

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2023</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>RETIREMENT PLAN OF TRANSCONTINENTAL US LLC</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>002</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRANSCONTINENTAL US LLC</u></p> <p><u>8700 W. BRYN MAWR AVENUE, SUITE 1000N CHICAGO, IL 60631-4607</u></p>	<p>1c Effective date of plan <u>08/01/2001</u></p> <p>2b Employer Identification Number (EIN) <u>76-0678895</u></p> <p>2c Plan Sponsor's telephone number <u>773-877-3300</u></p> <p>2d Business code (see instructions) <u>339900</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/09/2025	LISE WHITE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1627
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)	170
	6a(2)	121
	6b	727
	6c	564
	6d	1412
	6e	115
	6f	1527
	6g(1)	
6g(2)		
6h		0
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 1B 1I 3H

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

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

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 0
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024

▶ **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>RETIREMENT PLAN OF TRANSCONTINENTAL US LLC</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>TRANSCONTINENTAL US LLC</u>	D Employer Identification Number (EIN) <u>76-0678895</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>12</u> Day <u>01</u> Year <u>2023</u>		
2	Assets:		
	a Market value	2a	<u>47947277</u>
	b Actuarial value	2b	<u>52742004</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>793</u>	<u>39168463</u>
	b For terminated vested participants	<u>664</u>	<u>20062322</u>
	c For active participants	<u>170</u>	<u>3891243</u>
	d Total	<u>1627</u>	<u>63122028</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)		
	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>5.19 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>1144000</u>
	c Target normal cost	6c	<u>1144000</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>08/20/2025</u>	Date
	<u>HEATHER M. STOLL</u>	<u>23-08198</u>	Most recent enrollment number
	<u>AON CONSULTING, INC.</u>	<u>314-719-5176</u>	Telephone number (including area code)
	<u>MSC# 17840 PO BOX 551343 ATLANTA, GA 30355</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)	0	957989
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	957989
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>2.08</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		1845808
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>5.36</u> %		47587
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		19926
c	Total available at beginning of current plan year to add to prefunding balance		1913321
d	Portion of (c) to be added to prefunding balance		1913321
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1913321

Part III Funding Percentages			
14	Funding target attainment percentage	14	80.37 %
15	Adjusted funding target attainment percentage	15	80.37 %
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	84.97 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
03/14/2025	1100000	0					
06/12/2025	600000	0					
08/13/2025	1350000	0					
			Totals ▶	18(b)	3050000	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a	Contributions allocated toward unpaid minimum required contributions from prior years.	19a 0
b	Contributions made to avoid restrictions adjusted to valuation date	19b 0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 2825057
20	Quarterly contributions and liquidity shortfalls:	
a	Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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
0	0	0
		(4) 4th
		0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 64
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 type="checkbox"/> Yes <input checked="" 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 1144000
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	12412523		1177055	
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 2321055
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	1913321	1913321	
36 Additional cash requirement (line 34 minus line 35).....				36 407734
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				37 2825057
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 2417323
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b 1913321
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 checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021				

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **12/01/2023** and ending **11/30/2024**

A Name of plan RETIREMENT PLAN OF TRANSCONTINENTAL US LLC	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSCONTINENTAL US LLC	D Employer Identification Number (EIN) 76-0678895	

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

JP MORGAN	270 PARK AVENUE NEW YORK, NY 10017
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

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 16 50 65	ACTUARY	253516	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)

AON INVESTMENTS USA INC.

