

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [x] 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: [x] 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: EMPLOYEES RETIREMENT PLAN OF HAJOCA CORPORATION
1b Three-digit plan number (PN): 002
1c Effective date of plan: 01/01/1972
2a Plan sponsor's name (employer, if for a single-employer plan): HAJOCA CORPORATION
2b Employer Identification Number (EIN): 23-2203401
2c Plan Sponsor's telephone number: 610-649-1430
2d Business code (see instructions): 333410

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

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

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

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

Form 5500 (2024) v. 240311

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	7724
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)	5106
	6a(2)	5164
	6b	1270
	6c	1140
	6d	7574
	6e	254
	6f	7828
	6g(1)	
6g(2)		
6h		168
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 1C

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 <u>0</u>
(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 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>EMPLOYEES RETIREMENT PLAN OF HAJOCA CORPORATION</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>HAJOCA CORPORATION</u>	D Employer Identification Number (EIN) <u>23-2203401</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>436700169</u>
	b Actuarial value	2b	<u>436700169</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>1466</u>	<u>111481084</u>
	b For terminated vested participants	<u>1152</u>	<u>37025284</u>
	c For active participants	<u>5106</u>	<u>151453382</u>
	d Total	<u>7724</u>	<u>299959750</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>5.13 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>18836737</u>
	b Expected plan-related expenses	6b	<u>1235215</u>
	c Target normal cost	6c	<u>20071952</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>07/08/2025</u> Date
	<u>ALFRED H. JOHNSON</u> Type or print name of actuary	<u>23-06960</u> Most recent enrollment number
	<u>AON CONSULTING, INC.</u> Firm name	<u>610-834-2100</u> Telephone number (including area code)
	<u>259 N. RADNOR CHESTER ROAD SUITE 160 RADNOR, PA 19087</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 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)	60740831	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	60740831	0
10	Interest on line 9 using prior year's actual return of <u>11.76</u> %	7143122	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		14601240
	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>5.20</u> %		759264
	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		15360504
	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)	67883953	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	121.08 %
15	Adjusted funding target attainment percentage	15	143.37 %
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	134.80 %
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
04/12/2024	10000000	0			
07/09/2024	5000000	0			
10/11/2024	5000000	0			
			Totals ▶	18(b)	18(c)
				20000000	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	19542989

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

21 Discount rate:

a Segment rates:

1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code) **21b** 0

22 Weighted average retirement age **22** 63

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

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

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c) **31a** 20071952

b Excess assets, if applicable, but not greater than line 31a **31b** 20071952

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment.....	0	0

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

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 0

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

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

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 19542989

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

a Total (excess, if any, of line 37 over line 36) **38a** 19542989

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances..... **38b** 0

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

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

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

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

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 EMPLOYEES RETIREMENT PLAN OF HAJOCA CORPORATION	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 HAJOCA CORPORATION	D Employer Identification Number (EIN) 23-2203401	

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

ANTERO MIDSTREAM PARTNERS LP **1615 WYNKOOP STREET**
DENVER, CO 80202

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

BAIRD FUNDS, INC. **P.O. BOX 701**
MILWAUKEE, WI 53201-0701

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

BLACKROCK INSTITUTIONAL TRUST CO.

94-3112180

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

C-III INVESTMENT MANAGEMENT LLC

27-1892368

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

CLEARLAKE CAPITAL PARTNERS

233 WILSHIRE BLVD.
SUITE 800
SANTA MONICA, CA 90401

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

D.C. CAPITAL ADVISORS, LIMITED

13-3653862

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

D.C.R. PARTNERS, L.P.

13-3671958

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

DIMENSIONAL FUND ADVISORS

6300 BEE CAVE ROAD
BUILDING ONE
AUSTIN, TX 78746

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

DODGE & COX FUNDS

P.O. BOX 8422
BOSTON, MA 02266-8422

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

DUNE REAL ESTATE PARTNERS LP

640 FIFTH AVENUE
17TH FLOOR
NEW YORK, NE 10019

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

FARALLON CAPITAL INSTITUTIONAL PART

94-3106323

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

GMO MULTI-STRATEGY FUND(OFFSHORE)

02-0648221

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

GOLDMAN SACHS ASSET MANAGEMENT, L.P.

13-3575636

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

HARBOR FUNDS

P.O. BOX 804660
CHICAGO, IL 60680-4108

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

HARDING LOEVNER

400 CROSSING BOULEVARD
FOURTH FLOOR
BRIDGEWATER, NE 08807

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

JOINVILLE CAPITAL MANAGEMENT LLC

80-0031856

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

LONE STAR FUNDS

888 7TH AVENUE 11TH FLOOR
NEW YORK, NY 10019

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

OEP CAPITAL ADVISORS, L.P.

510 MADISON AVENUE
510 MADISON AVENUE
NEW YORK, NY 10022

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

ORBIMED ROYALTY OPPORTUNITIES

601 LEXINGTON AVENUE
53RD STREET 54TH FLOOR
NEW YORK, NY 10022

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

PIMCO

330 WEST 9TH STREET
KANSAS CITY, MO 64121-9024

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

PORTAGE VENTURE PARTNERS
ONE NORTHFIELD PLAZA
SUITE 530
NORTHFIELD, IL 60093

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

PRIMECAP ODYSSEY FUNDS
615 E MICHIGAN ST
MILWAUKEE, WI 53202

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

ROUNDTABLE HEALTHCARE CAP PART III

47-4893662

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

THE LYME TIMBER COMPANY LLC
23 SOUTH MAIN STREET, SUITE 3A
HANOVER, NH 03755

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

THE VANGUARD GROUP

23-1945930

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

TINICUM INCORPORATED

13-2932626

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

TINICUM LANTEM II ADD-ON LLC

27-1453880

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

TINICUM LANTERN II LLC

20-1168804

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

TINICUM LANTERN III LLC

45-4016732

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

TWEEDY BROWN GLOBAL

13-3717525

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

WYNNCHURCH CAPITAL, LLC

2121 ROSECRANS AVENUE
SUITE 2370
EL SEGUNDO, CA 90245

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

SHAMROCK CAPITAL ADVISORS

27-1748810

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

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

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

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

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

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

BANCFIRST CORP

100 NORTH BROADWAY AVE
OKLAHOMA CITY, OK 73102-8401

(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?
49 50	NONE	578162	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)

ANGELES INVESTMENT ADVISORS, LLC

429 SANTA MONICA BLVD.
SUITE 650
SANTA MONICA, CA 90401-3424

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	521186	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)

BRYN MAWR TRUST

23-0441580

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	325000	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)

AON CONSULTING

22-2232264

(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 50	NONE	293073	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)

WEST SIDE ROOFING

5360 W 130TH ST.
BROOK PARK, OH 44142

(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?
49 50	NONE	120829	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)

GRANTHAM, MAYO, VAN OTTERLOO & CO

04-2691242

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 49 50 51	NONE	93696	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)

CAL CONSTRUCTION

20-3559364

(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?
49 50	NONE	80001	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)

KPMG

13-5565207

(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?
10 50	NONE	60500	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)

RAMCO CONSTRUCTION, LLC

4355 N. HAROLDSSEN DRIVE
IDAHO FALLS, ID 83401

(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?
49 50	NONE	23820	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)

THE MCENERY COMPANY

810 UNION ST
NEW ORLEANS, LA 70112

(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?
49 50	NONE	18150	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)

CBIZ

31-1582098

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	13517	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)

WAGGONERS HEAT & AIR

1351 E INDIAN HILLS RD
NORMAN, OK 73071

(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?
49 50	NONE	13191	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)

FLORIDA DEPT. OF REVENUE

5050 WEST TENNESSEE STREET
TALLAHASSEE, FL 32399-0100

(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?
34 49 50	NONE	11613	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)

AT&T

208 S AKARD ST
DALLAS, TX 75201

(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?
49 50	NONE	10771	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)

PRJ CONTRACTING

63403 OLD MILITARY ROAD
PEARL RIVER, LA 70452

(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?
49 50	NONE	8974	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"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 EMPLOYEES RETIREMENT PLAN OF HAJOCA CORPORATION	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 HAJOCA CORPORATION	D Employer Identification Number (EIN) 23-2203401

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
a Total noninterest-bearing cash	1a	22618	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	0	21405
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	5290408	5363949
(2) U.S. Government securities	1c(2)	0	18995655
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	353449338	404694847
(6) Real estate (other than employer real property)	1c(6)	23640000	24770000
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(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)	54297808	29181904
(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	436700172	483027760
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	436700172	483027760

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)	20000000	
(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)		20000000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	314172	
(B) U.S. Government securities.....	2b(1)(B)	877527	
(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)		1191699
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1126857	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1126857
(3) Rents.....	2b(3)		2041133
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)	1130000	
(B) Other.....	2b(5)(B)	42106152	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		1763636
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		69359477

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	20060856	
(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)		20060856
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)		
(4) IQPA audit fees	2i(4)	60500	
(5) Investment advisory and investment management fees	2i(5)	628399	
(6) Bank or trust company trustee/custodial fees	2i(6)	325000	
(7) Actuarial fees	2i(7)	293823	
(8) Legal fees	2i(8)	2332	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	1660979	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2971033
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		23031889

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		46327588
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: **KPMG**

(2) EIN: **13-5565207**

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		5000000
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 546551.

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>EMPLOYEES RETIREMENT PLAN OF HAJOCA CORPORATION</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HAJOCA CORPORATION</u>	D Employer Identification Number (EIN) <u>23-2203401</u>	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>58-6105831</u>		
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	337

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
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: 5.0 % Private Equity: 2.5 % Investment-Grade Debt and Interest Rate Hedging Assets: 1.5 %
 High-Yield Debt: 0.2 % Real Assets: 4.9 % Cash or Cash Equivalents: 5.1 % Other: 80.8 %

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 _____.



**THE EMPLOYEES' RETIREMENT PLAN OF
HAJOCA CORPORATION**

Financial Statements and Supplemental Schedule

December 31, 2024 and 2023

(With Independent Auditors' Report Thereon)

**THE EMPLOYEES' RETIREMENT PLAN OF
HAJOCA CORPORATION**

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Schedule H, Line 4i – Schedule of Assets (Held at End of Year), December 31, 2024	13–15
Note: All other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA) have been omitted because there is no information to report.	



KPMG LLP
811 Main Street
Houston, TX 77002

Independent Auditors' Report

To the Plan Participants and Plan Administrator
The Employees' Retirement Plan of Hajoca Corporation:

Opinion

We have audited the financial statements of The Employees' Retirement Plan of Hajoca Corporation (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 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.

