquidation for the period from January 1, 2022 to December 16, 2022, and the related notes (collectively referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan at December 16, 2022 (in liquidation) and December 31, 2021 (in liquidation), and the changes in its net assets available for benefits in liquidation for the period from January 1, 2022 to December 16, 2022, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Adoption of Liquidation Basis of Accounting

As discussed in Note 1 to the financial statements, the governing body of the Plan approved a plan of liquidation on November 4, 2020, and management determined liquidation is imminent as of December 31, 2021. As a result, the Plan changed its basis of accounting for the year ended 2021 from the going concern basis to a liquidation basis and the liquidation basis of accounting is presented for the period from January 1, 2022 to December 16, 2022. Our opinion is not modified with respect to this matter.



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Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Management 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

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.

In performing an audit in accordance with GAAS, we:

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



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

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion of the financial statements as a whole. The supplemental schedule of reportable transactions for the period from January 1, 2022 to December 16, 2022 (referred to as the “supplemental schedule”), is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the supplemental schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.

Ernst + Young LLP

October 12, 2023

HOVENSA Legacy Employees' Pension Plan
Statements of Net Assets Available for Benefits (in Liquidation)
December 16, 2022 and December 31, 2021

	2022	2021
Assets:		
Investments:		
Commingled funds	\$ —	\$ 123,870,037
Short-term securities	—	15,627,454
Total investments	—	139,497,491
Receivables:		
Accrued investment income to be earned through liquidation	—	702,666
Total Assets	—	140,200,157
Liabilities:		
Accrued administrative fees	—	(243,721)
Accrued expenses to be incurred through liquidation	—	(760,295)
Accumulated benefits to be paid upon liquidation	—	(106,148,356)
Depreciation in fair value of investments realized in liquidation	—	(20,811,301)
Total Liabilities	—	(127,963,673)
Net Assets Available for Benefits (in Liquidation)	\$ —	\$ 12,236,484

See accompanying notes to financial statements.

HOVENSA Legacy Employees' Pension Plan
Statement of Changes in Net Assets Available for Benefits (in Liquidation)
Period from January 1, 2022 to December 16, 2022

Additions:

Investment income	
Net appreciation (depreciation) in fair value of investments	\$ —
Interest	119,403
Total investment income	<u>119,403</u>
Contributions	
Company contributions	—
Single premium annuity contract refund and benefit payment redeposits	2,712,130
Total Additions	<u><u>2,831,533</u></u>

Deductions:

Administrative fees	(178,087)
Total Deductions	<u>(178,087)</u>
Transfer to the Hess Corporation Employees' Pension Plan	(14,889,930)
Decrease in net assets available for benefits (in liquidation)	(12,236,484)
Net assets available for benefits (in liquidation) at beginning of year	<u>12,236,484</u>
Net assets available for benefits (in liquidation) at the end of the period	<u><u>\$ —</u></u>

See accompanying notes to financial statements.

HOVENSA Legacy Employees' Pension Plan

Notes to Financial Statements

1. Description of Plan

The following description of the HOVENSA Legacy Employees' Pension Plan, (the "Plan") is provided for general information only. For more detailed information, participants should refer to the summary plan description or contact the Hess Corporation Human Resources Department.

The Plan is a non-contributory defined benefit pension plan covering former employees of HOVENSA L.L.C. (the "Company") which was a joint venture between Hess Corporation ("Hess") and Petroleos de Venezuela, S.A., that was sold in January 2016. Previously, certain employees of the Company had been participants of the Hess Corporation Employees' Pension Plan (the "Hess Plan"). Vested employees who were participants of the Hess Plan as of November 1, 1998, are eligible to receive pensions from both the Hess Plan and the Plan. Credited service accumulated through October 31, 1998 remains frozen in the Hess Plan while credited service earned after October 31, 1998 through February 17, 2016 accumulated in the Plan.