36-3109431

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 28 50	INVESTMENT MANAGER	207495	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)

BLACKROCK FINANCIAL MANAGEMENT, INC

13-3459661

(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 72	FINANCIAL CONSULTANT	73885	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 BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 50	TRUSTEE	61346	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)

FORVIS MAZARS, LLP

44-0160260

(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	AUDITOR	25305	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

(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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2023 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024

A Name of plan <u>RETIREMENT PLAN OF TRANSCONTINENTAL US LLC</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSCONTINENTAL US LLC</u>	D Employer Identification Number (EIN) <u>76-0678895</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: US INTERMEDIATE GOVERNMENT

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN <u>37-6543784-043</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: EMERGING MARKETS ALPHA TILTS FUND

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

c EIN-PN <u>27-0793907-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: INTL ALPHA TILTS FD

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

c EIN-PN <u>94-3242550-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7278473</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: WORLD REAL ESTATE SEC FD

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

c EIN-PN <u>47-4175415-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2970228</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: TSY U.S. 5 YR KEY RATE DUR NL FD

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

c EIN-PN <u>47-4104495-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: TSY U.S. 10 YR KEY RATE DUR NL FD

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

c EIN-PN <u>47-4226866-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2748013</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: TSY U.S. 15 YR KEY RATE DUR NL FD

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

c EIN-PN <u>45-3856099-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1494147</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: TSY U.S. 20 YR KEY RATE DUR NL FD		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 45-3856189-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1124799
a Name of MTIA, CCT, PSA, or 103-12 IE: TSY U.S. 25+ YR KEY RATE DUR NL FD		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 45-3856224-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1209411
a Name of MTIA, CCT, PSA, or 103-12 IE: BLK JPM EMBI GLDBI DIV IDX FD C		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 83-2484172-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2199659
a Name of MTIA, CCT, PSA, or 103-12 IE: AON LONG CREDIT BOND FUND		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-040	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 3000 INDEX FUND		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 94-3302956-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12041632
a Name of MTIA, CCT, PSA, or 103-12 IE: HIGH YIELD BOND FUND		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 47-4859555-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2200159
a Name of MTIA, CCT, PSA, or 103-12 IE: INTERMEDIATE DURATION CORPOR CL1		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 82-2229248-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: SHORT-TERM INVESTMENT FUND		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 94-6450621-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16017
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK EMERGING MARKETS C CL1		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 85-2265574-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2748740
a Name of MTIA, CCT, PSA, or 103-12 IE: INTERMEDIATE GOVT BOND INDEX FUND		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 94-3118548-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3518335

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.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning **12/01/2023** and ending **11/30/2024**

A Name of plan RETIREMENT PLAN OF TRANSCONTINENTAL US LLC	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSCONTINENTAL US LLC	D Employer Identification Number (EIN) 76-0678895	

Part I Asset and Liability Statement

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3049000	3050000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	555460	310142
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	44328982	48820696
(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)	438146	488119
(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	48371588	52668957
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	353035	304000
k Total liabilities (add all amounts in lines 1g through 1j)	1k	353035	304000
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	48018553	52364957

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)	3050000	
(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)		3050000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	300	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		300
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		7297580
(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)		22858
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		10370738

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4595371	
(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)		4595371
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)	25305	
(5) Investment advisory and investment management fees	2i(5)	281380	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	284848	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	61346	
(11) Other expenses	2i(11)	776084	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1428963
j Total expenses. Add all expense amounts in column (b) and enter total	2j		6024334

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4346404
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: **FORVIS MAZARS, LLP**

(2) EIN: **44-0160260**

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		1000000
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 547675.

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> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **12/01/2023** and ending **11/30/2024**

A Name of plan RETIREMENT PLAN OF TRANSCONTINENTAL US LLC	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSCONTINENTAL US LLC	D Employer Identification Number (EIN) 76-0678895	

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
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2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 13-3689044

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	89
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Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

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

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

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

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

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

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

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... Yes No

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 51.6 % Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 41.7 %
 High-Yield Debt: 6.7 % Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

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

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

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

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

Part VII IRS Compliance Questions

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

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

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



Retirement Plan of Transcontinental US LLC

EIN 76-0678895- PN 002

**Independent Auditor's Report, Financial Statements,
and Supplemental Schedules**

As of and for the years ended November 30, 2024 and 2023



Retirement Plan of Transcontinental US LLC
Contents
November 30, 2024 and 2023

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Independent Auditor's Report