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not



a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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



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

KPMG LLP

Houston, Texas
August 25, 2025

**THE EMPLOYEES' RETIREMENT PLAN OF
HAJOCA CORPORATION**

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	2024	2023
Assets:		
Cash	\$ —	22,618
Interest receivable	21,405	—
Investments, at fair value:		
Fixed income	18,995,655	12,615,229
Money market funds	5,363,949	5,290,408
Mutual funds	29,181,904	41,682,579
Plan interest in limited partnerships	404,694,847	353,449,338
Real estate	24,770,000	23,640,000
Total investments	483,006,355	436,677,554
Net assets available for benefits	\$ 483,027,760	436,700,172

See accompanying notes to financial statements.

**THE EMPLOYEES' RETIREMENT PLAN OF
HAJOCA CORPORATION**

Statements of Changes in Net Assets Available for Benefits
December 2024 and 2023

	2024	2023
Additions:		
Employer contributions	\$ 20,000,000	15,000,000
Interest and dividend income	2,318,556	2,541,278
Rental income	2,041,133	1,919,003
Total additions	24,359,689	19,460,281
Deductions:		
Benefits paid directly to participants	20,060,856	17,163,676
Administrative expenses	2,971,033	2,651,265
Total deductions	23,031,889	19,814,941
Net appreciation in fair value of investments	44,999,787	43,000,887
Net change	46,327,588	42,646,227
Net assets available for benefits:		
Beginning of year	436,700,172	394,053,945
End of year	\$ 483,027,760	436,700,172

See accompanying notes to financial statements.

**THE EMPLOYEES' RETIREMENT PLAN OF
HAJOCA CORPORATION**

Notes to Financial Statements

December 31, 2024 and 2023

(1) Description of the Plan

The Employees' Retirement Plan of Hajoca Corporation (the Plan) is a defined-benefit plan that covers substantially all employees of Hajoca Corporation (the Plan Sponsor and Plan Administrator) not covered by separate collectively bargained plans. The Plan provides for retirement, disability, and death benefits.

The Plan Sponsor voluntarily contributes such amounts necessary to meet the minimum funding requirements of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Plan met the minimum funding requirements of ERISA for the years ended December 31, 2024 and 2023.

Participants are vested in their accumulated benefit after three years of credited service. Generally, benefit payments commence at the employees' normal retirement date (the later of the date on which the participant attains age 65 or the third anniversary of employment). Early retirement and other benefit payment elections also may be made.

Although the Plan Sponsor has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue such contributions at any time and terminate the Plan. In the event of termination, the net assets of the Plan are to be set aside in the following order for the payment of benefits to those who have been retired for three or more years; those eligible for retirement in three or more years; others eligible for retirement to the extent guaranteed by the Pension Benefit Guaranty Corporation; and to the remaining participants on a pro rata basis. However, in the event of termination of the Plan, the Pension Benefit Guaranty Corporation guarantees the payment of all nonforfeitable basic benefits subject to certain limitations prescribed by ERISA.

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

(b) Payment of Benefits

Benefit payments are recorded when paid.

(c) Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes and supplemental schedule. Actual results could differ from those estimates.

(d) Investment Valuation and Income Recognition

Investments held by the Plan are stated at fair value. See note 4 for further discussion of fair value measurements.

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

**THE EMPLOYEES' RETIREMENT PLAN OF
HAJOCA CORPORATION**

Notes to Financial Statements

December 31, 2024 and 2023

(e) Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (note 3) represent the actuarial present value of estimated future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to retired, terminated, and present employees or their beneficiaries. These are based on employees' compensation during their years of credited service as established by the provisions of the plan agreement. Benefits payable under all circumstances, retirement, death, disability, and termination of employment are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

(3) Accumulated Plan Benefits

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

The accumulated plan benefit information is determined as of the beginning of the plan year and is as follows:

	December 31, 2023
Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	\$ 102,457,329
Other participants	172,059,736
	274,517,065
Nonvested benefits	4,220,841
Total actuarial present value of accumulated plan benefits	\$ 278,737,906

**THE EMPLOYEES' RETIREMENT PLAN OF
HAJOCA CORPORATION**

Notes to Financial Statements

December 31, 2024 and 2023

Changes in accumulated plan benefit information are as follows:

	Year ended December 31, 2023
Actuarial present value of accumulated plan benefits at beginning of year	\$ 266,906,429
(Decrease) increase during the year:	
Benefits paid	(17,163,676)
Increase of interest due to the decrease in discount period	16,152,704
Changes in assumptions	(593,607)
Benefits accumulated	<u>13,436,056</u>
Net increase	<u>11,831,477</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 278,737,906</u>

The more significant assumptions underlying the actuarial computations are as follows:

Interest rate	6.25% compounded annually (in both 2024 and 2023)
Mortality	Pri-2012 mortality table (in both 2024 and 2023)
Retirement age	Rates of retirement from ages 55 to 70 (in both 2024 and 2023)

These actuarial assumptions are based upon the assumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the present value of the accumulated benefits. The MP-2021 scale was used for 2024 and 2023. Additionally, while the retirement age assumption above did consist of rates of retirement from age 55 to 70 in both 2024 and 2023, the retirement age for the individual ages within the range were updated in 2022.

(4) Fair Value Measurements

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (i.e., an exit price). Financial Accounting Standards Board guidance includes 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 and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

**THE EMPLOYEES' RETIREMENT PLAN OF
HAJOCA CORPORATION**

Notes to Financial Statements

December 31, 2024 and 2023

Assets and liabilities measured at fair value are categorized into the following fair value hierarchy:

- Level 1 – Fair value is based on unadjusted quoted prices for identical assets or liabilities in an active market that the Plan has the ability to access at the measurement date.
- Level 2 – Fair value is based on quoted prices in markets that are not active, quoted prices for similar assets and liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the asset or liability.
- Level 3 – Fair value is based on prices or valuation techniques that require inputs that are both significant to the fair value measurement and unobservable. These inputs reflect management's judgment about the assumptions that a market participant would use in pricing the investment and are based on the best available information, some of which may be internally developed.

The level in the fair value hierarchy in which the fair value measurement is classified is determined based on the lowest-level input that is significant to the fair value measurement in its entirety.

Following is a description of the valuation methodologies used for assets measured at fair value.

Fixed Income, money market funds and Mutual funds are valued at quoted prices in an active market and are classified as Level 1.

Limited partnerships (LPs) are carried at net asset value (NAV), which is used as a practical expedient, as determined by the general partners of the partnership, based on the funds underlying securities (some of which are marketable), estimates, appraisals and other assumptions. LP values are adjusted for actual contributions and distributions as they occur. In general, investments recorded at NAV as a practical expedient are subject to various redemption restrictions. Specifically, the redemption restrictions on the Company's investments recorded at NAV as a practical expedient include a redemption notice period of 90 days or less, and a redemption frequency of monthly, quarterly, or annually depending on the fund.

Real estate investments are carried at estimated fair value based upon appraisals prepared annually by independent appraisers.

In evaluating the levels at which the Company's investments have been classified, the Company has assessed factors including, but not limited to price transparency, the ability to redeem at NAV at the measurement date and the existence or absence of certain restrictions at the measurement date.

**THE EMPLOYEES' RETIREMENT PLAN OF
HAJOCA CORPORATION**

Notes to Financial Statements

December 31, 2024 and 2023

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

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Fixed Income	\$ 18,995,655	—	—	18,995,655
Money market funds	5,363,949	—	—	5,363,949
Mutual funds	29,181,904	—	—	29,181,904
Secured note	—	—	—	—
Real estate	—	—	24,770,000	24,770,000
Total investments at fair value	53,541,508	—	24,770,000	78,311,508
Investments measured at net asset value (a)	—	—	—	404,694,847
Total investments	<u>\$ 53,541,508</u>	<u>—</u>	<u>24,770,000</u>	<u>483,006,355</u>

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

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Fixed income	\$ 12,615,229	—	—	12,615,229
Money market funds	5,290,408	—	—	5,290,408
Mutual funds	41,682,579	—	—	41,682,579
Secured note	—	—	—	—
Real estate	—	—	23,640,000	23,640,000
Total investments at fair value	59,588,216	—	23,640,000	83,228,216
Investments measured at net asset value (a)	—	—	—	353,449,338
Total investments	<u>\$ 59,588,216</u>	<u>—</u>	<u>23,640,000</u>	<u>436,677,554</u>

Plan management re-evaluated the classification of investments. Plan management determined certain investments previously classified as mutual funds were fixed income funds and corrected the classification of the investments in the disclosure. Plan management determined this correction is immaterial to the 2023 financial statements and it does not affect prior year net assets available for benefits or the prior year change in net assets available for benefits.

**THE EMPLOYEES' RETIREMENT PLAN OF
HAJOCA CORPORATION**

Notes to Financial Statements

December 31, 2024 and 2023

- (a) In accordance with Subtopic 820-10, funds measured at net asset value per share as a practical expedient (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended December 31, 2024 and 2023:

	Real estate
Balance, December 31, 2022	\$ 23,000,000
Unrealized appreciation relating to instruments still held at the reporting date	640,000
Purchases, sales, issuances, and settlements (net)	—
Balance, December 31, 2023	23,640,000
Unrealized appreciation relating to instruments still held at the reporting date	1,130,000
Purchases, sales, issuances, and settlements (net)	—
Balance, December 31, 2024	\$ 24,770,000

There were no transfers into and out of Level 3 of the fair value hierarchy or purchases of Level 3 plan assets during the current year or prior year.

(5) Transactions with Parties in Interest

The Plan currently leases thirteen properties to the Plan Sponsor. Total rent payments received by the Plan in 2024 and 2023 were \$2,041,133 and \$1,919,003, respectively.

Future minimum commitments under these leases are as follows at December 31, 2024:

2025	\$ 1,670,815
2026	1,150,936
2027	729,602
2028	328,593
2029	229,561
Thereafter	—
	\$ 4,109,506

Fees paid by the Plan to Bryn Mawr Trust, the trustee and custodian, for administrative expenses of the Plan amounted to \$325,000 and \$243,750 in 2024 and 2023, respectively.

