

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <h2 style="text-align: center;">2024</h2> This Form is Open to Public Inspection
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description) _____

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

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>ALYESKA PIPELINE SERVICE COMPANY PENSION PLAN FOR OPERATING COMPANY EMPLOYEES</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ALYESKA PIPELINE SERVICE COMPANY</u> <u>ATTN ERIC MCGHEE</u> <u>3700 CENTERPOINT DRIVE</u> <u>P.O. BOX 196660 MS536</u> <u>ANCHORAGE, AK 99503</u>	1c Effective date of plan <u>01/01/1976</u> 2b Employer Identification Number (EIN) <u>92-0039154</u> 2c Plan Sponsor's telephone number <u>907-787-8457</u> 2d Business code (see instructions) <u>486000</u>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	07/29/2025	ERIC MCGHEE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1121
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	668
	6a(2)	671
	6b	162
	6c	266
	6d	1099
	6e	35
	6f	1134
	6g(1)	
	6g(2)	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A

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

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (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>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

A Name of plan <u>ALYESKA PIPELINE SERVICE COMPANY PENSION PLAN FOR OPERATING COMPANY EMPLOYEES</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ALYESKA PIPELINE SERVICE COMPANY</u>	D Employer Identification Number (EIN) <u>92-0039154</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>158891380</u>
	b Actuarial value	2b	<u>166709143</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>179</u>	<u>32775350</u>
	b For terminated vested participants	<u>274</u>	<u>29012091</u>
	c For active participants	<u>668</u>	<u>92027013</u>
	d Total	<u>1121</u>	<u>153814454</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.11 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>10815342</u>
	b Expected plan-related expenses	6b	<u>666120</u>
	c Target normal cost	6c	<u>11481462</u>

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

SIGN HERE			
	Signature of actuary	<u>05/29/2025</u>	Date
	<u>JEREMY P. OLSZEWSKI</u>	<u>23-06603</u>	Most recent enrollment number
	<u>FIDELITY INVESTMENTS</u>	<u>617-563-7000</u>	Telephone number (including area code)
	<u>245 SUMMER STREET V1B BOSTON, MA 02210</u>		
	Address of the firm		

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28 Unpaid minimum required contributions for all prior years				28
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				29
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....				30 0

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)				31a 11481462
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	9485980		879906	
b Waiver amortization installment				
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 12361368
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	12361368		12361368	
36 Additional cash requirement (line 34 minus line 35)				36
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 3864099
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 3864099
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b 3864099
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40

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

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> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan ALYESKA PIPELINE SERVICE COMPANY PENSION PLAN FOR OPERATING COMPANY EMPLOYEES	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ALYESKA PIPELINE SERVICE COMPANY	D Employer Identification Number (EIN) 92-0039154	

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

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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)

FIDELITY

04-6568107

(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 65 64	N/A	389243	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)

BANK OF NEW YORK MELLON

13-5160382

(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?
19 50	N/A	134252	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

CALLAN ASSOCIATES INC

94-2192581

(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 65	N/A	107897	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)

RET. COMM. ALYESKA PIPELINE SVS CO

92-0039154

(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?
50 16	PLAN SPONSOR	34208	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)

MOSS ADAMS LLP

91-0189318

(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?
50	N/A	26375	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"/>

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

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(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: MOSS ADAMS, LLP	b EIN: 91-0189318
c Position: AUDITOR	
d Address: 6565 AMERICAS PARKWAY NE, STE 600 ALBUQUERQUE, NM 87110	e Telephone: 505-878-7200

Explanation: MOSS ADAMS, LLP MERGED WITH BAKER TILLY US, LLP ON JUNE 3, 2025

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan ALYESKA PIPELINE SERVICE COMPANY PENSION PLAN FOR OPERATING COMPANY EMPLOYEES	B Three-digit plan number (PN)	▶ <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 ALYESKA PIPELINE SERVICE COMPANY	D Employer Identification Number (EIN) <u>92-0039154</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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB TEMP INVESTMENT</u>		
b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>25-6078093-023</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>368531</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL 1000 (R) INDX NL FUND CMCQ</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST COMPANY</u>		
c EIN-PN <u>90-0337987-160</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>26871184</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM GROUP TR EE BENEFIT PLANS BROA</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>		
c EIN-PN <u>20-4659714-012</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>38952737</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM GROUP TR EE BENEFIT PLANS SMA</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>		
c EIN-PN <u>20-4659714-006</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>6905404</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM GROUP TR EE BENEFIT PL LD C</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>		
c EIN-PN <u>20-4659714-053</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>22092104</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)

SCHEDULE H (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>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024			
A Name of plan ALYESKA PIPELINE SERVICE COMPANY PENSION PLAN FOR OPERATING COMPANY EMPLOYEES	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">B Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;">001</td> </tr> </table>	B Three-digit plan number (PN) ▶	001
B Three-digit plan number (PN) ▶	001		
C Plan sponsor's name as shown on line 2a of Form 5500 ALYESKA PIPELINE SERVICE COMPANY	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>D Employer Identification Number (EIN) 92-0039154</td> </tr> </table>	D Employer Identification Number (EIN) 92-0039154	
D Employer Identification Number (EIN) 92-0039154			

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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	181	264
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	5000000	4100000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	63610	24914
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)	15706639	16830116
(5) Partnership/joint venture interests	1c(5)	43172220	44008349
(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)	94984867	95189960
(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	158927517	160153603
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	4811	6077
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	4811	6077
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	158922706	160147526

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)	4100000	
(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)		4100000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	34520	
(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)		34520
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	291778	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		291778
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	11415218	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	10736520	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		678698
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	1602687	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		1602687

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		8192214
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		14899897

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	12542382	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		12542382
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	139264	
(4) IQPA audit fees	2i(4)	26375	
(5) Investment advisory and investment management fees	2i(5)	433248	
(6) Bank or trust company trustee/custodial fees	2i(6)	169451	
(7) Actuarial fees	2i(7)	65362	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	3596	
(11) Other expenses.....	2i(11)	295399	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1132695
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		13675077

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1224820
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **BAKER TILLY US, LLP**

(2) EIN: **30-1413443**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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 553030.

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> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>ALYESKA PIPELINE SERVICE COMPANY PENSION PLAN FOR OPERATING COMPANY EMPLOYEES</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ALYESKA PIPELINE SERVICE COMPANY</u>	D Employer Identification Number (EIN) <u>92-0039154</u>	

Part I	Distributions
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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	
---	--

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): _____

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		35
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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.)
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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
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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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 51.4 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 39.2 %
 High-Yield Debt: 0.0 % Real Assets: 9.3 % Cash or Cash Equivalents: 0.1 % Other: 0.0 %

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

Report of Independent Auditors
and Financial Statements with
Supplemental Schedules

**Alyeska Pipeline Service Company
Pension Plan for Operating Company Employees**

December 31, 2024 and 2023



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Report of Independent Auditors

The Retirement and Trust Committee
Alyeska Pipeline Service Company Pension Plan for
Operating Company Employees

Report on the Audit of the Financial Statements

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

We have performed audits of the financial statements of Alyeska Pipeline Service Company Pension Plan for Operating Company Employees, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP).