Retirement Committee
Retirement Plan of Transcontinental US LLC
Greenville, South Carolina

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

We have performed audits of the financial statements of the Retirement Plan of Transcontinental US LLC (the "Plan"), an employee benefit plan subject to the *Employee Retirement Income Security Act of 1974* (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of November 30, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of November 30, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

Other Matter – Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) and reportable transactions as of and for the year ended November 30, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Forvis Mazars, LLP

Greenville, South Carolina

September 2, 2025

Federal Employer Identification Number: 44-0160260

**Retirement Plan of Transcontinental US LLC
Statements of Net Assets Available for Benefits
November 30, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
ASSETS		
Investments at Fair Value	\$ 49,308,815	\$ 44,767,128
Receivables		
Employer contributions	3,050,000	3,049,000
Due from broker	<u>310,142</u>	<u>555,460</u>
Total Receivables	<u>3,360,142</u>	<u>3,604,460</u>
Total Assets	<u>52,668,957</u>	<u>48,371,588</u>
LIABILITIES		
Due to Broker	<u>304,000</u>	<u>353,035</u>
Net Assets Available for Benefits	<u><u>\$ 52,364,957</u></u>	<u><u>\$ 48,018,553</u></u>

Retirement Plan of Transcontinental US LLC
Statements of Changes in Net Assets Available for Benefits
Years Ended November 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions		
Net appreciation in fair value of investments	\$ 7,320,738	\$ 1,303,029
Employer contributions	<u>3,050,000</u>	<u>3,049,000</u>
Total Additions	<u>10,370,738</u>	<u>4,352,029</u>
Deductions		
Benefits paid to participants	4,595,371	4,318,301
Investment management expenses	281,380	291,357
Administrative expenses	<u>1,147,583</u>	<u>1,067,891</u>
Total Deductions	<u>6,024,334</u>	<u>5,677,549</u>
Net Change	4,346,404	(1,325,520)
Net Assets Available for Benefits		
Beginning of year	<u>48,018,553</u>	<u>49,344,073</u>
End of Year	<u>\$ 52,364,957</u>	<u>\$ 48,018,553</u>

Retirement Plan of Transcontinental US LLC
Notes to Financial Statements
November 30, 2024 and 2023

Note 1. Description of Plan

The following description of the Retirement Plan of Transcontinental US LLC (the “Plan”) provides only general information. Participants should refer to the plan document for more complete description of the plan provisions.

General

The Plan is a defined benefit pension plan covering substantially all employees of Transcontinental US LLC (the “Company”). The Retirement Committee of the Board of Directors of the Company controls and manages the operation and administration of the Plan. Bank of New York Mellon (the “Trustee” or “BNY Mellon”) serves as the trustee of the Plan and, together with several investment managers, manages the Plan’s investments. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

The Plan was established effective July 31, 2001. Effective as of June 30, 2004: (i) the Plan was frozen, (ii) all participants in the Plan ceased to accrue benefits under the Plan (other than collectively bargained participants employed at the Savannah, Georgia facility of the Company); (iii) years of credited service, years of eligibility service, and compensation related to such service is no longer recognized and included in benefit calculations under the Plan after June 30, 2004 (except for collectively-bargained participants employed at the Savannah, Georgia facility of the Company); (iv) all participants employed with the Company as of June 30, 2004 became fully vested in their total benefit (other than collectively-bargained participants employed at the Savannah, Georgia facility of the Company).

On July 13, 2010, the Company acquired certain assets, including the facilities at Catoosa, Oklahoma and Menasha, Wisconsin, of Bemis Company, Inc. (“Bemis”). As a result of this acquisition, the Plan was amended to allow certain eligible employees at the Menasha facility to enter the Plan and accrue benefits. To be eligible, the employee had to be covered by either the Graphic Communications Conference Union or United Service Workers International Union and hired by Bemis prior to March 1, 2010. The Plan was amended in October 2012, to freeze the benefits of employees at the Menasha, Wisconsin facility, effective January 1, 2013.