**THE EMPLOYEES' RETIREMENT PLAN OF
HAJOCA CORPORATION**

Notes to Financial Statements

December 31, 2024 and 2023

(6) Tax Status

The Plan Administrator believes the Plan qualifies under the applicable provisions of the Internal Revenue Code and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt. The Plan obtained an opinion letter dated November 3, 2017 in which the Internal Revenue Service (IRS) stated the Plan was in compliance. On June 8, 2021, the Plan obtained an updated opinion letter in which the IRS stated the Plan continued to be in compliance.

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

(7) Risks and Uncertainties

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

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

(8) Commitments

Under certain of the limited partnership agreements, the Plan may be required to fund additional contributions. As of December 31, 2024 and 2023, the Plan had commitments to fund limited partnership investments in future periods totaling approximately \$80,702,037 and \$106,749,188, respectively.

(9) Administrative Expenses

In accordance with the plan agreement, administrative expenses of the Plan may be paid by either the Plan Sponsor or the Plan, at the discretion of the Plan Administrator. These expenses were primarily paid by the Plan in both 2024 and 2023.

(10) Subsequent Events

The Plan Administrator has evaluated subsequent events through August 25, 2025, the date the financial statements were available to be issued, and determined there were no subsequent events requiring adjustments to the financial statements and accompanying disclosures.

**THE EMPLOYEES' RETIREMENT PLAN OF
HAJOCA CORPORATION**

EIN#: 23-2203401 Plan#: 002

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

December 31, 2024

Identity of issuer, borrower, lessor, or similar party	Cost	Current value
Fixed income:		
US Treasury 01/30/25	\$ 8,296,583	8,356,220
US Treasury 02/11/25	4,463,748	4,472,007
US Treasury 03/25/25	6,137,387	6,167,428
	<u>18,897,718</u>	<u>18,995,655</u>
Money market funds:		
Federated Investors Government Obligations	5,222,025	5,222,025
Schwab Govt MM Fund	141,924	141,924
	<u>5,363,949</u>	<u>5,363,949</u>
Mutual funds:		
PIMCO Income Fund	8,720,473	8,321,564
GMO Trust Benchmark-Free Fund III	11,061,743	13,624,852
Vanguard S&P 500 ETF	4,175,870	4,744,222
Vanguard Total Intl Stock ETF	2,511,894	2,491,266
	<u>26,469,980</u>	<u>29,181,904</u>
Limited partnerships:		
Farallon Capital Institutional Partners	2,000,000	12,778,929
Dune Real Estate Fund III	2,128,579	544,515
Absolute Investment Advisors Absolute Return Fund	16,696,183	6,572,952
Angeles Diversified Income Fund	48,204,493	56,847,739
Angeles Global Equity Oppty Fd	99,923,043	158,820,000
Angeles Private Credit Fund	8,580,252	10,064,660
Angeles Private Credit Fund 2	11,509,723	13,208,981
Angeles Private Credit Fund 3	4,294,240	4,474,226
Angeles Private Markets Fund	3,008,558	4,842,209
Angeles Private Markets Fund 2	1,728,159	3,424,554
Angeles Private Markets Fund 3	1,276,566	3,738,961
Angeles Private Markets Fund 4	5,325,240	9,451,069
Angeles Private Markets Fund 5	8,165,366	9,420,826
Angeles Direct Equity Fund 1	9,223,522	10,914,716
Angeles Direct Equity Fund 2	7,873,907	13,357,842

**THE EMPLOYEES' RETIREMENT PLAN OF
HAJOCA CORPORATION**

EIN#: 23-2203401 Plan#: 002

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

December 31, 2024

Identity of issuer, borrower, lessor, or similar party	Cost	Current value
Angeles Real Assets Fund	9,207,328	12,522,568
Bain Asia Fund III	787,783	940,968
Brookfield Capital Partners Fund IV	1,198,448	1,466,072
C-111 Recovery Fund I LP	1	2,345
C-111 Recovery Fund II LP	1,399,781	1,365,196
C-111 High Yield Real Estate Debt IV	3,152,861	2,279,900
CHSO Healthcare SO II LP	3,627,492	3,009,486
CHSO Main LP	524,888	368,242
Charlesbank Offshore Equity Fund VIII LP	607,686	602,437
Clearlake Capital Partners IV LP	2,248,688	2,093,300
GMO Multi-Strategy Fund	3,152,545	2,415,253
GS Capital Partners Parallel VI LP	237,175	18,453
GS Distressed Managers Fund IV Offshore LP	334,840	42,295
GS Vintage VII Mgr LP	4,472,439	5,428,113
GS Vintage VI Mrg LP	563,199	247,077
GS Vintage Fund V Offshore LP	519,298	50,122
GS Whitehall Street International RE Corporation LP	83,242	2,680
GSO Energy Select Opportunities Fund LP	1,804	136,917
LL Mortgage Fund, LP	3,000,000	4,694,557
Lone Star Fund IX LP	630,387	961,365
Lone Star Real Estate Fund IV LP	263,421	790,848
Orbimed Royal Opportunities II LP	56,871	12,333
OEP VI Feeder Cayman LP	1,525,159	3,963,626
OEP VI AIV Feeder (A) LP	954,778	1,096,176
PEM Holdings	976,610	13,206,690
Roundtable Healthcare Capital Partners III LP	394,022	878,287
Shamrock Capital Growth Fund III LP	374,936	463,721
Shamrock Capital Growth Fund IV LP	1,174,427	1,877,582
Tinicum, LP.	6,094,779	10,915,856
VN Capital Fund I LP	6,864,179	10,877,785
VN Capital Fund C LP	1,882,121	553,852
Wynnchurch Capital Partners IV	520,984	1,001,362
XLCR Capital Partners, LP	1,000,000	1,947,204
	287,770,003	404,694,847

**THE EMPLOYEES' RETIREMENT PLAN OF
HAJOCA CORPORATION**

EIN#: 23-2203401 Plan#: 002

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

December 31, 2024

Identity of issuer, borrower, lessor, or similar party	Cost	Current value
* Real estate:		
1500 Candelaria, NE, Albuquerque, NM	\$ 520,000	2,260,000
1712 South Central Ave., Phoenix, AZ	800,000	2,040,000
2100 South Western Avenue, Oklahoma City, OK	711,325	1,800,000
3111 29th Avenue East, Bradenton, FL	975,735	1,320,000
3366 South Glen Avenue, Glenwood Springs, CO	460,000	1,600,000
4149 Warehouse Lane, Pensacola, FL	1,511,752	1,540,000
2688 Commerce Way, Ogden, Utah	725,335	1,930,000
711 N Hydraulic Ave, Wichita, KS	646,957	1,660,000
3817 Acushnet Dr, Corpus Christi, TX	846,829	1,300,000
6606 Granger Road, Independence, OH	1,987,838	2,690,000
58 R Pulaski St, Peabody, MA	1,061,265	1,520,000
2101 North Highway 190, Covington, LA	2,263,670	4,030,000
112 Middlesex Street, Chelmsford, MA	888,059	1,080,000
	<u>13,398,765</u>	<u>24,770,000</u>
	<u>\$ 351,900,415</u>	<u>483,006,355</u>

* Indicates party in interest to the Plan

See accompanying independent auditors' report.

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Employees Retirement Plan of Hajoca Corporation
 EIN: 232203401 PN: 002

Schedule SB, line 26a – Schedule of Active Participant Data
 as of January 1, 2024

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

As of January 1, 2024

Hajoca Corporation
 Employees Retirement Plan of Hajoca Corporation
 Active Employees

EIN: 23-2203401 PN: 002

Number of Participants, Average Compensation and Average Cash Balance Account

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	9	200 \$58,931 \$2,265	8							
25-29	2	385 \$78,168 \$3,780	155 \$125,431 \$13,834	3						
30-34	2	322 \$80,703 \$4,011	251 \$126,425 \$16,893	53 \$156,364 \$36,458	1					
35-39		282 \$86,116 \$4,197	205 \$132,746 \$18,411	84 \$170,558 \$41,359	22 \$154,342 \$58,963	3				
40-44		251 \$94,509 \$4,869	199 \$118,005 \$16,416	93 \$169,151 \$44,308	49 \$209,269 \$88,388	20 \$198,731 \$99,736	3			
45-49	1	199 \$90,440 \$4,270	134 \$117,009 \$17,025	111 \$169,248 \$45,197	55 \$154,947 \$68,364	25 \$156,243 \$88,872	14	1		
50-54		179 \$88,215 \$5,249	131 \$113,902 \$17,095	114 \$145,429 \$44,030	58 \$130,838 \$60,772	32 \$116,523 \$71,991	39 \$163,357 \$103,122	18	2	
55-59	1	170 \$93,289 \$6,996	115 \$103,275 \$15,422	101 \$133,661 \$38,879	44 \$125,021 \$70,542	43 \$136,030 \$78,503	42 \$141,228 \$86,287	30 \$150,600 \$106,098	19	1
60-64	3	127 \$89,061 \$6,895	103 \$104,102 \$15,926	98 \$133,516 \$43,809	33 \$106,986 \$63,774	67 \$114,170 \$74,177	42 \$137,521 \$95,345	31 \$157,807 \$123,043	17	6
65-69	8	49 \$86,617 \$4,474	42 \$96,143 \$14,828	40 \$119,804 \$37,715	18	23 \$110,235 \$90,522	13	18	6	13
70+	4	22 \$93,349 \$5,151	14	15	10	6	13	3	1	6

N-5,106

Schedule SB Attachment (Form 5500) —2024 Plan Year
Employees Retirement Plan of Hajoca Corporation
EIN: 232203401 PN: 002

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

For ERISA Requirements

Interest Rates for Minimum Funding Purposes	Based on segment rates with no lookback (as of January 2024), each adjusted as needed to fall within the interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	4.96%
3rd Segment Rate	5.59%
Interest Rates for Maximum Tax Purposes	Based on segment rates with no lookback (as of January 2024), without regard to interest rate stabilization
1st Segment Rate	4.37%
2nd Segment Rate	4.96%
3rd Segment Rate	4.95%
Salary Increases	See Table 1
Cash Balance Interest Crediting Rate	2024 - 4.66% 2025+ - 3.72%
Retirement Age	
Active Participants	See Table 2
Terminated Vested Participants	See Table 3
Mortality Rates	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b)
Withdrawal Rates	See Table 4
Disability Rates	See Table 5
Decrement Timing	Beginning of year decrements
Optional Payment Form	Life Annuity – 30% 50% J&S Annuity – 55% 10 years Certain and Life Annuity – 15%
Surviving Spouse Benefit	It is assumed that 70% of males and 70% of females have an eligible spouse, and that males are two years older than their spouses.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Employees Retirement Plan of Hajoca Corporation
EIN: 232203401 PN: 002

Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the IRC section 401(a)(17) compensation limit of \$345,000.
Valuation of Plan Assets	Fair market value
Trust Expenses Included in Target Normal Cost	\$1,235,215
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2024

Schedule SB Attachment (Form 5500) —2024 Plan Year
Employees Retirement Plan of Hajoca Corporation
EIN: 232203401 PN: 002

Actuarial Assumptions and Methods

Table 1

Salary Scale

Age	Rate
0 - 4	7.90%
5 - 9	5.85%
10 - 14	5.35%
15 - 19	4.90%
20 - 24	4.40%
25+	4.00%

Schedule SB Attachment (Form 5500) —2024 Plan Year
 Employees Retirement Plan of Hajoca Corporation
 EIN: 232203401 PN: 002

Table 2

Retirement Rates – Actives

Age	Rate
55	7.00%
56	7.00%
57	7.00%
58	7.00%
59	7.00%
60	7.00%
61	7.00%
62	10.00%
63	10.00%
64	10.00%
65	20.00%
66	20.00%
67	20.00%
68	20.00%
69	20.00%
70+	100.00%

Schedule SB Attachment (Form 5500) —2024 Plan Year
 Employees Retirement Plan of Hajoca Corporation
 EIN: 232203401 PN: 002

Table 3

Retirement Rates — Terminated Vested

Age	Rate
55	13.00%
56	13.00%
57	8.00%
58	8.00%
59	10.00%
60	10.00%
61	15.00%
62	20.00%
63	15.00%
64	25.00%
65	50.00%
66	50.00%
67	40.00%
68	40.00%
69	40.00%
70+	100.00%

Schedule SB Attachment (Form 5500) —2024 Plan Year
 Employees Retirement Plan of Hajoca Corporation
 EIN: 232203401 PN: 002

Table 4

Withdrawal Rates

Age	Years of Service		
	0-2	3-9	10+
20	24.00%	13.00%	9.00%
21	24.00%	13.00%	9.00%
22	24.00%	13.00%	9.00%
23	24.00%	13.00%	9.00%
24	24.00%	13.00%	9.00%
25	23.00%	13.00%	8.50%
26	23.00%	13.00%	8.50%
27	23.00%	13.00%	8.50%
28	23.00%	13.00%	8.50%
29	23.00%	13.00%	8.50%
30	21.00%	13.00%	8.00%
31	21.00%	13.00%	8.00%
32	21.00%	13.00%	8.00%
33	21.00%	13.00%	8.00%
34	21.00%	13.00%	8.00%
35	21.00%	10.00%	7.00%
36	21.00%	10.00%	7.00%
37	21.00%	10.00%	7.00%
38	21.00%	10.00%	7.00%
39	21.00%	10.00%	7.00%
40	20.00%	10.00%	6.50%
41	20.00%	10.00%	6.50%
42	20.00%	10.00%	6.50%
43	20.00%	10.00%	6.50%
44	20.00%	10.00%	6.50%

Schedule SB Attachment (Form 5500) —2024 Plan Year
 Employees Retirement Plan of Hajoca Corporation
 EIN: 232203401 PN: 002

Table 4 continued

Withdrawal Rates

Age	Years of Service		
	0-2	3-9	10+
45	20.00%	10.00%	6.00%
46	20.00%	10.00%	6.00%
47	20.00%	10.00%	6.00%
48	20.00%	10.00%	6.00%
49	20.00%	10.00%	6.00%
50	17.00%	10.00%	5.00%
51	17.00%	10.00%	5.00%
52	17.00%	10.00%	5.00%
53	17.00%	10.00%	5.00%
54	17.00%	10.00%	5.00%
55	16.00%	0.00%	0.00%
56	16.00%	0.00%	0.00%
57	16.00%	0.00%	0.00%
58	16.00%	0.00%	0.00%
59	16.00%	0.00%	0.00%
60	15.00%	0.00%	0.00%
61	15.00%	0.00%	0.00%
62	15.00%	0.00%	0.00%
63	15.00%	0.00%	0.00%
64	15.00%	0.00%	0.00%
65+	15.00%	0.00%	0.00%

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Employees Retirement Plan of Hajoca Corporation
 EIN: 232203401 PN: 002

Table 5

Disability Rates

Age	Male	Female	Age	Male	Female
18	0.036%	0.036%	43	0.145%	0.229%
19	0.036%	0.036%	44	0.169%	0.265%
20	0.036%	0.036%	45	0.193%	0.289%
21	0.036%	0.036%	46	0.217%	0.325%
22	0.036%	0.036%	47	0.253%	0.362%
23	0.036%	0.036%	48	0.301%	0.398%
24	0.036%	0.036%	49	0.337%	0.434%
25	0.036%	0.036%	50	0.398%	0.482%
26	0.036%	0.036%	51	0.470%	0.530%
27	0.036%	0.036%	52	0.554%	0.590%
28	0.036%	0.048%	53	0.639%	0.651%
29	0.036%	0.048%	54	0.735%	0.711%
30	0.036%	0.048%	55	0.831%	0.771%
31	0.036%	0.060%	56	0.928%	0.831%
32	0.036%	0.060%	57	1.036%	0.892%
33	0.036%	0.072%	58	1.145%	0.964%
34	0.036%	0.072%	59	1.265%	1.024%
35	0.048%	0.084%	60	1.386%	1.085%
36	0.048%	0.096%	61	1.518%	1.157%
37	0.060%	0.108%	62	1.663%	1.217%
38	0.072%	0.121%	63	1.820%	1.265%
39	0.084%	0.145%	64	1.976%	1.313%
40	0.096%	0.157%	65+	0.000%	0.000%
41	0.108%	0.181%			
42	0.121%	0.205%			

**SCHEDULE SB
(Form 5500)**

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

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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 EMPLOYEES RETIREMENT PLAN OF HAJOCA CORPORATION	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF HAJOCA CORPORATION	D Employer Identification Number (EIN) 23-2203401	
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	436,700,169
	b Actuarial value	2b	436,700,169
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	1,466	111,481,084
	b For terminated vested participants	1,152	37,025,284
	c For active participants	5,106	151,453,382
	d Total	7,724	299,959,750
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	5.13%
6	Target normal cost		
	a Present value of current plan year accruals	6a	18,836,737
	b Expected plan-related expenses	6b	1,235,215
	c Target normal cost	6c	20,071,952

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	ALFRED H. JOHNSON	07/08/2025
	Signature of actuary	Date
	ALFRED H. JOHNSON	2306960
	Type or print name of actuary	Most recent enrollment number
	AON CONSULTING, INC.	610-834-2100
	Firm name	Telephone number (including area code)
	259 N. RADNOR CHESTER ROAD SUITE 160 RADNOR PA 19087	
	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 V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	<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	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	20,071,952	
b Excess assets, if applicable, but not greater than line 31a	31b	20,071,952	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	19,542,989	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	19,542,989	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021
--

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Employees Retirement Plan of Hajoca Corporation
 EIN: 232203401 PN: 002

Schedule SB, line 19 – Discounted Employer Contributions

Year applied for contributions: 2024

Date	Amount	Days to Discount to 1/1/2024 at 5.13%	Interest Adjusted Contribution
April 12, 2024	\$ 10,000,000	102	\$ 9,861,547
July 9, 2024	5,000,000	190	4,871,819
October 11, 2024	<u>5,000,000</u>	284	<u>4,809,623</u>
Total Contribution	\$ 20,000,000		\$ 19,542,989

Schedule SB Attachment (Form 5500) —2024 Plan Year
 Employees Retirement Plan of Hajoca Corporation
 EIN: 232203401 PN: 002

Schedule SB, line 22 — Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)	
55		7.00%	1.0000	3.85
56		7.00%	0.9300	3.65
57		7.00%	0.8649	3.45
58		7.00%	0.8044	3.27
59		7.00%	0.7481	3.09
60		7.00%	0.6957	2.92
61		7.00%	0.6470	2.76
62		10.00%	0.6017	3.73
63		10.00%	0.5415	3.41
64		10.00%	0.4874	3.12
65		20.00%	0.4386	5.70
66		20.00%	0.3509	4.63
67		20.00%	0.2807	3.76
68		20.00%	0.2246	3.05
69		20.00%	0.1797	2.48
70		100.00%	0.1437	10.06
			Weighted Average	62.93

Schedule SB Attachment (Form 5500) —2024 Plan Year
Employees Retirement Plan of Hajoca Corporation
EIN: 232203401 PN: 002

Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the cash balance interest crediting rate from 3.99% for 2023 and 3.92% for 2024+ to 4.66% for 2024 and 3.72% for 2025+.

This change was made to better reflect anticipated plan experience. The funding assumption change did not reduce the funding shortfall more than the thresholds stated in the Internal Revenue Code Section 430(h)(5), so approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Employees Retirement Plan of Hajoca Corporation
 EIN: 232203401 PN: 002

Schedule SB, line 26a – Schedule of Active Participant Data
 as of January 1, 2024

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

As of January 1, 2024

Hajoca Corporation
 Employees Retirement Plan of Hajoca Corporation
 Active Employees

EIN: 23-2203401 PN: 002

Number of Participants, Average Compensation and Average Cash Balance Account

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	9	200 \$58,931 \$2,265	8							
25-29	2	385 \$78,168 \$3,780	155 \$125,431 \$13,834	3						
30-34	2	322 \$80,703 \$4,011	251 \$126,425 \$16,893	53 \$156,364 \$36,458	1					
35-39		282 \$86,116 \$4,197	205 \$132,746 \$18,411	84 \$170,558 \$41,359	22 \$154,342 \$58,963	3				
40-44		251 \$94,509 \$4,869	199 \$118,005 \$16,416	93 \$169,151 \$44,308	49 \$209,269 \$88,388	20 \$198,731 \$99,736	3			
45-49	1	199 \$90,440 \$4,270	134 \$117,009 \$17,025	111 \$169,248 \$45,197	55 \$154,947 \$68,364	25 \$156,243 \$88,872	14	1		
50-54		179 \$88,215 \$5,249	131 \$113,902 \$17,095	114 \$145,429 \$44,030	58 \$130,838 \$60,772	32 \$116,523 \$71,991	39 \$163,357 \$103,122	18	2	
55-59	1	170 \$93,289 \$6,996	115 \$103,275 \$15,422	101 \$133,661 \$38,879	44 \$125,021 \$70,542	43 \$136,030 \$78,503	42 \$141,228 \$86,287	30 \$150,600 \$106,098	19	1
60-64	3	127 \$89,061 \$6,895	103 \$104,102 \$15,926	98 \$133,516 \$43,809	33 \$106,986 \$63,774	67 \$114,170 \$74,177	42 \$137,521 \$95,345	31 \$157,807 \$123,043	17	6
65-69	8	49 \$86,617 \$4,474	42 \$96,143 \$14,828	40 \$119,804 \$37,715	18	23 \$110,235 \$90,522	13	18	6	13
70+	4	22 \$93,349 \$5,151	14	15	10	6	13	3	1	6