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 Alyeska Pipeline Service Company Pension Plan for Operating Company Employees' internal control. Accordingly, no such opinion is expressed.
- evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Alyeska Pipeline Service Company Pension Plan for Operating Company Employees' ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter

Supplemental Schedules Required by ERISA

The Schedule H, line 4(i) – Schedule of assets (held at end of year) as of December 31, 2024 and Schedule H, line 4(j) – Schedule of reportable transactions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Baker Tilly US, LLP

Seattle, Washington
July 28, 2025

Financial Statements

Alyeska Pipeline Service Company
Pension Plan for Operating Company Employees
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

	2024	2023
ASSETS		
Investments, at fair value		
Collective trusts	\$ 95,190,224	\$ 94,985,048
Limited partnerships	44,008,349	43,172,220
Equity securities	16,830,116	15,706,639
Total investments	156,028,689	153,863,907
Receivables		
Employer contributions	4,100,000	5,000,000
Due from broker for securities sold	-	43,567
Dividends	24,914	20,043
Total receivables	4,124,914	5,063,610
Total assets	160,153,603	158,927,517
LIABILITIES		
Due to broker for securities purchased	6,077	4,811
NET ASSETS AVAILABLE FOR BENEFITS	\$ 160,147,526	\$ 158,922,706

See accompanying notes.

Alyeska Pipeline Service Company
Pension Plan for Operating Company Employees
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2024 and 2023

	2024	2023
ADDITIONS		
Investment income		
Net appreciation in fair value of investments	\$ 9,733,912	\$ 12,662,968
Dividends and interest	1,065,985	1,095,338
	10,799,897	13,758,306
Less investment expenses	433,248	523,231
Net investment income	10,366,649	13,235,075
 Employer contributions	 4,100,000	 5,000,000
 Total additions	 14,466,649	 18,235,075
 DEDUCTIONS		
Benefits paid to participants	12,542,382	10,352,958
Administrative expenses	699,447	1,377,714
Total deductions	13,241,829	11,730,672
 CHANGES IN NET ASSETS	 1,224,820	 6,504,403
 NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	158,922,706	152,418,303
End of year	\$ 160,147,526	\$ 158,922,706

See accompanying notes.

Alyeska Pipeline Service Company

Pension Plan for Operating Company Employees

Notes to Financial Statements

Note 1 – Description of Plan

The following brief description of Alyeska Pipeline Service Company Pension Plan for Operating Company Employees (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General – The Plan is a defined benefit plan covering eligible employees of Alyeska Pipeline Service Company (Alyeska). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). Alyeska is the Plan's sponsor and serves as plan administrator.

Eligibility – The Plan provides benefits for regular Alyeska employees provided they have at least one year of service, except those members of collective bargaining units governed by agreements that do not specifically provide for participation in the Plan. Under certain conditions set forth in the Plan, when an employee of the construction phase of Alyeska or an owner company of Alyeska immediately transfers employment to the operating phase of Alyeska, service with either entity is considered when determining eligibility in the Plan and years of participation for vesting and benefit purposes.

Benefits – The Plan provides monthly retirement income or a lump-sum payment to the eligible participants, or to a joint annuitant in the event of a participant's death. All contributions are paid by Alyeska, as computed in accordance with established actuarial principles. Benefit payments commence no later than age 65.

Note 2 – Summary of Significant Accounting Policies

Basis of presentation – The financial statements of the Plan have been prepared in accordance with accounting principles generally accepted in the United States of America, using the accrual basis of accounting.

Use of estimates – The preparation of the financial statements in conformity with generally accepted accounting principles requires the use of estimates and assumptions that may affect the reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Payment of benefits – Benefit payments to participants are recorded upon distribution.

Investment valuation – Investments are stated at fair value as certified by Bank of New York Mellon, N.A., the Plan's trustee (the Trustee). Fair value is defined as the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for a discussion of fair value measurements.

Income recognition – Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Net appreciation in fair value of investments consists of both the realized gains or losses and unrealized appreciation and depreciation of those investments.

Alyeska Pipeline Service Company
Pension Plan for Operating Company Employees
Notes to Financial Statements

Expenses – The Plan’s expenses may be paid by the Plan or Alyeska, as specified in the plan document. Expenses paid by Alyeska are excluded from these financial statements. Investment-related expenses are deducted from investment earnings in the accompanying statements of changes in net assets available for benefits. Administrative expenses paid by the Plan consisted of the following for the year ended December 31:

	2024	2023
PBGC premiums	\$ 191,120	\$ 824,296
Administrative fees	173,472	162,391
Trustee fees	134,252	192,226
Consulting fees	108,866	118,730
Professional fees	91,737	80,071
	\$ 699,447	\$ 1,377,714

Subsequent events – The Plan has evaluated subsequent events through July 28, 2025, which is the date the financial statements were available to be issued.

Note 3 – Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

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

Level 2 – Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

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

Alyeska Pipeline Service Company
Pension Plan for Operating Company Employees
Notes to Financial Statements

Equity securities – Shares of equity securities are valued at the closing price reported on the active market on which the individual securities are traded.

Collective trusts – Units held in collective trusts are valued using the net asset value practical expedient (NAV practical expedient) of the fund as reported by the fund managers. The NAV practical expedient is based on the fair value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of units outstanding.

The Plan has no unfunded commitments with these collective trust funds and investments are redeemable on a daily basis with a requested notice period of five business days.

Limited partnerships – The Plan’s investments in the UBS Trumbull Property Fund, Investec International Dynamic Equity Fund, and Clarion Lion Property Fund are valued at the NAV practical expedient reported by each fund’s manager to estimate the fair value of the Plan’s interest in the partnerships based on the number of shares held by the Plan. The Plan can request redemption at the stated NAV for any quarterly withdrawal date with a 60-day notice. Certain market conditions may result in a withdrawal queue, resulting in delayed redemption.

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

The following table discloses by level, the fair value hierarchy, of the Plan’s assets at fair value:

	Fair Value Measurements at December 31, 2024			
	Level 1	Level 2	Level 3	Total
Equity securities	\$ 16,830,116	\$ -	\$ -	\$ 16,830,116
Investments measured at NAV practical expedient				139,198,573
				\$156,028,689
	Fair Value Measurements at December 31, 2023			
	Level 1	Level 2	Level 3	Total
Equity securities	\$ 15,706,639	\$ -	\$ -	\$ 15,706,639
Investments measured at NAV practical expedient				138,157,268
				\$153,863,907

Alyeska Pipeline Service Company

Pension Plan for Operating Company Employees

Notes to Financial Statements

Note 4 – Information Certified by the Trustee

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee has certified to the completeness and accuracy of:

- Investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2024 and 2023.
- Net appreciation in fair value of investments, dividends, and interest reflected on the accompanying statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023.
- Investments reflected on the schedule of assets (held at end of year).
- Transactions reflected on the schedule of reportable transactions.

Note 5 – Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions for the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on the highest average of any consecutive 36 calendar months of pay during the last 120 months of service.

The accumulated plan benefits for active employees are based on the average covered compensation through the date that benefit information is presented (the valuation date). Benefits payable under all circumstances – retirement, death, and termination of employment – are included to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits provided by annuity contracts are excluded from Plan assets and accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by Fidelity Workplace Investing LLC, the Plan's independent actuary, and represents the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death or retirement) between the valuation date and the expected date of payment.