Effective February 17, 2016, the Plan was amended to replace the Company with Hess as the Plan sponsor, and for Hess to assume all rights, liabilities and obligations associated with the Plan as the new Plan sponsor. Additionally, the name of the plan was changed from HOVENSA Employees' Pension Plan to HOVENSA Legacy Employees' Pension Plan. The Plan was frozen as of February 17, 2016 (the "Freeze Date"), and on and after that date, no further benefits accrue. Credited service and pay increases shall not include any period on or after the Freeze Date. Additionally, no individual who becomes an employee on or after the Freeze Date shall be eligible to become a member of the Plan.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Northern Trust Company ("Trustee") is the Plan's trustee and Fidelity Workplace Services LLC is the Plan's recordkeeper.

A small group of participants (who have prior frozen credited service under the Plan but are also actively employed at Hess), accrued eligibility service towards early retirement eligibility under the Plan. While the benefits for these participants are fully vested, eligibility for early retirement subsidies will depend on each participant's age and eligibility service when they terminate employment with Hess.

Administrative costs, including premium payments to the Pension Benefit Guaranty Corporation (PBGC), and payments to the Plan Trustee, actuary and investment managers are made from Plan assets.

Generally, employees in the Plan are entitled to annual pension benefits beginning at normal retirement age (65) based on 1.6% of their final average compensation for each year of credited service. Final average compensation is defined as the average of the three calendar years with the highest compensation during the 10 calendar years prior to retirement, provided that the applicable 10 calendar years shall include the calendar year containing the retirement date and the nine full calendar years immediately preceding such calendar year. The amount calculated is reduced by 1.5% of the annual primary Social Security amount at the time of retirement for each year of credited service, subject to a maximum reduction of 50% of such annual primary Social Security amount. The Plan permits reduced early retirement benefits commencing at age 55 for employees who have completed 10 or more years of service. Also, full retirement benefits at age 60 are available to employees who terminate from active service at or after age 55 with 10 or more years of service. Employees may elect optional forms of pension benefits that are actuarially equivalent to the normal form of benefit.

Plan Termination: Hess Corporation has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. On November 4, 2020, the Board of Directors of Hess Corporation approved a resolution to terminate the Plan, effective as of March 31, 2021. A Notice of Intent to Terminate was distributed to all Plan participants in January 2021, and the Plan's Standard Termination Notice (PBGC Form 500) was filed with the PBGC in September 2021.

Accumulated plan benefits were settled via lump sum payments to certain electing participants in April 2022 totaling \$20.0 million, and the purchase of a single premium annuity contract for \$81.8 million in May 2022. The purchase of the single premium annuity contract represents an irrevocable transfer of all obligations associated with the covered participants from the Plan to the insurance company, effective as of August 1, 2022. The Plan was responsible for paying monthly benefits to the covered participants through July 2022. On December 16, 2022, the residual assets in the Plan of \$14.9 million, representing the assets remaining after the settlement of all accumulated plan benefits and administrative expenses, were transferred to the Hess Corporation Employees' Pension Plan, a "qualified replacement plan" within the meaning of Section 4980(d)(2) of the Internal Revenue Code.

Parties-In-Interest: The Plan held investments managed by the Trustee for the Plan. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transaction rules under ERISA.

HOVENSA Legacy Employees' Pension Plan

Notes to Financial Statements (Continued)

2. Summary of Significant Accounting Policies

Basis of Accounting: The accompanying financial statements for the Plan have been prepared in conformity with accounting principles generally accepted in the United States of America. On November 4, 2020, the Board of Directors of Hess Corporation approved a resolution to terminate the Plan, effective as of March 31, 2021. As liquidation of the Plan was imminent at December 31, 2021, the liquidation basis of accounting has been used when preparing the financial statements as of December 16, 2022 and December 31, 2021, and for the period from January 1, 2022 to December 16, 2022. The liquidation basis of accounting requires the accrual of expenses expected to be incurred, and of net investment income/(loss) expected to be realized from plan assets, from the reporting date through the completion of liquidation if there is a reasonable basis for estimation. The net assets at December 31, 2021 reported on the Form 5500 of \$139,253,770 are different from the net assets available for benefits of \$12,236,484 due to the financial statements reflecting these liquidation items.