N-5,106

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Employees Retirement Plan of Hajoca Corporation
 EIN: 232203401 PN: 002

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	16,632,670	2,227,769	10,185,136	29,045,575
2025	13,937,849	1,753,745	10,007,190	25,698,784
2026	12,729,499	2,005,859	9,810,006	24,545,364
2027	14,308,747	2,222,881	9,603,443	26,135,071
2028	12,106,646	2,170,969	9,382,345	23,659,960
2029	11,763,393	2,262,743	9,145,267	23,171,403
2030	11,352,786	2,290,942	8,890,609	22,534,337
2031	10,687,426	2,379,368	8,625,426	21,692,220
2032	10,435,048	2,414,549	8,333,162	21,182,759
2033	10,016,872	2,417,925	8,010,197	20,444,994
2034	9,427,837	2,455,994	7,679,889	19,563,720
2035	9,125,551	2,491,684	7,341,997	18,959,232
2036	8,614,252	2,502,521	6,993,087	18,109,860
2037	8,197,959	2,541,229	6,632,588	17,371,776
2038	7,604,255	2,582,052	6,249,153	16,435,460
2039	7,382,253	2,560,617	5,821,146	15,764,016
2040	7,104,130	2,513,820	5,424,170	15,042,120
2041	6,791,154	2,499,296	5,033,154	14,323,604
2042	6,399,840	2,465,291	4,625,795	13,490,926
2043	5,921,481	2,416,423	4,227,679	12,565,583
2044	5,502,104	2,358,536	3,830,582	11,691,222
2045	5,338,042	2,308,209	3,461,916	11,108,167
2046	4,978,407	2,255,840	3,104,076	10,338,323
2047	4,830,839	2,197,562	2,760,080	9,788,481
2048	4,299,493	2,127,722	2,432,798	8,860,013
2049	4,182,264	2,010,999	2,124,852	8,318,115
2050	3,762,637	1,889,211	1,838,511	7,490,359
2051	3,502,672	1,792,809	1,575,530	6,871,011
2052	3,180,275	1,691,586	1,337,075	6,208,936
2053	2,927,365	1,560,086	1,123,675	5,611,126
2054	2,526,233	1,428,516	935,186	4,889,935
2055	2,392,981	1,312,410	770,862	4,476,253
2056	2,052,678	1,201,697	629,423	3,883,798
2057	1,877,987	1,083,567	509,194	3,470,748
2058	1,659,046	956,277	408,224	3,023,547

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Employees Retirement Plan of Hajoca Corporation
 EIN: 232203401 PN: 002

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2059	1,470,492	828,609	324,416	2,623,517
2060	1,265,816	729,849	255,633	2,251,298
2061	1,101,670	636,471	199,777	1,937,918
2062	942,861	541,636	154,878	1,639,375
2063	824,708	460,072	119,126	1,403,906
2064	692,812	391,617	90,912	1,175,341
2065	573,217	336,434	68,833	978,484
2066	497,185	285,785	51,694	834,664
2067	413,725	241,867	38,494	694,086
2068	357,994	203,686	28,408	590,088
2069	303,337	170,228	20,767	494,332
2070	261,366	141,761	15,031	418,158
2071	227,245	117,266	10,764	355,275
2072	201,689	96,419	7,624	305,732
2073	179,229	78,529	5,337	263,095

Schedule SB Attachment (Form 5500) —2024 Plan Year
Employees Retirement Plan of Hajoca Corporation
EIN: 232203401 PN: 002

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

For ERISA Requirements

Interest Rates for Minimum Funding Purposes	Based on segment rates with no lookback (as of January 2024), each adjusted as needed to fall within the interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	4.96%
3rd Segment Rate	5.59%
Interest Rates for Maximum Tax Purposes	Based on segment rates with no lookback (as of January 2024), without regard to interest rate stabilization
1st Segment Rate	4.37%
2nd Segment Rate	4.96%
3rd Segment Rate	4.95%
Salary Increases	See Table 1
Cash Balance Interest Crediting Rate	2024 - 4.66% 2025+ - 3.72%
Retirement Age	
Active Participants	See Table 2
Terminated Vested Participants	See Table 3
Mortality Rates	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b)
Withdrawal Rates	See Table 4
Disability Rates	See Table 5
Decrement Timing	Beginning of year decrements
Optional Payment Form	Life Annuity – 30% 50% J&S Annuity – 55% 10 years Certain and Life Annuity – 15%
Surviving Spouse Benefit	It is assumed that 70% of males and 70% of females have an eligible spouse, and that males are two years older than their spouses.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Employees Retirement Plan of Hajoca Corporation
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Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the IRC section 401(a)(17) compensation limit of \$345,000.
Valuation of Plan Assets	Fair market value
Trust Expenses Included in Target Normal Cost	\$1,235,215
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2024

Schedule SB Attachment (Form 5500) —2024 Plan Year
Employees Retirement Plan of Hajoca Corporation
EIN: 232203401 PN: 002

Actuarial Assumptions and Methods

Table 1

Salary Scale

Age	Rate
0 - 4	7.90%
5 - 9	5.85%
10 - 14	5.35%
15 - 19	4.90%
20 - 24	4.40%
25+	4.00%

Schedule SB Attachment (Form 5500) —2024 Plan Year
 Employees Retirement Plan of Hajoca Corporation
 EIN: 232203401 PN: 002

Table 2

Retirement Rates – Actives

Age	Rate
55	7.00%
56	7.00%
57	7.00%
58	7.00%
59	7.00%
60	7.00%
61	7.00%
62	10.00%
63	10.00%
64	10.00%
65	20.00%
66	20.00%
67	20.00%
68	20.00%
69	20.00%
70+	100.00%

Schedule SB Attachment (Form 5500) —2024 Plan Year
 Employees Retirement Plan of Hajoca Corporation
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Table 3

Retirement Rates — Terminated Vested

Age	Rate
55	13.00%
56	13.00%
57	8.00%
58	8.00%
59	10.00%
60	10.00%
61	15.00%
62	20.00%
63	15.00%
64	25.00%
65	50.00%
66	50.00%
67	40.00%
68	40.00%
69	40.00%
70+	100.00%

Schedule SB Attachment (Form 5500) —2024 Plan Year
 Employees Retirement Plan of Hajoca Corporation
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Table 4

Withdrawal Rates

Age	Years of Service		
	0-2	3-9	10+
20	24.00%	13.00%	9.00%
21	24.00%	13.00%	9.00%
22	24.00%	13.00%	9.00%
23	24.00%	13.00%	9.00%
24	24.00%	13.00%	9.00%
25	23.00%	13.00%	8.50%
26	23.00%	13.00%	8.50%
27	23.00%	13.00%	8.50%
28	23.00%	13.00%	8.50%
29	23.00%	13.00%	8.50%
30	21.00%	13.00%	8.00%
31	21.00%	13.00%	8.00%
32	21.00%	13.00%	8.00%
33	21.00%	13.00%	8.00%
34	21.00%	13.00%	8.00%
35	21.00%	10.00%	7.00%
36	21.00%	10.00%	7.00%
37	21.00%	10.00%	7.00%
38	21.00%	10.00%	7.00%
39	21.00%	10.00%	7.00%
40	20.00%	10.00%	6.50%
41	20.00%	10.00%	6.50%
42	20.00%	10.00%	6.50%
43	20.00%	10.00%	6.50%
44	20.00%	10.00%	6.50%

Schedule SB Attachment (Form 5500) —2024 Plan Year
 Employees Retirement Plan of Hajoca Corporation
 EIN: 232203401 PN: 002

Table 4 continued

Withdrawal Rates

Age	Years of Service		
	0-2	3-9	10+
45	20.00%	10.00%	6.00%
46	20.00%	10.00%	6.00%
47	20.00%	10.00%	6.00%
48	20.00%	10.00%	6.00%
49	20.00%	10.00%	6.00%
50	17.00%	10.00%	5.00%
51	17.00%	10.00%	5.00%
52	17.00%	10.00%	5.00%
53	17.00%	10.00%	5.00%
54	17.00%	10.00%	5.00%
55	16.00%	0.00%	0.00%
56	16.00%	0.00%	0.00%
57	16.00%	0.00%	0.00%
58	16.00%	0.00%	0.00%
59	16.00%	0.00%	0.00%
60	15.00%	0.00%	0.00%
61	15.00%	0.00%	0.00%
62	15.00%	0.00%	0.00%
63	15.00%	0.00%	0.00%
64	15.00%	0.00%	0.00%
65+	15.00%	0.00%	0.00%

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Employees Retirement Plan of Hajoca Corporation
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Table 5

Disability Rates

Age	Male	Female	Age	Male	Female
18	0.036%	0.036%	43	0.145%	0.229%
19	0.036%	0.036%	44	0.169%	0.265%
20	0.036%	0.036%	45	0.193%	0.289%
21	0.036%	0.036%	46	0.217%	0.325%
22	0.036%	0.036%	47	0.253%	0.362%
23	0.036%	0.036%	48	0.301%	0.398%
24	0.036%	0.036%	49	0.337%	0.434%
25	0.036%	0.036%	50	0.398%	0.482%
26	0.036%	0.036%	51	0.470%	0.530%
27	0.036%	0.036%	52	0.554%	0.590%
28	0.036%	0.048%	53	0.639%	0.651%
29	0.036%	0.048%	54	0.735%	0.711%
30	0.036%	0.048%	55	0.831%	0.771%
31	0.036%	0.060%	56	0.928%	0.831%
32	0.036%	0.060%	57	1.036%	0.892%
33	0.036%	0.072%	58	1.145%	0.964%
34	0.036%	0.072%	59	1.265%	1.024%
35	0.048%	0.084%	60	1.386%	1.085%
36	0.048%	0.096%	61	1.518%	1.157%
37	0.060%	0.108%	62	1.663%	1.217%
38	0.072%	0.121%	63	1.820%	1.265%
39	0.084%	0.145%	64	1.976%	1.313%
40	0.096%	0.157%	65+	0.000%	0.000%
41	0.108%	0.181%			
42	0.121%	0.205%			

Schedule SB Attachment (Form 5500) —2024 Plan Year
Employees Retirement Plan of Hajoca Corporation
EIN: 232203401 PN: 002

Schedule SB, Part V — Summary of Plan Provisions

General Information

Original Effective Date	January 1, 1972
Effective Date of Last Amendment	January 1, 2015
Plan Year	January 1st to December 31st
Employer Fiscal Year	January 1st to December 31st
Employer ID Number	23-2203401
Plan Administrator's ID Number	23-2203401
Plan Number	002
Plan Administrator	Administrative Committee

Eligibility

All full-time employees (1,000 hours per year) are eligible on the first of the month following one year of employment, provided they are not covered by another retirement plan to which the company contributes.