Alyeska Pipeline Service Company
Pension Plan for Operating Company Employees
Notes to Financial Statements

The projected unit credit actuarial cost method was used to determine the normal cost and actuarial accrued liability. Significant assumptions used by the actuaries in determining the present value of accumulated benefits as of January 1, 2024 and 2023, the valuation dates for the years ended December 31, 2024 and 2023, respectively, were as follows:

Expected return on plan assets	7.50%
Discount rate	5.35% (2024) 5.40% (2023)
Life expectancy of participants	Pri-2012 Mortality Table with Scale MP-2021 Mortality Improvement Scale
Retirement age	Varying rates for ages 55 through 75
Salary increases	3.50% per year for salaried employees; and 3.00% for hourly employees (2024) 4.00% per year for salaried employees; and 3.50% for hourly employees (2023)

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

Actuarial present value of accumulated benefits as of December 31, 2023 (January 1, 2024, valuation date) is as follows:

Vested benefits	
Participants currently receiving payments	\$ 27,295,465
Other participants	97,060,319
	<u>124,355,784</u>
Nonvested benefits	<u>19,255</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 124,375,039</u>

Changes in actuarial present value of accumulated plan benefits consist of the following for the year ended December 31, 2023:

Actuarial present value of accumulated plan benefits at beginning of year	<u>\$ 116,980,766</u>
Increase (decrease) attributed to	
Decrease in the discount period	8,392,340
Additional benefits accumulated	9,412,371
Assumption changes	(58,098)
Benefits paid	<u>(10,352,340)</u>
Net change	<u>7,394,273</u>
Actuarial present value of accumulated plan at end of year	<u>\$ 124,375,039</u>

Alyeska Pipeline Service Company

Pension Plan for Operating Company Employees

Notes to Financial Statements

Note 6 – Funding Policy

Contributions by participants are not required or permitted by the Plan. Alyeska's contributions are determined based on minimum required and maximum allowed contribution amounts under the Internal Revenue Code (the Code) and to meet the minimum funding requirements of ERISA. The minimum funding standards of ERISA have been met for the years ended December 31, 2024 and 2023.

Note 7 – Party-In-Interest Transactions

Plan investments include funds managed by affiliates of the Trustee and Fidelity Investments, an affiliate of the Plan's actuary. Therefore, transactions with these entities qualify as exempt party-in-interest transactions.

Note 8 – Tax Status

The Internal Revenue Service has determined and informed Alyeska by a letter dated September 11, 2020, that the Plan and related trust were designed in accordance with applicable sections of the Code.

In accordance with guidance on accounting for uncertainty in income taxes, management has evaluated the Plan's tax positions and does not believe the Plan has any uncertain tax positions that require disclosure or adjustment to the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 9 – Plan Termination

Although it has not expressed any intention to do so, Alyeska 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. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or employees eligible to retire for that three-year period, would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. This amount will be limited to the lowest benefit that would be payable under Plan provisions in effect during the five years preceding the date of the Plan's termination.
- Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) up to the applicable limitations discussed below.
- All other vested benefits (that is, vested benefits not insured by the PBGC).
- All nonvested benefits.

Alyeska Pipeline Service Company

Pension Plan for Operating Company Employees

Notes to Financial Statements

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal-age retirement benefits and certain disability and survivors' pensions. There is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during 2025, that ceiling, which is adjusted periodically, is \$7,432 per month for those pensioners who elect to receive their benefits in the form of a single-life annuity and are 65 years old at the time of retirement or plan termination (whichever comes later). For older annuitants or for those who elect to receive their benefits in some form other than a single-life annuity, the corresponding ceilings are actuarially adjusted upward or downward, as applicable.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of Alyeska and the level of benefits guaranteed by the PBGC.

Note 10 – Risks and Uncertainties

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

The Plan invests in collective trusts and limited partnership funds that include securities with contractual cash flows, which may include asset-backed securities, collateralized mortgage obligations, and commercial mortgage-backed securities. The value, liquidity, and related income of these securities are sensitive to changes in economic conditions, including real estate value, delinquencies, or defaults, or both, and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates.

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

As of January 1, 2024, the Plan's funded status has remained above 80% based on the Plan's assets available for benefits as of year-end, and the present value of accumulated plan benefits. The Pension Protection Act of 2006 requires the funded status to be measured as of January 1 of each plan year. In the event the funded status is below 80%, benefits to plan participants are required to be reduced. Alyeska has committed to maintaining a funding level to ensure no reduction in benefits.

Supplemental Schedules

Alyeska Pipeline Service Company
Pension Plan for Operating Company Employees
EIN: 92-0039154 Plan #: 001
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b) Identity of Issue	(c) Number of Shares	(d) Cost	(e) Current Value
	Equity securities			
	Abbot Laboratories	1,921	\$ 184,520	\$ 217,284
	Abbvie Inc	2,091	351,459	371,571
	Allegion Plc	642	72,497	83,897
	Alphabet Inc	2,551	223,036	482,904
	American Express Co	988	167,325	293,229
	Amgen Inc	741	189,994	193,134
	Aon Plc	629	195,648	225,912
	Applied Materials Inc	778	74,489	126,526
	Arthur J Gallagher & Co	349	65,562	99,064
	Autozone Inc	73	86,633	233,746
	Autonation INC	931	142,771	158,121
	Astrazeneca PLC ADR	1,935	127,348	126,781
	Blue Owl Capital INC	8,773	155,727	204,060
	Booking Holdings Inc	24	50,718	119,242
	Builders Firstsource Inc	632	106,570	90,332
	Canadian Natural Resources Ltd	4,503	63,893	139,008
	Cencora Inc	1,275	178,597	286,467
	Cenovus Energy Inc	10,690	175,585	161,954
	Centerpoint Energy Inc	5,725	143,511	181,654
	Chubb Ltd	394	54,054	108,862
	Cigna Group	124	34,633	34,241
	Coca-Cola Europacific Partners	1,351	59,907	103,770
	Conocophillips	2,367	186,566	234,735
	CRH Plc	3,231	162,880	298,932
	Corpay Inc	709	183,170	239,940
	Deere & Co	308	78,945	130,500
	Dell Technologies Inc	1,364	72,289	157,187
	Delta Air Lines Inc	2,827	168,990	171,034
	Diamondback Energy Inc	1,660	303,263	271,958
	Discover Financial Services	1,702	232,519	294,837
	Emerson Electric Co	1,725	189,609	213,779
	Flex Ltd	6,039	175,994	231,837
	Fidelity National Information	3,591	259,374	290,045
	Firstenergy Corp	4,962	201,467	197,388
	Fortive Corp	2,317	155,613	173,775