Valuation of Investments: The Plan's investments are stated at fair value in accordance with the provisions of the accounting standard on fair value measurements (*Accounting Standards Codification Topic (ASC) 820 – Fair Value Measurements and Disclosures*). As permitted under this accounting standard, the Plan estimates the fair value of applicable alternative investments using the unadjusted net asset value per share (or its equivalent) as of the measurement date. Net asset value per share is calculated in accordance with the reporting principles and guidelines established for investment assets held by investment companies. See *Note 3. Fair Value Measurements* for further disclosure.

Investment Income: Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned. Dividends are recorded on the ex-dividend date. Net appreciation/depreciation in the fair value of investments includes gains and losses realized on investments sold, as well as changes in the fair value of investments held during the year. Gains or losses on sales of mutual funds in the Plan are based on the average cost of the fund sold.

Single Premium Annuity Contract Refund and Benefit Payment Redeposits: The Plan received a refund of \$1.9 million on November 16, 2022 as a result of updates to the participant data used to derive the original premium for the single premium annuity contract. The Plan received benefit payment redeposits of \$0.8 million subsequent to August 2022 related to checks that remained uncashed following reasonably diligent efforts by the Plan's recordkeeper to contact the payees. Participants whose uncashed checks were redeposited with the Plan may request payment from the PBGC.

Actuarial Present Value of Accumulated Plan Benefits: Accumulated plan benefits are those estimated future periodic payments that are attributable to service that both vested and nonvested employees have rendered through the valuation date (December 31). Such benefits include amounts expected to be paid to retired or terminated employees or their beneficiaries, and beneficiaries of employees who have died, including disability benefits.

As the liquidation basis of accounting has been used when preparing the financial statements as of December 31, 2021, and as all accumulated plan benefits have been settled in 2022, a determination of the actuarial present value of accumulated plan benefits at December 31, 2021 was based on the cash settlement value, discounted to December 31, 2021 using an assumed discount rate of 0.35%. The actuarial present value of accumulated plan benefits at December 31, 2021 was \$104.4 million. The cash settlement value of accumulated plan benefits at December 31, 2021 of \$106.1 million reflects lump sum payments totaling \$20.0 million made to certain participants in April 2022, the purchase of a single premium annuity contract for \$81.8 million in May 2022, and benefit payments to retirees or their beneficiaries totaling \$4.3 million during 2022, which includes \$0.9 million paid to the PBGC for missing participants.

Payment of Benefits: Benefit payments to participants are recorded when paid.

Estimates and Assumptions: In preparing financial statements, management makes estimates and assumptions that affect the amounts reported in the financial statements, accompanying notes, and supplemental schedules. Actual results could differ from those estimates.

Subsequent Events: Subsequent events have been evaluated through October 12, 2023, the date the financial statements were available to be issued.

HOVENSA Legacy Employees' Pension Plan
Notes to Financial Statements (Continued)

3. Fair Value Measurements

The Plan determines fair value in accordance with the fair value measurements accounting standard (*ASC 820: Fair Value Measurements and Disclosures*), which established a hierarchy that categorizes the sources of inputs used to measure fair value, which generally range from quoted prices for identical instruments in a principal trading market (Level 1) to estimates determined using related market data (Level 3). Measurements derived indirectly from observable inputs or from quoted prices from markets that are less liquid are considered Level 2. Certain investments are valued using the net asset value practical expedient as determined by the issuer. These investments are not required to be categorized by level within the hierarchy table, but instead are shown as a reconciling item to the total investments reported on the statements of net assets available for benefits.

The following table provides the fair value of the Plan's financial assets in accordance with the fair value measurement hierarchy described above as of December 31, 2021:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>NAV</u>	<u>Total</u>
December 31, 2021					
Commingled funds	\$ —	\$ —	\$ —	\$ 123,870,037	\$ 123,870,037
Short-term securities	—	—	—	15,627,454	15,627,454
Total investments	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ 139,497,491</u>	<u>\$ 139,497,491</u>

The Plan's investments in the commingled fund and short-term securities were valued using the net asset value practical expedient and were not categorized by level within the fair value hierarchy.

The Plan's investment in commingled funds consists of an interest in a collective trust. The net asset value is priced daily and is used as the basis for daily redemptions, but is not published and available to the public. The fund is an index fund that seeks investment results that correspond generally to the price and yield performance of the Bloomberg Barclays U.S. Long Government/Credit Bond Index.