Service

Service shall equal total years of service with the employer. A year of vesting service is credited for each plan year in which an employee works 1,000 hours or for each plan year during which the participant is receiving disability benefits.

A break in service occurs for any plan year in which the employee works 500 hours or less for the employer in such year. Service will not be interrupted by:

- (1) A leave of absence granted by the employer.
- (2) A period of service in the Armed Forces of the United States under which employment rights are granted.
- (3) Transfer of employment from one participating employer to another.
- (4) Maternity/paternity leave.

An employee will be given credit for his pre-break service if either of the following occurs:

- (1) The employee had a vested interest in his accrued benefit at the time of his break in service; or
- (2) The employee's period of absence was less than the greater of his pre-break service or five years.

Schedule SB Attachment (Form 5500) —2024 Plan Year
 Employees Retirement Plan of Hajoca Corporation
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A year of service for benefit accrual shall mean the same as year of vesting service except that employees terminating from service due to retirement, disability or death receive benefit credit for the year of termination regardless of their hours of service.

Compensation

Compensation equals gross compensation including overtime, bonus, 401(k) and Section 125 contributions. Compensation for each year shall not exceed Section 401(a)(17) limit.

Benefit Formula

Cash Balance Formula

Effective January 1, 2009, the benefit will change to a cash balance formula under which eligible employees who are credited with a year of service receive a pay credit at the end of the year, based on their total years of service, as follows:

Years of Service as of Year End	Pay Credit as a Percent of Compensation
0 to 5	3%
6 to 10	4%
11 to 15	5%
16 to 20	6%
21 or more	7%

Retirement, Disability, or Death

Members who retire, become disabled or die receive a pay credit for that year regardless of their hours worked.

Initial Year of Membership

Employees in their first year of membership receive a pay credit based on compensation for the full year, not just compensation from date of membership.

Cash Balance Account

Pay Credits

Pay credits are contributed to the cash balance account at the end of the plan year.

Interest Credits

Interest is credited at a guaranteed rate of 3%. A minimum interest rate of 5% will be credited to the account for the years 2010 through 2014. Effective December 31, 2014, the plan was amended to change the interest crediting rate to the 30-year Treasury rate for the month of November of the preceding plan year. The company may amend the plan to increase the interest rate for any year as economic conditions warrant but not beyond 7%.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
 Employees Retirement Plan of Hajoca Corporation
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Prior Defined Benefit Formula

Members of the Hajoca Plan prior to January 1, 2009 earned an annual pension (1/12 payable monthly) based on career compensation as follows:

- (1) For service after January 1, 1993, and prior to January 1, 2009, 1½% of compensation.
- (2) For service after January 1, 1976, but prior to January 1, 1993, 1% of compensation up to \$7,800 plus 1½% of excess compensation.
- (3) For service prior to January 1, 1976, pension determined under prior formula.

Transition Benefit — Hajoca

Employees who were members of the plan as of December 31, 2008, will receive a transition benefit for the five years 2009 through 2013. The transition benefit will provide the greater of the pay credit or the lump sum value of the benefit earned under the prior defined benefit formula.

Transition Match — LCR-M

Employees eligible to participate in the LCR-M 401(k) plan as of December 31, 2008 receive a transition match under the LCR-M 401(k) plan for the five years 2009 through 2013 to preserve their ability to receive a total company contribution of 6%. If the eligible employee has less than 16 years of service, they will be eligible for a transition match as follows:

Years of Service Expected at Year End	Match Percent on Contributions Up to 6% of Pay
0 to 5	50%
6 to 10	33⅓%
11 to 15	16⅔%

Normal Retirement Benefit

Eligibility

Age 65.

Amount

The cash balance account is payable as a lump sum or annuity. The prior defined benefit is payable only as an annuity.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Employees Retirement Plan of Hajoca Corporation
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Early Retirement Benefit

Eligibility Age 55 and six years of service for terminated employees, or age 62 for active employees.

Amount The cash balance account is payable as a lump sum or annuity. The prior defined benefit is payable only as an annuity and reduced for early commencement by $6\frac{2}{3}\%$ for each year between age 60 and age 65, and by $3\frac{1}{3}\%$ for each year prior to age 60.

Late Retirement Benefit

Eligibility Employees who work beyond normal retirement date.

Amount Members continue to receive pay credits and interest on their cash balance account and can elect to receive their account in a lump sum or annuity. Prior defined benefit is payable only as an annuity. Member can elect to commence their benefits at any time.

Disability Benefit

Eligibility Determined by the company as disabled or awarded disability benefits under Social Security.

Amount (1) or (2), whichever is applicable.

(1) Eligible for long-term disability benefits — Pay credits and interest continue to be earned during period of disability until age 65. Pay credits are based upon compensation during the year prior to disability or the rate of compensation in year of disability if higher. Benefit may be elected prior to age 65, but pay credits are discontinued and prior defined benefit is subject to early retirement reduction.

(2) Eligible for Social Security disability benefits only — cash balance account is payable in a lump sum or annuity. Prior defined benefit is payable as of disability date, without reduction for early commencement.

Schedule SB Attachment (Form 5500) —2024 Plan Year
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Preretirement Death Benefits

Eligibility The beneficiary of a member who has not commenced the payment of their benefit is eligible for a death benefit. The death benefit payable under the prior defined benefit formula is payable only to an eligible surviving spouse.

Amount

Cash Balance Account The account balance is payable immediately in a lump sum or an annuity to member’s beneficiary.

Prior Defined Benefit The surviving spouse is eligible for the pension that would be payable if the member had elected a 50% joint and survivor annuity prior to death. Benefit is payable no earlier than the member's early retirement date.

Postretirement Death Benefits

Eligibility Beneficiary of a retired member who was receiving annuity payments from the plan.

Amount \$1,000 lump sum payment.

Termination of Employment – Vesting

Eligibility Members vest in their benefits as follows:

Years of Service	Vesting Percentage
Less than 3	0%
3 or more	100%

Active members attaining age 65 will become 100% vested in their benefits.

Prior defined benefit plan members with three years of service as of December 31, 2008 will fully vest after five years of service. Active member attaining age 65 will become 100% vested in their benefits.

Amount

Cash Balance Account Vested portion of cash balance account is payable at termination in the form of a lump sum or an annuity. Member may defer receipt until any later date but not beyond the April 1 following age 70½.

Prior Defined Benefit Vested portion of prior defined benefit is deferred until at least early retirement date and actuarially reduced for payment prior to age 65. If benefit is deferred beyond age 65, benefit is actuarially increased. Benefit must commence by the April 1 following age 70½.

Schedule SB Attachment (Form 5500) —2024 Plan Year
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Under \$7,000

If the combined value of the vested cash balance account and prior defined benefit is less than \$7,000, the benefits must be distributed upon termination. If the value of the prior defined benefit is less than \$7,000, the member may elect to receive it in a lump sum at termination.

Form of Payment

Cash balance account is payable as a lump sum distribution with the annuity options shown below.

Prior defined benefit is payable as a life income with the annuity options shown below.

Married members must have notarized consent of their spouse to choose any payment method other than a joint and survivor option.

Determination of Annuity Options

Cash Balance Account

The amount of the annuity is determined by dividing the account by an annuity factor based on the IRC section 417 interest and mortality used for determining lump sum distributions. The current IRC section 417 mortality table is the RP 2000 table projected to the year 2020 on average, blended 50% male and 50% female. For 2011, the interest rate is based on 40% of the 30 year Treasury bond rate and 60% of the composite of corporate bonds rated A, AA, and AAA. The use of the 30 year Treasury bond rate will phase out 20% per year until 2012, when the interest rate will be based solely on corporate bond rates. For administrative convenience, the interest rates will be changed quarterly and will be based on the IRC section 417 rate two months prior to the quarter.

Prior Defined Benefit

The life income form of the prior defined benefit will be converted into the various options using the same IRC section 417 interest and mortality table as used to convert the cash balance account into an annuity.

Annuity Options

Life Income Option

A monthly pension payable for life, ceasing with the payment preceding death.

Period Certain and Life Income Option

A monthly pension payable for life. In the event of the member's death prior to the end of the certain period (5, 10, 15 or 20 years, as elected by the member) the pension continues to the beneficiary for the remainder of the certain period. The beneficiary has the option to take the commuted value of the remaining payments.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Employees Retirement Plan of Hajoca Corporation
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Joint and Survivor Option

A monthly pension payable for life. Upon the member's death, a percentage of the monthly pension (50%, 75% or 100%, as elected by the member) will be continued to the spouse for as long as they live.

Amendment or Termination of Plan

The employer reserves the right to amend or terminate the plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the plan if the employer fails to meet the minimum funding standards or is unable to pay benefits when due. If the plan is terminated, the plan assets will be distributed among the plan participants based upon a priority allocation procedure, and the employer shall be liable for any unfunded vested benefits to the extent required by law.

Parties to the Plan

This is a single plan covering the employees of this company subject to the eligibility rules outlined above. Trust Fund assets are available to pay plan benefits for participants employed by this company.

Additional Information The above description is a summary only; for additional details, reference should be made to the formal Plan document.