Alyeska Pipeline Service Company
Pension Plan for Operating Company Employees
EIN: 92-0039154 Plan #: 001
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b) Identity of Issue	(c) Number of Shares	(d) Cost	(e) Current Value
	General Dynamics Corp	671	\$ 128,513	\$ 176,802
	Goldman Sachs Group Inc, The	237	65,837	135,711
	Hewlett Packard Enterprise Co	5,752	123,579	122,805
	Hologic Inc	1,852	144,888	133,511
	Home Depot Inc	480	168,246	186,715
	Honeywell International Inc	1,660	340,847	374,977
	Humana Inc	139	35,279	35,266
	Huntington Bancshares Inc	15,237	200,495	247,906
	Intercontinental Exchange Inc	762	79,254	113,546
	Jacobs Solutions Inc	1,361	153,817	181,857
	Jpmorgan Chase & Co	3,490	401,922	836,588
	Johnson & Johnson	237	34,232	34,275
	KBR Inc	1,592	103,576	92,225
	Keysight Technologies Inc	1,025	157,902	164,646
	Kenvue Inc	10,576	228,949	225,798
	Kinross Gold Corp	14,451	123,552	133,961
	Leidos Holdings Inc	1,155	112,803	166,389
	Lennar Corp	976	156,436	133,097
	LPL Financial Holdings Inc	974	250,579	318,021
	Marathon Petroleum Corp	1,289	84,068	179,816
	Masco Corp	1,346	72,813	97,679
	McKesson Corp	471	167,706	268,428
	MGM Resorts International	1,938	85,557	67,152
	Medtronic PLC	421	34,099	33,629
	Microchip Technology Inc	2,367	176,121	135,747
	Micron Technology Inc	2,450	172,033	206,192
	Morgan Stanley	2,017	172,861	253,577
	Nice LTD	677	123,419	114,982
	Nextera Energy Inc	1,790	128,534	128,325
	Norfolk Southern Corp	1,050	269,657	246,435
	NXP Semiconductors NV	423	79,714	87,921
	Omnicom Group Inc	1,886	172,347	162,271
	Oracle Corp	2,469	275,978	411,434
	PPL Corp	5,246	181,532	170,285
	Philip Morris International Inc	3,251	318,839	391,258
	Phillips 66	602	79,476	68,586
	Robert Half Inc	1,828	122,804	128,801
	Sanofi SA ADR	714	34,649	34,436
	Schlumberger Ltd	6,207	222,321	237,976
	Smurfit Westrock PLC	2,979	139,204	160,449
	Sysco Corp	4,317	332,706	330,078
	Teck Resources Ltd	4,011	178,726	162,566
	Trimble Inc	1,731	106,058	122,312
	T-Mobile Us Inc	778	97,428	171,728
	Uber Technologies Inc	2,807	173,375	169,318
	United Airlines Holdings Inc	1,732	141,211	168,177
	United Rentals Inc	172	42,212	121,164

Alyeska Pipeline Service Company
Pension Plan for Operating Company Employees
EIN: 92-0039154 Plan #: 001
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b) Identity of Issue	(c) Number of Shares	(d) Cost	(e) Current Value
	Unitedhealth Group Inc	703	\$ 294,220	\$ 355,619
	US Foods Holding Corp	3,945	155,276	266,129
	Walt Disney Co/The	1,647	188,335	183,393
	Wells Fargo & Co	3,409	154,718	239,448
	Westinghouse Air Brake Technol	1,018	89,415	193,003
	Total equity securities		13,353,274	16,830,116
	Collective trusts			
*	Fidelity Broad Market Duration Commingled Pool	737,043	\$ 29,223,554	\$ 38,952,737
	SSgA Russell 1000 Index Fund	293,758	7,495,201	26,871,184
*	FIAM Small Company Commingled Pool	5,017	2,956,467	6,905,404
*	FIAM Long Duration CP	924,356	22,426,960	22,092,104
*	BNY Mellon Cash Reserve	264	264	264
*	EB Temporary Investment Fund	368,531	368,531	368,531
	Total collective trusts		62,470,977	95,190,224
	Limited partnerships			
	Investec Intl Dynamic Equity Fund	173,277	\$ 21,017,487	\$ 29,566,176
	Clarion Lion Property Fund	5,301	9,400,711	7,852,414
	UBS Trumbull Property Fund	6,589,759	6,823,383	6,589,759
			37,241,581	44,008,349
			\$ 113,065,832	\$ 156,028,689
*	Party-in-interest			

Alyeska Pipeline Service Company
Pension Plan for Operating Company Employees
EIN: 92-0039154 Plan #: 001
Schedule H, Line 4(j) – Schedule of Reportable Transactions
Year Ended December 31, 2024

Investment	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Series of Transactions Exceeding 5% of Plan Assets						
* BNY Mellon Cash Reserve	Collective trust					
Purchases (32)		\$ 5,982,018	\$ -	\$ 5,982,018	\$ 5,982,018	\$ -
Sales (31)		\$ -	\$ 5,981,934	\$ 5,981,934	\$ 5,981,934	\$ -
* EB Temporary Investment Fund	Collective trust					
Purchases (181)		\$ 15,660,780	\$ -	\$ 15,660,780	\$ 15,660,780	\$ -
Sales (153)		\$ -	\$ 15,890,395	\$ 15,890,395	\$ 15,890,395	\$ -

* Party-in-interest

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**2024 Form 5500 Schedule SB Attachments
Schedule SB Actuarial, Part V Plan Provisions
Alyeska Pipeline Service Company
Alyeska Pension Plan for Operating Employees
For Plan Year Ended December 31, 2024**

**EIN: 92-0039154
Plan Number: 001**

Plan Provisions

Name of Plan: Alyeska Pipeline Service Company Pension Plan for Operating Company Employees

Employer Identification Number / Plan Number: 92-0039154/001.

Effective Date: July 1, 1976. Plan document restated January 1, 2015.

Covered Employees: Regular employees of the Operating Company will become participants after completing one year of service and attaining age 21.

Participation Date: First pay period after completion of one year of service.

Definitions:

Benefit service: For actual periods of employment with Alyeska, benefit service earned prior to January 1, 1996 is based on elapsed time. Benefit service earned subsequent to December 31, 1995 is determined as follows:

- a. Full-time employees are credited with one pay period of service for each pay period.
- b. Part-time employees are credited with a portion of a pay period of service based upon the greater of their contracted percentage of full-time hours or their actual hours worked each pay period as a percentage of full-time hours.

Other company service may be counted in certain circumstances. Participants who are disabled continue to accrue service as if active, until actual retirement or termination.

Earnings: Regular base salary or wages and Alaska premium including regularly scheduled overtime pay and shift differentials and salary reductions under Code Sections 401(k), 125 and 129, but excluding irregular overtime pay, commissions, bonuses, and all other allowances as determined by the Company on a non-discriminatory basis. For part-time employees, earnings shall be determined assuming the employee worked on a full-time basis.

Final average earnings (FAE): The average of the highest 36 consecutive calendar months of monthly earnings during the final 120 calendar months of participation. For disabled participants, the FAE is determined at the time of disability.

Normal retirement date (NRD): First of month coinciding with or next following the attainment of age 65.

**2024 Form 5500 Schedule SB Attachments
 Schedule SB Actuarial, Part V Plan Provisions
 Alyeska Pipeline Service Company
 Alyeska Pension Plan for Operating Employees
 For Plan Year Ended December 31, 2024**

**EIN: 92-0039154
 Plan Number: 001**

Plan Provisions (continued)

Pension benefit: The lump sum benefit is the greater of:

- a) New plan formula: A lump sum benefit based on the following basic percentages accumulated for all years of service times final average earnings, plus the following excess percentages accumulated for all years of service times final average earnings in excess of covered compensation:

Age & Service Points	Basic % Earned Each Year	Excess % Earned Each Year
< 50	6%	3%
50 to 59	8	4
60 to 69	10	5
70+	12	6

- b) The lump sum value of the prior plan accrued benefit as defined below (including the Social Security supplement if payable) as of December 31, 1995 indexed by the ratio of FAE at the earlier of termination or December 31, 2005 to FAE as of December 31, 1995 plus the lump sum benefit calculated as in (i) above but only accumulated for service after December 31, 1995. For participants who were active and age 50 or older on January 1, 2009, the GATT basis may be used in converting to a lump sum. For all other participants, the PPA basis is used in converting to a lump sum.

Prior plan: As of December 31, 1995, a) minus b) below, payable as a life annuity from NRD:

- (i) 1.6% of final average earnings times full and fractional years of service.
- (ii) 1.5% of Social Security amount times full and fractional years of service up to 33-1/3 years.
- (iii) A Social Security supplement equal to b) is payable upon early retirement as a temporary annuity until age 62.

Plan Provisions (continued)

Eligibility for Benefits:

Normal retirement date (NRD): Retire on NRD.