The investments in short-term securities consist of short-term registered investment funds whose principal holdings are obligations of the U.S. Government, its agencies or instrumentalities, and related money market instruments. Short-term securities provide for daily purchases and redemptions and are valued and carried at a \$1 net asset value per share.

4. Funding Policy

The Plan was terminated, effective as of March 31, 2021. The termination was performed in accordance with the applicable requirements of ERISA. No additional contributions from Hess Corporation were necessary in 2022 to settle all accumulated plan benefits or to fund Plan administrative expenses.

5. Tax Status

The Plan has received a determination letter from the IRS dated November 6, 2015, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and therefore, the related trust is exempt from taxation. Additionally, the Plan received a determination letter dated November 18, 2021 confirming the qualified status of the Plan upon its termination. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code, and therefore believes that the Plan, as amended, is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States require plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by regulatory authorities, and on December 1, 2021, the IRS initiated an examination of the Plan for the Plan Year ended December 31, 2019. On December 14, 2022, the IRS completed and closed its examination of the Plan with no adverse findings. There are currently no audits for any tax periods in progress.

Supplemental Schedules

HOVENSA Legacy Employees' Pension Plan
EIN #98-0191354 Plan 001

Schedule H, Line 4j – Schedule of Reportable Transactions
For the Period January 1, 2022 to December 16, 2022

During the period from January 1, 2022 to December 16, 2022 there were no non-exempt party-in-interest transactions, loans, obligations or leases involved in the plan.

Transactions during the period from January 1, 2022 to December 16, 2022 in excess of 5% of the fair value of the plan assets at the beginning of the year were as follows:

<u>Identity of Party Involved</u>	<u>Description of Asset</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Expenses Incurred with Transaction</u>	<u>Cost of Asset</u>	<u>Value on Transaction Date</u>	<u>Net Gain or (Loss)</u>
<u>Single Transactions</u>							
Acquisitions:							
iShares by Blackrock	MFC ISHARES TR IBOXX USD INVT GRADE CORPBD ETF (1 Transaction)	\$ 14,999,919	\$ —	\$ —	\$ 14,999,919	\$ 14,999,919	\$ —
iShares by Blackrock	MFC ISHARES TR IBOXX USD INVT GRADE CORPBD ETF (1 Transaction)	\$ 14,999,934	\$ —	\$ —	\$ 14,999,934	\$ 14,999,934	\$ —
iShares by Blackrock	MFC ISHARES TR IBOXX USD INVT GRADE CORPBD ETF (1 Transaction)	\$ 14,999,913	\$ —	\$ —	\$ 14,999,913	\$ 14,999,913	\$ —
iShares by Blackrock	MFC ISHARES TR IBOXX USD INVT GRADE CORPBD ETF (1 Transaction)	\$ 14,999,970	\$ —	\$ —	\$ 14,999,970	\$ 14,999,970	\$ —
iShares by Blackrock	MFC ISHARES TR IBOXX USD INVT GRADE CORPBD ETF (1 Transaction)	\$ 14,999,994	\$ —	\$ —	\$ 14,999,994	\$ 14,999,994	\$ —
iShares by Blackrock	MFC ISHARES TR IBOXX USD INVT GRADE CORPBD ETF (1 Transaction)	\$ 14,999,974	\$ —	\$ —	\$ 14,999,974	\$ 14,999,974	\$ —
Northern Trust	NT COLLECTIVE GOVT SHORT TERM INVT FD (1 Transaction)	\$ 16,493,743	\$ —	\$ —	\$ 16,493,743	\$ 16,493,743	\$ —
Northern Trust	NT COLLECTIVE GOVT SHORT TERM INVT FD (1 Transaction)	\$ 78,564,697	\$ —	\$ —	\$ 78,564,697	\$ 78,564,697	\$ —
Northern Trust	NT COLLECTIVE GOVT SHORT TERM INVT FD (1 Transaction)	\$ 13,465,211	\$ —	\$ —	\$ 13,465,211	\$ 13,465,211	\$ —

HOVENSA Legacy Employees' Pension Plan
EIN #98-0191354 Plan 001

Schedule H, Line 4j – Schedule of Reportable Transactions
For the Period January 1, 2022 to December 16, 2022