Plan Changes Since the Prior Year

The funding and plan reporting valuations do not reflect any plan changes.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Employees Retirement Plan of Hajoca Corporation
 EIN: 232203401 PN: 002

Schedule SB, line 19 – Discounted Employer Contributions

Year applied for contributions: 2024

Date	Amount	Days to Discount to 1/1/2024 at 5.13%	Interest Adjusted Contribution
April 12, 2024	\$ 10,000,000	102	\$ 9,861,547
July 9, 2024	5,000,000	190	4,871,819
October 11, 2024	<u>5,000,000</u>	284	<u>4,809,623</u>
Total Contribution	\$ 20,000,000		\$ 19,542,989

Schedule SB Attachment (Form 5500) —2024 Plan Year
 Employees Retirement Plan of Hajoca Corporation
 EIN: 232203401 PN: 002

Schedule SB, line 22 — Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)	
55		7.00%	1.0000	3.85
56		7.00%	0.9300	3.65
57		7.00%	0.8649	3.45
58		7.00%	0.8044	3.27
59		7.00%	0.7481	3.09
60		7.00%	0.6957	2.92
61		7.00%	0.6470	2.76
62		10.00%	0.6017	3.73
63		10.00%	0.5415	3.41
64		10.00%	0.4874	3.12
65		20.00%	0.4386	5.70
66		20.00%	0.3509	4.63
67		20.00%	0.2807	3.76
68		20.00%	0.2246	3.05
69		20.00%	0.1797	2.48
70		100.00%	0.1437	10.06
			Weighted Average	62.93

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Employees Retirement Plan of Hajoca Corporation
 EIN: 232203401 PN: 002

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	16,632,670	2,227,769	10,185,136	29,045,575
2025	13,937,849	1,753,745	10,007,190	25,698,784
2026	12,729,499	2,005,859	9,810,006	24,545,364
2027	14,308,747	2,222,881	9,603,443	26,135,071
2028	12,106,646	2,170,969	9,382,345	23,659,960
2029	11,763,393	2,262,743	9,145,267	23,171,403
2030	11,352,786	2,290,942	8,890,609	22,534,337
2031	10,687,426	2,379,368	8,625,426	21,692,220
2032	10,435,048	2,414,549	8,333,162	21,182,759
2033	10,016,872	2,417,925	8,010,197	20,444,994
2034	9,427,837	2,455,994	7,679,889	19,563,720
2035	9,125,551	2,491,684	7,341,997	18,959,232
2036	8,614,252	2,502,521	6,993,087	18,109,860
2037	8,197,959	2,541,229	6,632,588	17,371,776
2038	7,604,255	2,582,052	6,249,153	16,435,460
2039	7,382,253	2,560,617	5,821,146	15,764,016
2040	7,104,130	2,513,820	5,424,170	15,042,120
2041	6,791,154	2,499,296	5,033,154	14,323,604
2042	6,399,840	2,465,291	4,625,795	13,490,926
2043	5,921,481	2,416,423	4,227,679	12,565,583
2044	5,502,104	2,358,536	3,830,582	11,691,222
2045	5,338,042	2,308,209	3,461,916	11,108,167
2046	4,978,407	2,255,840	3,104,076	10,338,323
2047	4,830,839	2,197,562	2,760,080	9,788,481
2048	4,299,493	2,127,722	2,432,798	8,860,013
2049	4,182,264	2,010,999	2,124,852	8,318,115
2050	3,762,637	1,889,211	1,838,511	7,490,359
2051	3,502,672	1,792,809	1,575,530	6,871,011
2052	3,180,275	1,691,586	1,337,075	6,208,936
2053	2,927,365	1,560,086	1,123,675	5,611,126
2054	2,526,233	1,428,516	935,186	4,889,935
2055	2,392,981	1,312,410	770,862	4,476,253
2056	2,052,678	1,201,697	629,423	3,883,798
2057	1,877,987	1,083,567	509,194	3,470,748
2058	1,659,046	956,277	408,224	3,023,547

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Employees Retirement Plan of Hajoca Corporation
 EIN: 232203401 PN: 002

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2059	1,470,492	828,609	324,416	2,623,517
2060	1,265,816	729,849	255,633	2,251,298
2061	1,101,670	636,471	199,777	1,937,918
2062	942,861	541,636	154,878	1,639,375
2063	824,708	460,072	119,126	1,403,906
2064	692,812	391,617	90,912	1,175,341
2065	573,217	336,434	68,833	978,484
2066	497,185	285,785	51,694	834,664
2067	413,725	241,867	38,494	694,086
2068	357,994	203,686	28,408	590,088
2069	303,337	170,228	20,767	494,332
2070	261,366	141,761	15,031	418,158
2071	227,245	117,266	10,764	355,275
2072	201,689	96,419	7,624	305,732
2073	179,229	78,529	5,337	263,095

Schedule SB Attachment (Form 5500) –2024 Plan Year
Employees Retirement Plan of Hajoca Corporation
EIN: 232203401 PN: 002

Schedule SB, Part V – Summary of Plan Provisions

General Information

Original Effective Date	January 1, 1972
Effective Date of Last Amendment	January 1, 2015
Plan Year	January 1st to December 31st
Employer Fiscal Year	January 1st to December 31st
Employer ID Number	23-2203401
Plan Administrator's ID Number	23-2203401
Plan Number	002
Plan Administrator	Administrative Committee

Eligibility

All full-time employees (1,000 hours per year) are eligible on the first of the month following one year of employment, provided they are not covered by another retirement plan to which the company contributes.

Service

Service shall equal total years of service with the employer. A year of vesting service is credited for each plan year in which an employee works 1,000 hours or for each plan year during which the participant is receiving disability benefits.

A break in service occurs for any plan year in which the employee works 500 hours or less for the employer in such year. Service will not be interrupted by:

- (1) A leave of absence granted by the employer.
- (2) A period of service in the Armed Forces of the United States under which employment rights are granted.
- (3) Transfer of employment from one participating employer to another.
- (4) Maternity/paternity leave.

An employee will be given credit for his pre-break service if either of the following occurs:

- (1) The employee had a vested interest in his accrued benefit at the time of his break in service; or
- (2) The employee's period of absence was less than the greater of his pre-break service or five years.

Schedule SB Attachment (Form 5500) —2024 Plan Year
 Employees Retirement Plan of Hajoca Corporation
 EIN: 232203401 PN: 002

A year of service for benefit accrual shall mean the same as year of vesting service except that employees terminating from service due to retirement, disability or death receive benefit credit for the year of termination regardless of their hours of service.

Compensation

Compensation equals gross compensation including overtime, bonus, 401(k) and Section 125 contributions. Compensation for each year shall not exceed Section 401(a)(17) limit.

Benefit Formula

Cash Balance Formula

Effective January 1, 2009, the benefit will change to a cash balance formula under which eligible employees who are credited with a year of service receive a pay credit at the end of the year, based on their total years of service, as follows:

Years of Service as of Year End	Pay Credit as a Percent of Compensation
0 to 5	3%
6 to 10	4%
11 to 15	5%
16 to 20	6%
21 or more	7%

Retirement, Disability, or Death

Members who retire, become disabled or die receive a pay credit for that year regardless of their hours worked.

Initial Year of Membership

Employees in their first year of membership receive a pay credit based on compensation for the full year, not just compensation from date of membership.

Cash Balance Account

Pay Credits

Pay credits are contributed to the cash balance account at the end of the plan year.

Interest Credits

Interest is credited at a guaranteed rate of 3%. A minimum interest rate of 5% will be credited to the account for the years 2010 through 2014. Effective December 31, 2014, the plan was amended to change the interest crediting rate to the 30-year Treasury rate for the month of November of the preceding plan year. The company may amend the plan to increase the interest rate for any year as economic conditions warrant but not beyond 7%.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
 Employees Retirement Plan of Hajoca Corporation
 EIN: 232203401 PN: 002

Prior Defined Benefit Formula

Members of the Hajoca Plan prior to January 1, 2009 earned an annual pension (1/12 payable monthly) based on career compensation as follows:

- (1) For service after January 1, 1993, and prior to January 1, 2009, 1½% of compensation.
- (2) For service after January 1, 1976, but prior to January 1, 1993, 1% of compensation up to \$7,800 plus 1½% of excess compensation.
- (3) For service prior to January 1, 1976, pension determined under prior formula.

Transition Benefit — Hajoca

Employees who were members of the plan as of December 31, 2008, will receive a transition benefit for the five years 2009 through 2013. The transition benefit will provide the greater of the pay credit or the lump sum value of the benefit earned under the prior defined benefit formula.

Transition Match — LCR-M

Employees eligible to participate in the LCR-M 401(k) plan as of December 31, 2008 receive a transition match under the LCR-M 401(k) plan for the five years 2009 through 2013 to preserve their ability to receive a total company contribution of 6%. If the eligible employee has less than 16 years of service, they will be eligible for a transition match as follows:

Years of Service Expected at Year End	Match Percent on Contributions Up to 6% of Pay
0 to 5	50%
6 to 10	33⅓%
11 to 15	16⅔%

Normal Retirement Benefit

Eligibility

Age 65.

Amount

The cash balance account is payable as a lump sum or annuity. The prior defined benefit is payable only as an annuity.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Employees Retirement Plan of Hajoca Corporation
EIN: 232203401 PN: 002

Early Retirement Benefit

Eligibility	Age 55 and six years of service for terminated employees, or age 62 for active employees.
Amount	The cash balance account is payable as a lump sum or annuity. The prior defined benefit is payable only as an annuity and reduced for early commencement by $6\frac{2}{3}\%$ for each year between age 60 and age 65, and by $3\frac{1}{3}\%$ for each year prior to age 60.

Late Retirement Benefit

Eligibility	Employees who work beyond normal retirement date.
Amount	Members continue to receive pay credits and interest on their cash balance account and can elect to receive their account in a lump sum or annuity. Prior defined benefit is payable only as an annuity. Member can elect to commence their benefits at any time.

Disability Benefit

Eligibility	Determined by the company as disabled or awarded disability benefits under Social Security.
Amount	(1) or (2), whichever is applicable. (1) Eligible for long-term disability benefits — Pay credits and interest continue to be earned during period of disability until age 65. Pay credits are based upon compensation during the year prior to disability or the rate of compensation in year of disability if higher. Benefit may be elected prior to age 65, but pay credits are discontinued and prior defined benefit is subject to early retirement reduction. (2) Eligible for Social Security disability benefits only — cash balance account is payable in a lump sum or annuity. Prior defined benefit is payable as of disability date, without reduction for early commencement.

Schedule SB Attachment (Form 5500) —2024 Plan Year
 Employees Retirement Plan of Hajoca Corporation
 EIN: 232203401 PN: 002

Preretirement Death Benefits

Eligibility The beneficiary of a member who has not commenced the payment of their benefit is eligible for a death benefit. The death benefit payable under the prior defined benefit formula is payable only to an eligible surviving spouse.