Early retirement: Retire before NRD and on or after both attaining age 55 and completing 15 years of vesting service.

Postponed retirement: Retire after NRD.

Deferred vested: Terminate for reasons other than death or retirement after completing 1 year of vesting service.

Pre-retirement spouse benefit: Die while eligible for deferred vested, early, normal or postponed retirement benefits with a surviving spouse.

Benefits Paid Upon the Following Events:

Normal retirement: Lump sum pension benefit determined as of NRD, payable immediately.

Early retirement: Lump sum pension benefit determined as of Early Retirement Date. The lump sum value of the prior plan accrued benefit is calculated by reducing the age 65 prior plan accrued benefit, indexed by FAE, by 5/12% for each month that commencement of payouts precedes the participant's 60th birthday. This annuity is converted to a lump sum using PPA basis. An additional monthly supplement equal to the Social Security offset is payable until age 62.

Postponed retirement: Lump sum pension benefit determined as of actual retirement date, payable immediately.

Termination with deferred vested benefit: Lump sum pension benefit determined as of termination date. Portion of the benefit attributable to the "New Plan" is increased by 4% per year from termination date until commencement date. Portion of benefit attributable to the prior plan is actuarially reduced for each month that commencement of payments precedes the participant's NRD.

Death with pre-retirement spouse benefit: Lump sum value payable to the participant. This amount may be converted to an annuity.

**2024 Form 5500 Schedule SB Attachments
Schedule SB Actuarial, Part V Plan Provisions
Alyeska Pipeline Service Company
Alyeska Pension Plan for Operating Employees
For Plan Year Ended December 31, 2024**

**EIN: 92-0039154
Plan Number: 001**

Plan Provisions (continued)

Forms of Payment:

Benefits will be paid in the form of a life annuity equal to the actuarial equivalent of the lump sum benefit if the participant has no spouse as of the date payments commence. Otherwise, they will be paid in the form of an actuarially reduced 50% joint and survivor annuity. If the participant elects and the spouse (if any) consents, another actuarially equivalent optional form offered by the plan. Optional forms are a single life annuity, 50%, 75% or 100% joint and survivor annuity or a lump sum.

Maximum on Benefits and Pay: All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code.

Plan Amendment: The plan provisions remained the same as those in effect for the prior valuation with the exception of changes to the maximum pay and benefit limits as required by law.

Future Plan Changes: No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

Alyeska Pipeline Service Company
Pension Plan for Operating Company Employees
EIN: 92-0039154 Plan #: 001
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b) Identity of Issue	(c) Number of Shares	(d) Cost	(e) Current Value
	Equity securities			
	Abbot Laboratories	1,921	\$ 184,520	\$ 217,284
	Abbvie Inc	2,091	351,459	371,571
	Allegion Plc	642	72,497	83,897
	Alphabet Inc	2,551	223,036	482,904
	American Express Co	988	167,325	293,229
	Amgen Inc	741	189,994	193,134
	Aon Plc	629	195,648	225,912
	Applied Materials Inc	778	74,489	126,526
	Arthur J Gallagher & Co	349	65,562	99,064
	Autozone Inc	73	86,633	233,746
	Autonation INC	931	142,771	158,121
	Astrazeneca PLC ADR	1,935	127,348	126,781
	Blue Owl Capital INC	8,773	155,727	204,060
	Booking Holdings Inc	24	50,718	119,242
	Builders Firstsource Inc	632	106,570	90,332
	Canadian Natural Resources Ltd	4,503	63,893	139,008
	Cencora Inc	1,275	178,597	286,467
	Cenovus Energy Inc	10,690	175,585	161,954
	Centerpoint Energy Inc	5,725	143,511	181,654
	Chubb Ltd	394	54,054	108,862
	Cigna Group	124	34,633	34,241
	Coca-Cola Europacific Partners	1,351	59,907	103,770
	Conocophillips	2,367	186,566	234,735
	CRH Plc	3,231	162,880	298,932
	Corpay Inc	709	183,170	239,940
	Deere & Co	308	78,945	130,500
	Dell Technologies Inc	1,364	72,289	157,187
	Delta Air Lines Inc	2,827	168,990	171,034
	Diamondback Energy Inc	1,660	303,263	271,958
	Discover Financial Services	1,702	232,519	294,837
	Emerson Electric Co	1,725	189,609	213,779
	Flex Ltd	6,039	175,994	231,837
	Fidelity National Information	3,591	259,374	290,045
	Firstenergy Corp	4,962	201,467	197,388
	Fortive Corp	2,317	155,613	173,775

Alyeska Pipeline Service Company
Pension Plan for Operating Company Employees
EIN: 92-0039154 Plan #: 001
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b) Identity of Issue	(c) Number of Shares	(d) Cost	(e) Current Value
	General Dynamics Corp	671	\$ 128,513	\$ 176,802
	Goldman Sachs Group Inc, The	237	65,837	135,711
	Hewlett Packard Enterprise Co	5,752	123,579	122,805
	Hologic Inc	1,852	144,888	133,511
	Home Depot Inc	480	168,246	186,715
	Honeywell International Inc	1,660	340,847	374,977
	Humana Inc	139	35,279	35,266
	Huntington Bancshares Inc	15,237	200,495	247,906
	Intercontinental Exchange Inc	762	79,254	113,546
	Jacobs Solutions Inc	1,361	153,817	181,857
	Jpmorgan Chase & Co	3,490	401,922	836,588
	Johnson & Johnson	237	34,232	34,275
	KBR Inc	1,592	103,576	92,225
	Keysight Technologies Inc	1,025	157,902	164,646
	Kenvue Inc	10,576	228,949	225,798
	Kinross Gold Corp	14,451	123,552	133,961
	Leidos Holdings Inc	1,155	112,803	166,389
	Lennar Corp	976	156,436	133,097
	LPL Financial Holdings Inc	974	250,579	318,021
	Marathon Petroleum Corp	1,289	84,068	179,816
	Masco Corp	1,346	72,813	97,679
	McKesson Corp	471	167,706	268,428
	MGM Resorts International	1,938	85,557	67,152
	Medtronic PLC	421	34,099	33,629
	Microchip Technology Inc	2,367	176,121	135,747
	Micron Technology Inc	2,450	172,033	206,192
	Morgan Stanley	2,017	172,861	253,577
	Nice LTD	677	123,419	114,982
	Nextera Energy Inc	1,790	128,534	128,325
	Norfolk Southern Corp	1,050	269,657	246,435
	NXP Semiconductors NV	423	79,714	87,921
	Omnicom Group Inc	1,886	172,347	162,271
	Oracle Corp	2,469	275,978	411,434
	PPL Corp	5,246	181,532	170,285
	Philip Morris International Inc	3,251	318,839	391,258
	Phillips 66	602	79,476	68,586
	Robert Half Inc	1,828	122,804	128,801
	Sanofi SA ADR	714	34,649	34,436
	Schlumberger Ltd	6,207	222,321	237,976
	Smurfit Westrock PLC	2,979	139,204	160,449
	Sysco Corp	4,317	332,706	330,078
	Teck Resources Ltd	4,011	178,726	162,566
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	Uber Technologies Inc	2,807	173,375	169,318
	United Airlines Holdings Inc	1,732	141,211	168,177
	United Rentals Inc	172	42,212	121,164