<u>Identity of Party Involved</u>	<u>Description of Asset</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Expenses Incurred with</u>	<u>Cost of Asset</u>	<u>Value on Transaction Date</u>	<u>Net Gain or (Loss)</u>
<u>Single Transactions</u>							
Dispositions:							
Blackrock, Inc	CF BLACKROCK LONG TERM GOVERNMENT/CREDIT BOND INDEX FUND (1 Transaction)	\$ —	\$ 20,000,000	\$ —	\$ 15,780,253	\$ 20,000,000	\$ 4,219,747
Blackrock, Inc	CF BLACKROCK LONG TERM GOVERNMENT/CREDIT BOND INDEX FUND (1 Transaction)	\$ —	\$ 15,000,000	\$ —	\$ 11,923,298	\$ 15,000,000	\$ 3,076,702
Blackrock, Inc	CF BLACKROCK LONG TERM GOVERNMENT/CREDIT BOND INDEX FUND (1 Transaction)	\$ —	\$ 15,000,000	\$ —	\$ 11,822,898	\$ 15,000,000	\$ 3,177,102
Blackrock, Inc	CF BLACKROCK LONG TERM GOVERNMENT/CREDIT BOND INDEX FUND (1 Transaction)	\$ —	\$ 15,000,000	\$ —	\$ 11,879,606	\$ 15,000,000	\$ 3,120,394
Blackrock, Inc	CF BLACKROCK LONG TERM GOVERNMENT/CREDIT BOND INDEX FUND (1 Transaction)	\$ —	\$ 15,000,000	\$ —	\$ 11,841,989	\$ 15,000,000	\$ 3,158,011
Blackrock, Inc	CF BLACKROCK LONG TERM GOVERNMENT/CREDIT BOND INDEX FUND (1 Transaction)	\$ —	\$ 15,000,000	\$ —	\$ 11,938,401	\$ 15,000,000	\$ 3,061,599
Blackrock, Inc	CF BLACKROCK LONG TERM GOVERNMENT/CREDIT BOND INDEX FUND (1 Transaction)	\$ —	\$ 16,493,743	\$ —	\$ 15,715,451	\$ 16,493,743	\$ 778,292
iShares by Blackrock	MFC ISHARES TR IBOXX USD INVT GRADE CORPBD ETF (1 Transaction)	\$ —	\$ 78,564,697	\$ —	\$ 89,999,705	\$ 78,564,697	\$ (11,435,007)
Northern Trust	NT COLLECTIVE GOVT SHORT TERM INVT FD (1 Transaction)	\$ —	\$ 80,439,356	\$ —	\$ 80,439,356	\$ 80,439,356	\$ —
Northern Trust	NT COLLECTIVE GOVT SHORT TERM INVT FD (1 Transaction)	\$ —	\$ 14,512,570	\$ —	\$ 14,512,570	\$ 14,512,570	\$ —
Northern Trust	NT COLLECTIVE GOVT SHORT TERM INVT FD (1 Transaction)	\$ —	\$ 15,149,374	\$ —	\$ 15,149,374	\$ 15,149,374	\$ —
Northern Trust	NTGI COLTV GOVT STIF REGISTERED (1 Transaction)	\$ —	\$ 19,446,749	\$ —	\$ 19,446,749	\$ 19,446,749	\$ —

HOVENSA Legacy Employees' Pension Plan
EIN #98-0191354 Plan 001

Schedule H, Line 4j – Schedule of Reportable Transactions
For the Period January 1, 2022 to December 16, 2022