Pension benefits

Participants with five years of continuous service, as defined by the Plan, are entitled to pension benefits upon retirement. Pension benefits are provided to participants under several types of retirement options based upon years of continuous service, age, and location. Retirement benefits are paid to pensioners or beneficiaries in various forms of joint and survivor annuities, including a lump-sum payment option.

Death and disability benefits

In the event of a vested employee’s death, his or her designated beneficiary will be entitled to receive a survivor benefit equal to the participant’s accrued benefit according to the Plan provisions. The survivor benefit commences on the earliest date that the deceased participant could have elected to receive retirement benefits.

Note 2. Summary of Significant Accounting Policies

Basis of accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America (“GAAP”).

Retirement Plan of Transcontinental US LLC
Notes to Financial Statements
November 30, 2024 and 2023

Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect certain reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Accordingly, actual results may differ from those estimates and assumptions.

Employer contributions receivable

Employer contributions receivable consists of employer contributions relating to a plan year that are remitted to the Plan during the subsequent year. The Company elected to make 2024 and 2023 contributions to the Plan amounting to \$3,050,000 and \$3,049,000, respectively, which were remitted to the Plan prior to September 15 of the subsequent year.

Investment valuation and income recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information provided by the trustee. See Note 6 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Amounts due to broker and due from broker represent security purchases and sales, respectively, which were pending as of the financial statement date and settled subsequent to year-end. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the period.

Payment of benefits

Benefits are recorded upon distribution.

Administrative expenses

The Plan's administrative expenses are paid by either the Plan or the Company, as provided by the plan document. Certain administrative functions are performed by the employees of the Company. No such employee receives compensation from the Plan.

Subsequent events

The Plan has evaluated subsequent events through September 2, 2025, the date the financial statements were available to be issued.

Note 3. Funding Policy

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to make annual contributions to the Plan in amounts as determined by the Plan's independent actuary, to meet or exceed the annual ERISA minimum funding requirement. Company contributions of \$3,050,000 and \$3,049,000, respectively, exceeded the minimum funding requirements of ERISA for the years ended November 30, 2024 and 2023.

Retirement Plan of Transcontinental US LLC
Notes to Financial Statements
November 30, 2024 and 2023

Note 4. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' average compensation during their three years of highest compensation. 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.

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

The effect of plan amendments on accumulated plan benefits is recognized during the period in which such amendments become effective.

The significant actuarial assumptions used in the valuations as of November 30, 2024 and 2023 were:

Actuarial cost method:	Traditional unit credit actuarial cost method
Assumed return on investments:	6.50%
Mortality:	Amounts-weighted aggregate rates from the Pri-2012 mortality study projected generationally from 2012 using scale MP-2021
Retirement age:	Active participants: Ages 55-70, and 100% by age 70 Terminated vested participants: Age 63

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

The actuarial present value of accumulated plan benefits as of November 30, 2024 and 2023 is as follows:

	2024	2023
Vested benefits:		
Participants and/or beneficiaries currently receiving benefits	\$ 35,797,995	\$ 34,911,012
Other participants	19,198,122	20,795,332
Nonvested benefits	55,722	123,546
Total actuarial present value of accumulated plan benefits	\$ 55,051,839	\$ 55,829,890

Retirement Plan of Transcontinental US LLC
Notes to Financial Statements
November 30, 2024 and 2023

The changes in the actuarial present value of the Plan's accumulated plan benefits for the year ended November 30, 2024 and 2023 is as follows:

	<u>2024</u>	<u>2023</u>
Actuarial present value of accumulated plan benefits at beginning of year	\$ 55,829,890	\$ 56,356,808
Increase (decrease) during the period attributable to:		
Benefits paid	(4,595,371)	(4,318,301)
Interest accumulated	3,481,944	3,525,057
Assumption changes	36,449	(44,911)
Other	<u>298,927</u>	<u>311,237</u>
Net change	<u>(778,051)</u>	<u>(526,918)</u>
Actuarial present value of accumulated plan benefits at end of year	\$ <u>55,051,839</u>	\$ <u>55,829,890</u>