Alyeska Pipeline Service Company
Pension Plan for Operating Company Employees
EIN: 92-0039154 Plan #: 001
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b) Identity of Issue	(c) Number of Shares	(d) Cost	(e) Current Value
	Unitedhealth Group Inc	703	\$ 294,220	\$ 355,619
	US Foods Holding Corp	3,945	155,276	266,129
	Walt Disney Co/The	1,647	188,335	183,393
	Wells Fargo & Co	3,409	154,718	239,448
	Westinghouse Air Brake Technol	1,018	89,415	193,003
	Total equity securities		13,353,274	16,830,116
	Collective trusts			
*	Fidelity Broad Market Duration Commingled Pool	737,043	\$ 29,223,554	\$ 38,952,737
	SSgA Russell 1000 Index Fund	293,758	7,495,201	26,871,184
*	FIAM Small Company Commingled Pool	5,017	2,956,467	6,905,404
*	FIAM Long Duration CP	924,356	22,426,960	22,092,104
*	BNY Mellon Cash Reserve	264	264	264
*	EB Temporary Investment Fund	368,531	368,531	368,531
	Total collective trusts		62,470,977	95,190,224
	Limited partnerships			
	Investec Intl Dynamic Equity Fund	173,277	\$ 21,017,487	\$ 29,566,176
	Clarion Lion Property Fund	5,301	9,400,711	7,852,414
	UBS Trumbull Property Fund	6,589,759	6,823,383	6,589,759
			37,241,581	44,008,349
			\$ 113,065,832	\$ 156,028,689
*	Party-in-interest			

2024 Form 5500 Schedule SB Attachments
 Schedule SB, Line 26a Schedule of Active Participants
 Alyeska Pipeline Service Company
 Alyeska Pension Plan for Operating Employees
 For Plan Year Ended December 31, 2024

EIN: 92-0039154
 Plan Number: 001

Age and Service Distribution of Active Members

Completed Years of Service on January 1, 2024											
Attained Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
Under 25											
Number	0	0	0	0	0	0	0	0	0	0	0
25-29											
Number	0	10	4	0	0	0	0	0	0	0	14
30-34											
Number	0	22	17	4	0	0	0	0	0	0	43
35-39											
Number	0	37	40	21	1	0	0	0	0	0	99
40-44											
Number	0	31	43	27	7	6	0	0	0	0	114
45-49											
Number	0	23	14	31	16	10	1	0	0	0	95
50-54											
Number	0	15	18	21	19	29	7	0	0	0	109
55-59											
Number	0	14	12	18	15	18	5	6	0	0	88
60-64											
Number	0	12	8	18	9	9	9	9	1	1	76
65-69											
Number	0	3	0	6	2	4	2	3	1	1	22
Over 69											
Number	0	1	0	2	0	1	0	0	1	3	8
Total											
Number	0	168	156	148	69	77	24	18	3	5	668

**2024 Form 5500 Schedule SB Attachments
Schedule SB, Part V Actuarial Assumptions and Methods
Alyeska Pipeline Service Company
Alyeska Pension Plan for Operating Employees
For Plan Year Ended December 31, 2024**

**EIN: 92-0039154
Plan Number: 001**

Actuarial Assumptions and Methods

ERISA Interest Rates as required by IRC Section 430 based on plan sponsor election of the look-back month for the segment rates:

“Minimum” means for the purpose of calculating the PPA funding liability and normal cost for the minimum required contribution.

“Maximum” means for the purpose of calculating the PPA funding liability and normal cost for the maximum tax-deductible contribution.

Purpose	2024 Plan Year		2023 Plan Year	
	Minimum	Maximum	Minimum	Maximum
Interest Rate Type	Stabilized	Non-Stabilized	Stabilized	Non-Stabilized
Segment rates or full yield curve	Segment	Segment	Segment	Segment
Look-back months	4	4	4	4
First 5 years	4.75%	3.62%	4.75%	1.41%
Next 15 years	4.87%	4.46%	5.00%	3.09%
Over 20 years	5.59%	4.52%	5.74%	3.58%
Applicable Law for the segment rates corridor	ARPA	Not Applicable	ARPA	Not Applicable

Increase in Consumer Price Index (CPI): 2.50% (previously 2.50%). This is based on current long-term rounded inflation expectations published by the Federal Reserve as of the valuation date.

Increase in Social Security Taxable Wage Base: 3.00% (previously 3.00%). This is based on the CPI assumption, increased 0.50% based on the historical difference between the CPI and TWB of 0.50% - 1.00%.

**2024 Form 5500 Schedule SB Attachments
Schedule SB, Part V Actuarial Assumptions and Methods
Alyeska Pipeline Service Company
Alyeska Pension Plan for Operating Employees
For Plan Year Ended December 31, 2024**

**EIN: 92-0039154
Plan Number: 001**

Actuarial Assumptions and Methods (continued)

Salary Scale:

3.50% for salaried (non-technician) employees and 3.00% for hourly (technician) employees (previously 4.00% for salaried employees and 3.50% for hourly employees). These increase rates were provided by the company.

Administrative Expenses included in Target Normal Cost:

Estimated based on the average of the non-investment related administrative expenses paid from the Trust in the prior three years plus estimated PBGC premiums for the current year.

Mortality:

IRS 2024 Generational Mortality Table as prescribed by IRC Section 430 for plans with more than 500 participants. This is a fully generational mortality table based on the Pri-2012 Total Mortality Tables projected with the adjusted MP 2021 Mortality Improvement Scale with annual mortality improvements capped at 0.78% as required by Secure 2.0 Act. This plan does not have a large enough population to vary from the standard tables.

Actuarial Assumptions and Methods (continued)

Retirement Rates: The following retirement decrement assumptions were developed in the 2020 retirement assumption study based on the plan’s actual experience from 2012 through 2019. There has been no pattern of significant consistent gains or consistent losses related to this decrement.

Rates varying by age:

Age	Rate
55-58	7%
59-63	13
64	20
65-69	30
70-74	50
75+	100

Average retirement age is 62.

Termination Rates: Active participants are assumed to terminate according to the following annual withdrawal rates depending upon their age and years of service as determined by the company. The following withdrawal assumptions were developed in the 2020 retirement assumption study based on the plan’s actual experience from 2012 through 2019. There has been no pattern of significant consistent gains or consistent losses related to this decrement.

Sample rates are shown below:

Years of Service	Age 40	Age 50	Age 55
< 2	5.20%	5.85%	6.50%
≥ 2	4.00%	4.50%	5.00%

Marital Status: 90% of males and 60% of females are assumed married, with females 3 years younger than males. There has been no pattern of significant consistent gains or consistent losses related to this assumption.

**2024 Form 5500 Schedule SB Attachments
Schedule SB, Part V Actuarial Assumptions and Methods
Alyeska Pipeline Service Company
Alyeska Pension Plan for Operating Employees
For Plan Year Ended December 31, 2024**

**EIN: 92-0039154
Plan Number: 001**

Actuarial Assumptions and Methods (continued)

Maximum Benefit: \$275,000 for 2024 (previously \$265,000). No future increases in the IRC Section 415 limit have been reflected.

Maximum Salary: \$345,000 for 2024 (previously \$330,000). No future increases in the salary limit have been reflected.

Form of Payment (Funding): For those who terminated prior to 12/31/1995 with a deferred vested benefit, we have assumed they receive a life annuity commencing at age 65 if their pre-96 benefit (plus post-95 accruals) is greater than the new formula benefit for all years of service.