<u>Identity of Party Involved</u>	<u>Description of Asset</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Expenses Incurred with</u>	<u>Cost of Asset</u>	<u>Value on Transaction Date</u>	<u>Net Gain or (Loss)</u>
<u>Series of Transactions</u>							
Acquisitions:							
iShares by Blackrock	MFC ISHARES TR IBOXX USD INVT GRADE CORPBD ETF (6 Transactions)	\$ 89,999,705	\$ —	\$ —	\$ 89,999,705	\$ 89,999,705	\$ —
Northern Trust	NT COLLECTIVE GOVT SHORT TERM INVT FD (24 Transactions)	\$113,120,511	\$ —	\$ —	\$113,120,511	\$113,120,511	\$ —
Northern Trust	NTGI COLTV GOVT STIF REGISTERED (17 Transactions)	\$ 8,591,299	\$ —	\$ —	\$ 8,591,299	\$ 8,591,299	\$ —
Dispositions:							
Blackrock, Inc	CF BLACKROCK LONG TERM GOVERNMENT/ CREDIT BOND INDEX FUND (8 Transactions)	\$ —	\$114,493,743	\$ —	\$ 93,507,400	\$114,493,743	\$ 20,986,343
Northern Trust	NT COLLECTIVE GOVT SHORT TERM INVT FD (14 Transactions)	\$ —	\$113,120,511	\$ —	\$113,120,511	\$113,120,511	\$ —
Northern Trust	NTGI COLTV GOVT STIF REGISTERED (10 Transactions)	\$ —	\$ 24,218,752	\$ —	\$ 24,218,752	\$ 24,218,752	\$ —

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During the period from January 1, 2022 to December 16, 2022 there were no non-exempt party-in-interest transactions, loans, obligations or leases involved in the plan.

Transactions during the period from January 1, 2022 to December 16, 2022 in excess of 5% of the fair value of the plan assets at the beginning of the year were as follows:

<u>Identity of Party Involved</u>	<u>Description of Asset</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Expenses Incurred with Transaction</u>	<u>Cost of Asset</u>	<u>Value on Transaction Date</u>	<u>Net Gain or (Loss)</u>
<u>Single Transactions</u>							
Acquisitions:							
iShares by Blackrock	MFC ISHARES TR IBOXX USD INVT GRADE CORPBD ETF (1 Transaction)	\$ 14,999,919	\$ —	\$ —	\$ 14,999,919	\$ 14,999,919	\$ —
iShares by Blackrock	MFC ISHARES TR IBOXX USD INVT GRADE CORPBD ETF (1 Transaction)	\$ 14,999,934	\$ —	\$ —	\$ 14,999,934	\$ 14,999,934	\$ —
iShares by Blackrock	MFC ISHARES TR IBOXX USD INVT GRADE CORPBD ETF (1 Transaction)	\$ 14,999,913	\$ —	\$ —	\$ 14,999,913	\$ 14,999,913	\$ —
iShares by Blackrock	MFC ISHARES TR IBOXX USD INVT GRADE CORPBD ETF (1 Transaction)	\$ 14,999,970	\$ —	\$ —	\$ 14,999,970	\$ 14,999,970	\$ —
iShares by Blackrock	MFC ISHARES TR IBOXX USD INVT GRADE CORPBD ETF (1 Transaction)	\$ 14,999,994	\$ —	\$ —	\$ 14,999,994	\$ 14,999,994	\$ —
iShares by Blackrock	MFC ISHARES TR IBOXX USD INVT GRADE CORPBD ETF (1 Transaction)	\$ 14,999,974	\$ —	\$ —	\$ 14,999,974	\$ 14,999,974	\$ —
Northern Trust	NT COLLECTIVE GOVT SHORT TERM INVT FD (1 Transaction)	\$ 16,493,743	\$ —	\$ —	\$ 16,493,743	\$ 16,493,743	\$ —
Northern Trust	NT COLLECTIVE GOVT SHORT TERM INVT FD (1 Transaction)	\$ 78,564,697	\$ —	\$ —	\$ 78,564,697	\$ 78,564,697	\$ —
Northern Trust	NT COLLECTIVE GOVT SHORT TERM INVT FD (1 Transaction)	\$ 13,465,211	\$ —	\$ —	\$ 13,465,211	\$ 13,465,211	\$ —