Note 5. Unaudited Information Certified by Trustee

The accompanying financial statements include the following unaudited information as of November 30, 2024 and 2023 and for the years then ended, that was obtained from data prepared and certified to be complete and accurate by the Plan's trustee:

	<u>2024</u>	<u>2023</u>
Investments at fair value	\$ <u>49,308,815</u>	\$ <u>44,767,128</u>
Net appreciation in fair value of investments	\$ <u>7,320,738</u>	\$ <u>1,303,029</u>

Note 6. Fair Value Measurements

Fair value as defined under GAAP is an exit price, representing 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. GAAP establishes a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value. These tiers include:

- **Level 1:** Observable inputs such as quoted prices in active markets.
- **Level 2:** Inputs other than quoted prices in active markets that are either directly or indirectly observable.
- **Level 3:** Unobservable inputs about which little or no market data exists, therefore requiring an entity to develop its own assumptions.

Retirement Plan of Transcontinental US LLC
Notes to Financial Statements
November 30, 2024 and 2023

Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The Plan's assessment of the significance of a particular input to the fair value measurement requires judgment, and may affect the valuation of fair value assets and liabilities and their placement within the fair value hierarchy levels.

There have been no changes in the methodologies used as of November 30, 2024 and 2023. The following is a description of the valuation methodologies used for assets measured at fair value:

Mutual fund

Mutual funds are publicly traded investments and are valued daily at the closing price reported on the active market on which the funds are traded.

Common collective trust funds

These funds are valued at the net asset value ("NAV") of units of the collective fund. The NAV is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the funds will sell the investment for an amount different from the reported NAV. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the collective trust, the issuer reserves the right to require 12 months' notification in order to ensure that securities liquidations will be carried out in an orderly business manner.

The following tables set forth by level within the fair value hierarchy the Plan's assets accounted for at fair value on a recurring basis as of November 30, 2024 and 2023:

	Assets at Fair Value as of November 30, 2024			
	Level 1	Level 2	Level 3	Total
Mutual fund	\$ 488,119	\$ -	\$ -	\$ 488,119
Total assets in the fair value hierarchy	<u>\$ 488,119</u>	<u>\$ -</u>	<u>\$ -</u>	488,119
Investments measured at NAV (a)				<u>48,820,696</u>
Investments at fair value				<u>\$ 49,308,815</u>

	Assets at Fair Value as of November 30, 2023			
	Level 1	Level 2	Level 3	Total
Mutual fund	\$ 438,146	\$ -	\$ -	\$ 438,146
Total assets in the fair value hierarchy	<u>\$ 438,146</u>	<u>\$ -</u>	<u>\$ -</u>	438,146
Investments measured at NAV (a)				<u>44,328,982</u>
Investments at fair value				<u>\$ 44,767,128</u>

(a) In accordance with GAAP, certain investments that were measured at NAV per share (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.

Retirement Plan of Transcontinental US LLC
Notes to Financial Statements
November 30, 2024 and 2023

The following table summarizes investments for which fair value is measured using the NAV per share practical expedient as of November 30, 2024 and 2023. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

	<u>Fair Value at November 30, 2024</u>	<u>Fair Value at November 30, 2023</u>	<u>Unfunded Commitments</u>	<u>Other Redemption Restrictions</u>	<u>Redemption Notice Period</u>
Common Collective Trusts	\$ 48,820,696	\$ 44,328,982	None	Daily	None

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

Note 7. Exempt Party-in-Interest Transactions

Certain plan investments are managed by Aon Hewitt Investment Consulting, Inc (“Aon”) and BNY Mellon. Aon is the recordkeeper and BNY Mellon is the trustee as defined by the Plan and, therefore, these transactions qualify as exempt party-in-interest transactions. Fees paid to Aon and BNY Mellon for investment management, actuarial, consultation and administrative services were \$346,194 and \$371,220 for the years ended November 30, 2024 and 2023, respectively.