For all others, the following has been assumed:

Group	Payment Form Assumptions					
	Previous Assumption			Current Assumption		
	Payment Form	Immediate	Deferred	Payment Form	Immediate / After 1 Year	Deferred to Age 60
Actives	Lump Sum	100%	100%	Lump Sum	90%	60%
	Annuity	0%	0%	Annuity	10%	40%
TVs 1 to 2 years from Termination	Lump Sum	100%	100%	Lump Sum	90%	60%
	Annuity	0%	0%	Annuity	10%	40%
TVs 2+ years from termination	Lump Sum	N/A	100%	Lump Sum	N/A	60%
	Annuity	N/A	0%	Annuity	N/A	40%

This assumption was developed in the 2020 retirement assumption study based on the plan’s actual experience from 2012 through 2019. There has been no pattern of significant consistent gains or consistent losses related to this decrement. To the extent optional forms of payment are elected and conversions are determined under an actuarial basis which differs from the basis assumed in the valuation, gains or losses will occur. These gains or losses will be recognized through the routine application of the actuarial cost method.

**2024 Form 5500 Schedule SB Attachments
Schedule SB, Part V Actuarial Assumptions and Methods
Alyeska Pipeline Service Company
Alyeska Pension Plan for Operating Employees
For Plan Year Ended December 31, 2024**

**EIN: 92-0039154
Plan Number: 001**

Actuarial Assumptions and Methods (continued)

Lump Sum (Funding): For all participants, except actives who are age 50 or older on January 1, 2008, lump sums are based on PPA spot segment rates used for calculating lump sums paid in the plan year in accordance with the plan document.

For those active participants who were age 50 on January 1, 2008, the pre-PPA (GATT) basis was used to determine their lump sum in accordance with the plan document.

Timing of Payment: For future terminations and retirements, the following assumption is made on the timing of payment:

Commencement Timing Assumptions					
		Previous Assumption		Current Assumption	
Group	Timing	Rate	Timing	Rate	
Actives	Immediate	50%	Immediate	50%	
	Deferred to Age 65	50%	After 1 year	15%	
			Deferred to Age 60 ²	35%	
TVs 1 to 2 years from Termination	Immediate	50%	Immediate	30%	
	Deferred to Age 65	50%	Deferred to Age 60 ²	70%	
TVs 2+ years from termination	Immediate	0%	Immediate	0%	
	Deferred to Age 65	100%	Deferred to Age 60 ²	100%	

This assumption was developed in the 2020 retirement assumption study based on the plan’s actual experience from 2012 through 2019. There has been no pattern of significant consistent gains or consistent losses related to this decrement. To the extent optional forms of payment are elected and conversions are determined under an actuarial basis which differs from the basis assumed in the valuation, gains or losses will occur. These gains or losses will be recognized through the routine application of the actuarial cost method.

Actuarial Assumptions and Methods (continued)

Actuarial Value of Plan Assets for Funding Purposes:

The actuarial value of assets is equal to:

- a) the market value of assets, including discounted receivables, on the valuation date, less
- b) the following percentages of prior years' investment gains (losses):
 - i) 67% of the prior year, and
 - ii) 33% of the second prior year,

Investment gains and losses are defined as the excess or deficiency of the expected return on the market value (at an assumed rate of 6.50%, not to exceed the third segment rate for that year) over the actual return on the market value of assets, including discounted receivables, for any given year.

- c) The actuarial value of assets can be neither less than 90% nor greater than 110% of the market value of assets, including discounted receivables.

Shortfall Amortization Charge for ERISA Funding Purposes: Per IRC Section 430(c), the shortfall amortization charge for any plan year is the aggregate total (not less than zero) of the shortfall amortization installments for such plan year with respect to any shortfall amortization base which has not been fully amortized. The shortfall amortization installments are the amounts necessary to amortize the shortfall amortization base of the plan for any plan year in level annual installments over the 15-year period beginning with such plan year.

Actuarial Assumptions and Methods (continued)

Actuarial Cost Method: The unit credit cost method is used for ERISA funding target (FT) and FASB ASC 715 accumulated benefit obligation (ABO) purposes. Under this method, accrued pension benefits are determined for all eligible active participants. These benefits reflect service, salary and negotiated benefit increases to date. The liability is then equal to the present value of all benefits (PVAB) for inactive participants plus the PVAB for active participants.

The projected unit credit method is used for IRS maximum deductible limit cushion amount and FASB ASC 715 projected benefit obligation (PBO) purposes. Under this method, accrued pension benefits are determined for all eligible active participants reflecting service to date and anticipated salary and negotiated benefit increases to the assumed retirement age. This liability for active participants is then added to the present value of all benefits for inactive participants to determine the total liability under this method.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings and negotiated benefit increases projected to assumed retirement age in both cases. The total normal cost is based upon the sum of the individual normal costs.

**2024 Form 5500 Schedule SB Attachments
Schedule SB Actuarial, Line 32 Schedule of Amortization Base
Alyeska Pipeline Service Company
Alyeska Pension Plan for Operating Employees
For Plan Year Ended December 31, 2024**

**EIN: 92-0039154
Plan Number: 001**

Schedule of Shortfall Amortization Bases

<u>Valuation Date</u>	<u>Years Remaining</u>	<u>Present Value of Any Remaining Installments</u>	<u>Amortization Installment</u>
January 1, 2024	15	\$ 5,705,998	\$ 519,134
January 1, 2023	14	\$ 3,779,982	\$ 360,772
Total		\$ 9,485,980	\$ 879,906

**2024 Form 5500 Schedule SB Attachments
Schedule SB Actuarial, Line 24 Change in Actuarial Assumptions
Alyeska Pipeline Service Company
Alyeska Pension Plan for Operating Employees
For Plan Year Ended December 31, 2024**

**EIN: 92-0039154
Plan Number: 001**

Change in Actuarial Assumptions

Changes have been made in the following non-prescribed actuarial assumptions since the prior year:

- 1. Salary Increase:** Salary inflation was updated from 3.50% to 3.00% for hourly (technician) employees, and from 4.00% to 3.50% for salaried (non-technician) employees to reflect the budgeted salary increase for 2024.

2024 Form 5500 Schedule SB Attachments
Schedule SB, Line 22 Description of Weighted Average Retirement Age
Alyeska Pipeline Service Company
Alyeska Pension Plan for Operating Employees
For Plan Year Ended December 31, 2024

EIN: 92-0039154
Plan Number: 001

Weighted average retirement age shown on line 22 has been calculated assuming a portion of each life that has not retired at each retirement age retires according to the assumed retirement rate shown below, using age 55 to first enter the table and assuming no decrements other than retirement in this calculation.

Development of Weighted Average Retirement Age

(1)	(2)	(3)	(4)	(5)
Age	Lives	Retirement Decrement	Number Retiring	Age X Number Retiring (1) X (4)
55	1,000	X 7%	= 70	3,850
56	930	X 7%	= 65	3,646
57	865	X 7%	= 61	3,451
58	804	X 7%	= 56	3,266
59	748	X 13%	= 97	5,738
60	651	X 13%	= 85	5,076
61	566	X 13%	= 74	4,490
62	493	X 13%	= 64	3,970
63	429	X 13%	= 56	3,510
64	373	X 20%	= 75	4,772
65	298	X 30%	= 89	5,816
66	209	X 30%	= 63	4,134
67	146	X 30%	= 44	2,938
68	102	X 30%	= 31	2,087
69	72	X 30%	= 21	1,482
70	50	X 50%	= 25	1,755
71	25	X 50%	= 13	890
72	13	X 50%	= 1	45
73	12	X 50%	= 6	435
74	6	X 50%	= 3	220
75	3	X 100%	= 3	223
			1,000	61,784

Total of (5) Divided by Number of Lives at Age 55
(Rounded to the Nearest Whole Year)