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<u>Identity of Party Involved</u>	<u>Description of Asset</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Expenses Incurred with</u>	<u>Cost of Asset</u>	<u>Value on Transaction Date</u>	<u>Net Gain or (Loss)</u>
<u>Single Transactions</u>							
Dispositions:							
Blackrock, Inc	CF BLACKROCK LONG TERM GOVERNMENT/CREDIT BOND INDEX FUND (1 Transaction)	\$ —	\$ 20,000,000	\$ —	\$ 15,780,253	\$ 20,000,000	\$ 4,219,747
Blackrock, Inc	CF BLACKROCK LONG TERM GOVERNMENT/CREDIT BOND INDEX FUND (1 Transaction)	\$ —	\$ 15,000,000	\$ —	\$ 11,923,298	\$ 15,000,000	\$ 3,076,702
Blackrock, Inc	CF BLACKROCK LONG TERM GOVERNMENT/CREDIT BOND INDEX FUND (1 Transaction)	\$ —	\$ 15,000,000	\$ —	\$ 11,822,898	\$ 15,000,000	\$ 3,177,102
Blackrock, Inc	CF BLACKROCK LONG TERM GOVERNMENT/CREDIT BOND INDEX FUND (1 Transaction)	\$ —	\$ 15,000,000	\$ —	\$ 11,879,606	\$ 15,000,000	\$ 3,120,394
Blackrock, Inc	CF BLACKROCK LONG TERM GOVERNMENT/CREDIT BOND INDEX FUND (1 Transaction)	\$ —	\$ 15,000,000	\$ —	\$ 11,841,989	\$ 15,000,000	\$ 3,158,011
Blackrock, Inc	CF BLACKROCK LONG TERM GOVERNMENT/CREDIT BOND INDEX FUND (1 Transaction)	\$ —	\$ 15,000,000	\$ —	\$ 11,938,401	\$ 15,000,000	\$ 3,061,599
Blackrock, Inc	CF BLACKROCK LONG TERM GOVERNMENT/CREDIT BOND INDEX FUND (1 Transaction)	\$ —	\$ 16,493,743	\$ —	\$ 15,715,451	\$ 16,493,743	\$ 778,292
iShares by Blackrock	MFC ISHARES TR IBOXX USD INVT GRADE CORPBD ETF (1 Transaction)	\$ —	\$ 78,564,697	\$ —	\$ 89,999,705	\$ 78,564,697	\$ (11,435,007)
Northern Trust	NT COLLECTIVE GOVT SHORT TERM INVT FD (1 Transaction)	\$ —	\$ 80,439,356	\$ —	\$ 80,439,356	\$ 80,439,356	\$ —
Northern Trust	NT COLLECTIVE GOVT SHORT TERM INVT FD (1 Transaction)	\$ —	\$ 14,512,570	\$ —	\$ 14,512,570	\$ 14,512,570	\$ —
Northern Trust	NT COLLECTIVE GOVT SHORT TERM INVT FD (1 Transaction)	\$ —	\$ 15,149,374	\$ —	\$ 15,149,374	\$ 15,149,374	\$ —
Northern Trust	NTGI COLTV GOVT STIF REGISTERED (1 Transaction)	\$ —	\$ 19,446,749	\$ —	\$ 19,446,749	\$ 19,446,749	\$ —

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<u>Series of Transactions</u>							
Acquisitions:							
iShares by Blackrock	MFC ISHARES TR IBOXX USD INVT GRADE CORPBD ETF (6 Transactions)	\$ 89,999,705	\$ —	\$ —	\$ 89,999,705	\$ 89,999,705	\$ —
Northern Trust	NT COLLECTIVE GOVT SHORT TERM INVT FD (24 Transactions)	\$113,120,511	\$ —	\$ —	\$113,120,511	\$113,120,511	\$ —
Northern Trust	NTGI COLTV GOVT STIF REGISTERED (17 Transactions)	\$ 8,591,299	\$ —	\$ —	\$ 8,591,299	\$ 8,591,299	\$ —
Dispositions:							
Blackrock, Inc	CF BLACKROCK LONG TERM GOVERNMENT/ CREDIT BOND INDEX FUND (8 Transactions)	\$ —	\$114,493,743	\$ —	\$ 93,507,400	\$114,493,743	\$ 20,986,343
Northern Trust	NT COLLECTIVE GOVT SHORT TERM INVT FD (14 Transactions)	\$ —	\$113,120,511	\$ —	\$113,120,511	\$113,120,511	\$ —
Northern Trust	NTGI COLTV GOVT STIF REGISTERED (10 Transactions)	\$ —	\$ 24,218,752	\$ —	\$ 24,218,752	\$ 24,218,752	\$ —