Note 8. Tax Status

The Internal Revenue Service (the “IRS”) has determined and informed the Company by letter dated October 5, 2016, that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code (the “IRC”). The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, the plan administrator believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

GAAP requires 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 November 30, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability 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.

Note 9. Risks and Uncertainties

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

Retirement Plan of Transcontinental US LLC
Notes to Financial Statements
November 30, 2024 and 2023

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

Note 10. Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- A. Annuity benefits those former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.
- B. Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") (a U.S. government agency) up to the applicable limitations (discussed below).
- C. All other vested benefits (that is, vested benefits not insured by the PBGC).
- D. All non-vested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

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

If, after all liabilities of the Company under this Plan are satisfied, there is a balance remaining in the Plan, that balance shall be returned to the Company by the Trustee.

Supplemental Schedules

Retirement Plan of Transcontinental US LLC
Schedule of Reportable Transactions
Schedule H, Line 4j
EIN: 76-0678895
Year Ended November 30, 2024

Plan: 002

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of party involved	Description of investment including maturity date, rate of interest, par, or maturity value	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain (loss)
Category (i) -						
Single transactions in excess of five percent of beginning plan assets:						
	Emerging Markets Alpha Tilts Fund	\$ -	\$ 2,308,641	\$ 2,274,116	\$ 2,308,641	\$ 34,525
Category (iii) -						
Series Transactions in Excess of Five Percent of Beginning Plan Assets						
	U.S Government Money Market Institutional	\$ 6,024,059	\$ -	\$ 6,024,059	\$ 6,024,059	\$ -
		-	5,974,086	5,974,086	5,974,086	-
	Emerging Markets Alpha Tilts Fund	129,000	-	129,000	129,000	-
		2,806,669	-	2,806,669	2,806,669	-
		-	100,000	99,736	100,000	264
	Blackrock Emerging Markets C CL1	161,238	-	161,238	161,238	-
		-	2,556,864	2,529,456	2,556,864	27,408
	Russell 3000 Index Fund	-	85,000	51,643	85,000	33,357
		937,686	-	937,686	937,686	-
		-	3,095,280	2,144,117	3,095,280	951,163
	Short-Term Investment Fund	4,219,885	-	4,219,885	4,219,885	-
		-	4,215,006	4,215,006	4,215,006	-
	US Intermediate Government	175,000	-	175,000	175,000	-
		6,210,000	-	6,210,000	6,210,000	-
		-	3,188,892	2,828,353	3,188,892	360,539
	Long CR BD	-	1,935,000	2,208,878	1,935,000	(273,878)
		325,000	-	325,000	325,000	-

Columns (e) and (f) are not applicable.

Note: there were no category (i), (ii) or (iv) transactions.

See Independent Auditor's Report

Schedule SB Attachment (Form 5500)—2023 Plan Year
 Retirement Plan of Transcontinental US LLC
 EIN: 76-0678895 PN: 002

Schedule SB, line 26a — Schedule of Active Participant Data
 as of December 1, 2023

Number of Participants

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										
25-29										
30-34				2						
35-39				4	2					
40-44					1	2	1			
45-49				1		9	10	2		
50-54					1	2	11	14	3	
55-59						5	9	14	14	2
60-64				1	1	6	9	8	7	16
65-69						3	1	1	3	1
70+						1				3

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Schedule SB Attachment (Form 5500)—2023 Plan Year
Retirement Plan of Transcontinental US LLC
EIN: 76-0678895 PN: 002