61,784 / 1,000
Weighted Avg. Ret. Age: 62

2024 Form 5500 Schedule SB Attachments
Schedule SB, Line 26b Projection of Expected Benefit Payments
Alyeska Pipeline Service Company
Alyeska Pension Plan for Operating Employees
For Plan Year Ended December 31, 2024

EIN: 92-0039154
Plan Number: 001

Projection of Expected Benefit Payments

Year	Actives	Terminated Vested	Retirees	Total
2024	6,035,510	5,395,575	2,958,963	14,390,048
2025	7,186,032	2,551,090	2,896,184	12,633,306
2026	7,324,900	2,654,790	2,831,295	12,810,985
2027	7,093,807	4,018,778	2,764,240	13,876,825
2028	7,027,741	2,091,813	2,694,958	11,814,512
2029	6,984,366	2,220,529	2,623,359	11,828,254
2030	7,303,395	858,824	2,549,329	10,711,548
2031	7,426,791	1,549,164	2,472,741	11,448,696
2032	7,047,482	1,283,457	2,393,435	10,724,374
2033	7,217,274	1,130,295	2,311,223	10,658,792
2034	6,699,479	962,428	2,225,908	9,887,815
2035	6,900,279	974,913	2,137,319	10,012,511
2036	6,695,868	857,276	2,045,337	9,598,481
2037	6,331,302	1,305,831	1,949,933	9,587,066
2038	6,162,968	1,279,306	1,851,187	9,293,461
2039	5,933,720	1,163,592	1,749,293	8,846,605
2040	6,279,143	1,273,126	1,644,583	9,196,852
2041	5,607,189	902,241	1,537,523	8,046,953
2042	5,237,525	1,113,398	1,428,706	7,779,629
2043	4,987,669	1,117,440	1,318,812	7,423,921
2044	4,843,624	1,329,634	1,208,605	7,381,863
2045	5,015,654	937,958	1,098,955	7,052,567
2046	4,522,449	768,302	990,818	6,281,569
2047	4,168,265	992,169	885,203	6,045,637
2048	3,962,989	814,678	783,150	5,560,817
2049	3,647,680	806,765	685,694	5,140,139
2050	3,433,483	762,095	593,813	4,789,391
2051	3,162,467	799,752	508,379	4,470,598
2052	2,877,276	619,024	430,105	3,926,405
2053	2,774,723	652,986	359,499	3,787,208
2054	2,480,762	508,179	296,820	3,285,761
2055	2,225,631	527,437	242,091	2,995,159
2056	2,006,400	443,570	195,100	2,645,070
2057	1,880,786	416,191	155,427	2,452,404

2024 Form 5500 Schedule SB Attachments
Schedule SB, Line 26b Projection of Expected Benefit Payments
Alyeska Pipeline Service Company
Alyeska Pension Plan for Operating Employees
For Plan Year Ended December 31, 2024

EIN: 92-0039154
Plan Number: 001

Projection of Expected Benefit Payments (continued)

Year	Actives	Terminated Vested	Retirees	Total
2058	1,719,697	388,787	122,495	2,230,979
2059	1,531,801	352,590	95,607	1,979,998
2060	1,384,348	325,233	74,001	1,783,582
2061	1,259,502	309,763	56,902	1,626,167
2062	1,148,355	276,061	43,561	1,467,977
2063	1,048,783	253,734	33,284	1,335,801
2064	951,445	232,972	25,448	1,209,865
2065	861,827	213,669	19,521	1,095,017
2066	780,806	195,699	15,057	991,562
2067	707,806	178,931	11,698	898,435
2068	640,165	163,247	9,164	812,576
2069	576,380	148,542	7,240	732,162
2070	517,655	134,729	5,767	658,151
2071	463,497	121,738	4,628	589,863
2072	413,405	109,517	3,738	526,660
2073	366,883	98,029	3,035	467,947

Alyeska Pipeline Service Company
Pension Plan for Operating Company Employees
EIN: 92-0039154 Plan #: 001
Schedule H, Line 4(j) – Schedule of Reportable Transactions
Year Ended December 31, 2024

Investment	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Series of Transactions Exceeding 5% of Plan Assets						
* BNY Mellon Cash Reserve	Collective trust					
Purchases (32)		\$ 5,982,018	\$ -	\$ 5,982,018	\$ 5,982,018	\$ -
Sales (31)		\$ -	\$ 5,981,934	\$ 5,981,934	\$ 5,981,934	\$ -
* EB Temporary Investment Fund	Collective trust					
Purchases (181)		\$ 15,660,780	\$ -	\$ 15,660,780	\$ 15,660,780	\$ -
Sales (153)		\$ -	\$ 15,890,395	\$ 15,890,395	\$ 15,890,395	\$ -

* Party-in-interest

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

A Name of plan ALYESKA PIPELINE SERVICE COMPANY PENSION PLAN FOR OPERATING COMPANY EMPLOYEES	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Alyeska Pipeline Service Company	D Employer Identification Number (EIN) 92-0039154	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		
F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500		

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>	
2	Assets:	
	a Market value.....	2a 158,891,380
	b Actuarial value.....	2b 166,709,143
3	Funding target/participant count breakdown	
	a For retired participants and beneficiaries receiving payment.....	179 32,775,350 32,775,350
	b For terminated vested participants	274 29,012,091 29,012,091
	c For active participants.....	668 92,027,013 101,888,458
	d Total.....	1,121 153,814,454 163,675,899
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>	
	a Funding target disregarding prescribed at-risk assumptions	4a
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5	Effective interest rate.....	5 5.11%
6	Target normal cost	
	a Present value of current plan year accruals	6a 10,815,342
	b Expected plan-related expenses	6b 666,120
	c Target normal cost.....	6c 11,481,462

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

SIGN HERE	<u>JEREMY P. OLSZEWSKI</u> Signature of actuary	<u>May 29th, 2025</u> Date
	<u>JEREMY P. OLSZEWSKI</u> Type or print name of actuary	<u>2306603</u> Most recent enrollment number
	<u>FIDELITY INVESTMENTS</u> Firm name	<u>617-563-7000</u> Telephone number (including area code)
	<u>245 SUMMER STREET V1B</u> <u>BOSTON MA 02210</u> Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions
For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF. Schedule SB (Form 5500) 2024 v. 240311

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	17,421,601
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	5,943,446
9	Amount remaining (line 7 minus line 8)	0	11,478,155
10	Interest on line 9 using prior year's actual return of <u>9.07%</u>	0	1,041,069
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.23%</u>		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	12,519,224

Part III Funding Percentages			
14	Funding target attainment percentage	14	94.20%
15	Adjusted funding target attainment percentage	15	101.85%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	97.44%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
03/11/2025	4,100,000					
Totals ▶			18(b)	4,100,000	18(c)	0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	3,864,099

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year				
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th	
0	0	0	0	

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

21 Discount rate:

a Segment rates:

1st segment: 4.75%	2nd segment: 4.87%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code)..... **21b** 4

22 Weighted average retirement age **22** 62

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment... Yes No

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)..... **30** 0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)..... **31a** 11,481,462

b Excess assets, if applicable, but not greater than line 31a **31b** 0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment.....	9,485,980	879,906
b Waiver amortization installment.....	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount..... **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 12,361,368

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	12,361,368	12,361,368

36 Additional cash requirement (line 34 minus line 35)..... **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 3,864,099

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)..... **38a** 3,864,099

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances..... **38b** 3,864,099

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

40 Unpaid minimum required contributions for all years **40** 0

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

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