Amount

Cash Balance Account The account balance is payable immediately in a lump sum or an annuity to member’s beneficiary.

Prior Defined Benefit The surviving spouse is eligible for the pension that would be payable if the member had elected a 50% joint and survivor annuity prior to death. Benefit is payable no earlier than the member's early retirement date.

Postretirement Death Benefits

Eligibility Beneficiary of a retired member who was receiving annuity payments from the plan.

Amount \$1,000 lump sum payment.

Termination of Employment – Vesting

Eligibility Members vest in their benefits as follows:

Years of Service	Vesting Percentage
Less than 3	0%
3 or more	100%

Active members attaining age 65 will become 100% vested in their benefits.

Prior defined benefit plan members with three years of service as of December 31, 2008 will fully vest after five years of service. Active member attaining age 65 will become 100% vested in their benefits.

Amount

Cash Balance Account Vested portion of cash balance account is payable at termination in the form of a lump sum or an annuity. Member may defer receipt until any later date but not beyond the April 1 following age 70½.

Prior Defined Benefit Vested portion of prior defined benefit is deferred until at least early retirement date and actuarially reduced for payment prior to age 65. If benefit is deferred beyond age 65, benefit is actuarially increased. Benefit must commence by the April 1 following age 70½.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Employees Retirement Plan of Hajoca Corporation
EIN: 232203401 PN: 002

Under \$7,000

If the combined value of the vested cash balance account and prior defined benefit is less than \$7,000, the benefits must be distributed upon termination. If the value of the prior defined benefit is less than \$7,000, the member may elect to receive it in a lump sum at termination.

Form of Payment

Cash balance account is payable as a lump sum distribution with the annuity options shown below.

Prior defined benefit is payable as a life income with the annuity options shown below.

Married members must have notarized consent of their spouse to choose any payment method other than a joint and survivor option.

Determination of Annuity Options

Cash Balance Account

The amount of the annuity is determined by dividing the account by an annuity factor based on the IRC section 417 interest and mortality used for determining lump sum distributions. The current IRC section 417 mortality table is the RP 2000 table projected to the year 2020 on average, blended 50% male and 50% female. For 2011, the interest rate is based on 40% of the 30 year Treasury bond rate and 60% of the composite of corporate bonds rated A, AA, and AAA. The use of the 30 year Treasury bond rate will phase out 20% per year until 2012, when the interest rate will be based solely on corporate bond rates. For administrative convenience, the interest rates will be changed quarterly and will be based on the IRC section 417 rate two months prior to the quarter.

Prior Defined Benefit

The life income form of the prior defined benefit will be converted into the various options using the same IRC section 417 interest and mortality table as used to convert the cash balance account into an annuity.

Annuity Options

Life Income Option

A monthly pension payable for life, ceasing with the payment preceding death.

Period Certain and Life Income Option

A monthly pension payable for life. In the event of the member's death prior to the end of the certain period (5, 10, 15 or 20 years, as elected by the member) the pension continues to the beneficiary for the remainder of the certain period. The beneficiary has the option to take the commuted value of the remaining payments.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Employees Retirement Plan of Hajoca Corporation
EIN: 232203401 PN: 002

Joint and Survivor Option

A monthly pension payable for life. Upon the member's death, a percentage of the monthly pension (50%, 75% or 100%, as elected by the member) will be continued to the spouse for as long as they live.

Amendment or Termination of Plan

The employer reserves the right to amend or terminate the plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the plan if the employer fails to meet the minimum funding standards or is unable to pay benefits when due. If the plan is terminated, the plan assets will be distributed among the plan participants based upon a priority allocation procedure, and the employer shall be liable for any unfunded vested benefits to the extent required by law.

Parties to the Plan

This is a single plan covering the employees of this company subject to the eligibility rules outlined above. Trust Fund assets are available to pay plan benefits for participants employed by this company.

Additional Information The above description is a summary only; for additional details, reference should be made to the formal Plan document.

Plan Changes Since the Prior Year

The funding and plan reporting valuations do not reflect any plan changes.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

**THE EMPLOYEES' RETIREMENT PLAN OF
HAJOCA CORPORATION**

EIN#: 23-2203401 Plan#: 002

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

December 31, 2024

Identity of issuer, borrower, lessor, or similar party	Cost	Current value
Fixed income:		
US Treasury 01/30/25	\$ 8,296,583	8,356,220
US Treasury 02/11/25	4,463,748	4,472,007
US Treasury 03/25/25	6,137,387	6,167,428
	<u>18,897,718</u>	<u>18,995,655</u>
Money market funds:		
Federated Investors Government Obligations	5,222,025	5,222,025
Schwab Govt MM Fund	141,924	141,924
	<u>5,363,949</u>	<u>5,363,949</u>
Mutual funds:		
PIMCO Income Fund	8,720,473	8,321,564
GMO Trust Benchmark-Free Fund III	11,061,743	13,624,852
Vanguard S&P 500 ETF	4,175,870	4,744,222
Vanguard Total Intl Stock ETF	2,511,894	2,491,266
	<u>26,469,980</u>	<u>29,181,904</u>
Limited partnerships:		
Farallon Capital Institutional Partners	2,000,000	12,778,929
Dune Real Estate Fund III	2,128,579	544,515
Absolute Investment Advisors Absolute Return Fund	16,696,183	6,572,952
Angeles Diversified Income Fund	48,204,493	56,847,739
Angeles Global Equity Oppty Fd	99,923,043	158,820,000
Angeles Private Credit Fund	8,580,252	10,064,660
Angeles Private Credit Fund 2	11,509,723	13,208,981
Angeles Private Credit Fund 3	4,294,240	4,474,226
Angeles Private Markets Fund	3,008,558	4,842,209
Angeles Private Markets Fund 2	1,728,159	3,424,554
Angeles Private Markets Fund 3	1,276,566	3,738,961
Angeles Private Markets Fund 4	5,325,240	9,451,069
Angeles Private Markets Fund 5	8,165,366	9,420,826
Angeles Direct Equity Fund 1	9,223,522	10,914,716
Angeles Direct Equity Fund 2	7,873,907	13,357,842

**THE EMPLOYEES' RETIREMENT PLAN OF
HAJOCA CORPORATION**

EIN#: 23-2203401 Plan#: 002

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

December 31, 2024

Identity of issuer, borrower, lessor, or similar party	Cost	Current value
Angeles Real Assets Fund	9,207,328	12,522,568
Bain Asia Fund III	787,783	940,968
Brookfield Capital Partners Fund IV	1,198,448	1,466,072
C-111 Recovery Fund I LP	1	2,345
C-111 Recovery Fund II LP	1,399,781	1,365,196
C-111 High Yield Real Estate Debt IV	3,152,861	2,279,900
CHSO Healthcare SO II LP	3,627,492	3,009,486
CHSO Main LP	524,888	368,242
Charlesbank Offshore Equity Fund VIII LP	607,686	602,437
Clearlake Capital Partners IV LP	2,248,688	2,093,300
GMO Multi-Strategy Fund	3,152,545	2,415,253
GS Capital Partners Parallel VI LP	237,175	18,453
GS Distressed Managers Fund IV Offshore LP	334,840	42,295
GS Vintage VII Mgr LP	4,472,439	5,428,113
GS Vintage VI Mrg LP	563,199	247,077
GS Vintage Fund V Offshore LP	519,298	50,122
GS Whitehall Street International RE Corporation LP	83,242	2,680
GSO Energy Select Opportunities Fund LP	1,804	136,917
LL Mortgage Fund, LP	3,000,000	4,694,557
Lone Star Fund IX LP	630,387	961,365
Lone Star Real Estate Fund IV LP	263,421	790,848
Orbimed Royal Opportunities II LP	56,871	12,333
OEP VI Feeder Cayman LP	1,525,159	3,963,626
OEP VI AIV Feeder (A) LP	954,778	1,096,176
PEM Holdings	976,610	13,206,690
Roundtable Healthcare Capital Partners III LP	394,022	878,287
Shamrock Capital Growth Fund III LP	374,936	463,721
Shamrock Capital Growth Fund IV LP	1,174,427	1,877,582
Tinicum, LP.	6,094,779	10,915,856
VN Capital Fund I LP	6,864,179	10,877,785
VN Capital Fund C LP	1,882,121	553,852
Wynnchurch Capital Partners IV	520,984	1,001,362
XLCR Capital Partners, LP	1,000,000	1,947,204
	287,770,003	404,694,847

**THE EMPLOYEES' RETIREMENT PLAN OF
HAJOCA CORPORATION**

EIN#: 23-2203401 Plan#: 002

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

December 31, 2024

Identity of issuer, borrower, lessor, or similar party	Cost	Current value
* Real estate:		
1500 Candelaria, NE, Albuquerque, NM	\$ 520,000	2,260,000
1712 South Central Ave., Phoenix, AZ	800,000	2,040,000
2100 South Western Avenue, Oklahoma City, OK	711,325	1,800,000
3111 29th Avenue East, Bradenton, FL	975,735	1,320,000
3366 South Glen Avenue, Glenwood Springs, CO	460,000	1,600,000
4149 Warehouse Lane, Pensacola, FL	1,511,752	1,540,000
2688 Commerce Way, Ogden, Utah	725,335	1,930,000
711 N Hydraulic Ave, Wichita, KS	646,957	1,660,000
3817 Acushnet Dr, Corpus Christi, TX	846,829	1,300,000
6606 Granger Road, Independence, OH	1,987,838	2,690,000
58 R Pulaski St, Peabody, MA	1,061,265	1,520,000
2101 North Highway 190, Covington, LA	2,263,670	4,030,000
112 Middlesex Street, Chelmsford, MA	888,059	1,080,000
	<u>13,398,765</u>	<u>24,770,000</u>
	<u>\$ 351,900,415</u>	<u>483,006,355</u>

* Indicates party in interest to the Plan

See accompanying independent auditors' report.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Employees Retirement Plan of Hajoca Corporation
EIN: 232203401 PN: 002

Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the cash balance interest crediting rate from 3.99% for 2023 and 3.92% for 2024+ to 4.66% for 2024 and 3.72% for 2025+.

This change was made to better reflect anticipated plan experience. The funding assumption change did not reduce the funding shortfall more than the thresholds stated in the Internal Revenue Code Section 430(h)(5), so approval of the Commissioner is not required.