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of August 2023), each adjusted as applicable to fall within the 25-year average interest rate corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	5.00%
3rd Segment Rate	5.74%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of August 2023), without regard to interest rate stabilization
1st Segment Rate	3.42%
2nd Segment Rate	4.33%
3rd Segment Rate	4.43%
Optional Payment Form Election Percentage for Salaried and Nonunion Hourly Retirement Eligible Actives	50% life annuity 50% lump sum
Optional Payment Form Conversion Interest Rate	Same as valuation interest rate
Optional Payment Form Conversion Mortality	Published IRC section 417(e) table for lump sums with 2023 and 2024 payment dates, with estimated IRC section 417(e) table for lump sums with commencement dates after 2024 projected based on the standard version of MP-2021.
Retirement Age	
Active Participants	See Tables 1–2
Terminated Vested Participants	Age 63
Mortality Rates	
Healthy and Disabled	2023 static mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3) and IRS Notice 2022-22.
Withdrawal Rates	See Tables 3-4
Disability Rates	See Table 5 for Hourly participants. No disability rates are applied for Salaried participants.

Schedule SB Attachment (Form 5500)—2023 Plan Year
Retirement Plan of Transcontinental US LLC
EIN: 76-0678895 PN: 002

Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 80% of males and 50% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$265,000.
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
Expected Return on Assets	
2021 Plan Year	5.50%, limited to 6.11%
2022 Plan Year	6.50%, limited to 5.92%
2023 Plan Year	6.50%, limited to 5.74%
Trust Expenses Included in Target Normal Cost	Prior year expenses excluding prior year PBGC premiums, increased with 2.5% inflation, plus the current year estimated PBGC premium (\$1,144,000 for December 1, 2023 valuation).
Actuarial Method	Standard unit credit cost method
Valuation Date	December 1, 2023

Schedule SB Attachment (Form 5500)—2023 Plan Year
Retirement Plan of Transcontinental US LLC
EIN: 76-0678895 PN: 002

Table 1

Retirement Rates - Hourly

Age	Rate
55	0.75%
56	0.75%
57	0.75%
58	0.75%
59	0.75%
60	0.75%
61	4.00%
62	29.00%
63	16.50%
64	11.50%
65	80.00%
66	50.00%
67	50.00%
68	50.00%
69	50.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2023 Plan Year
Retirement Plan of Transcontinental US LLC
EIN: 76-0678895 PN: 002

Table 2

Retirement Rates – Salaried

Age	Rate
55	3.00%
56	3.00%
57	3.00%
58	3.00%
59	3.00%
60	3.00%
61	10.00%
62	25.00%
63	25.00%
64	25.00%
65	65.00%
66	50.00%
67	50.00%
68	50.00%
69	50.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2023 Plan Year
 Retirement Plan of Transcontinental US LLC
 EIN: 76-0678895 PN: 002

Table 3

Withdrawal Rates – Hourly

Age	Years of Service					
	0	1	2	3	4	5+
15	24.50%	21.50%	18.50%	15.60%	12.60%	9.60%
16	24.50%	21.50%	18.50%	15.60%	12.60%	9.60%
17	24.50%	21.50%	18.50%	15.60%	12.60%	9.60%
18	24.50%	21.50%	18.50%	15.60%	12.60%	9.60%
19	24.50%	21.50%	18.50%	15.60%	12.60%	9.60%
20	24.50%	21.50%	18.50%	15.60%	12.60%	9.60%
21	24.50%	21.50%	18.50%	15.60%	12.60%	9.60%
22	24.50%	21.50%	18.50%	15.60%	12.60%	9.60%
23	24.50%	21.50%	18.50%	15.60%	12.60%	9.60%
24	24.50%	21.50%	18.50%	15.60%	12.60%	9.60%
25	24.50%	21.50%	18.50%	15.60%	12.60%	9.60%
26	23.92%	21.00%	18.10%	15.20%	12.30%	9.40%
27	23.34%	20.50%	17.60%	14.70%	11.90%	9.00%
28	22.76%	20.00%	17.20%	14.40%	11.60%	8.80%
29	22.18%	19.40%	16.70%	13.90%	11.20%	8.40%
30	21.60%	18.90%	16.20%	13.60%	10.90%	8.20%
31	21.00%	18.40%	15.80%	13.20%	10.60%	8.00%
32	20.40%	17.90%	15.30%	12.70%	10.20%	7.60%
33	19.90%	17.40%	14.90%	12.40%	9.90%	7.40%
34	19.30%	16.80%	14.40%	11.90%	9.50%	7.00%
35	18.70%	16.30%	13.90%	11.60%	9.20%	6.80%
36	18.70%	16.30%	13.90%	11.40%	9.00%	6.60%
37	18.70%	16.20%	13.70%	11.20%	8.70%	6.20%
38	18.70%	16.20%	13.60%	11.10%	8.50%	6.00%
39	18.70%	16.10%	13.50%	10.80%	8.20%	5.60%
40	18.70%	16.00%	13.40%	10.70%	8.10%	5.40%
41	18.70%	16.00%	13.40%	10.70%	8.10%	5.40%
42	18.70%	16.00%	13.40%	10.70%	8.10%	5.40%
43	18.70%	16.00%	13.40%	10.70%	8.10%	5.40%
44	18.70%	16.00%	13.40%	10.70%	8.10%	5.40%

Schedule SB Attachment (Form 5500)—2023 Plan Year
 Retirement Plan of Transcontinental US LLC
 EIN: 76-0678895 PN: 002

Table 3 continued

Withdrawal Rates - Hourly

Age	Years of Service					
	0	1	2	3	4	5+
45	18.70%	16.00%	13.40%	10.70%	8.10%	5.40%
46	18.70%	16.00%	13.40%	10.70%	8.10%	5.40%
47	18.70%	16.00%	13.40%	10.70%	8.10%	5.40%
48	18.70%	16.00%	13.40%	10.70%	8.10%	5.40%
49	18.70%	16.00%	13.40%	10.70%	8.10%	5.40%
50	18.70%	16.00%	13.40%	10.70%	8.10%	5.40%
51	18.70%	15.80%	13.00%	10.10%	7.30%	4.40%
52	18.70%	15.60%	12.60%	9.50%	6.50%	3.40%
53	18.70%	15.40%	12.20%	8.90%	5.70%	2.40%
54	18.70%	15.20%	11.80%	8.30%	4.90%	1.40%
55+	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Schedule SB Attachment (Form 5500)—2023 Plan Year
 Retirement Plan of Transcontinental US LLC
 EIN: 76-0678895 PN: 002

Table 4

Withdrawal Rates – Salaried

Age	Years of Service					
	0	1	2	3	4	5+
15	24.00%	21.80%	19.50%	17.30%	15.00%	12.80%
16	24.00%	21.80%	19.50%	17.30%	15.00%	12.80%
17	24.00%	21.80%	19.50%	17.30%	15.00%	12.80%
18	24.00%	21.80%	19.50%	17.30%	15.00%	12.80%
19	24.00%	21.80%	19.50%	17.30%	15.00%	12.80%
20	24.00%	21.80%	19.50%	17.30%	15.00%	12.80%
21	24.00%	21.80%	19.50%	17.30%	15.00%	12.80%
22	24.00%	21.80%	19.50%	17.30%	15.00%	12.80%
23	24.00%	21.80%	19.50%	17.30%	15.00%	12.80%
24	24.00%	21.80%	19.50%	17.30%	15.00%	12.80%
25	24.00%	21.80%	19.50%	17.30%	15.00%	12.80%
26	23.70%	21.40%	19.10%	16.80%	14.50%	12.20%
27	23.40%	21.00%	18.70%	16.30%	14.00%	11.60%
28	23.10%	20.70%	18.30%	15.80%	13.40%	11.00%
29	22.80%	20.30%	17.80%	15.40%	12.90%	10.40%
30	22.50%	20.00%	17.40%	14.90%	12.30%	9.80%
31	22.40%	19.80%	17.20%	14.60%	12.00%	9.40%
32	22.30%	19.60%	17.00%	14.30%	11.70%	9.00%
33	22.10%	19.40%	16.70%	13.90%	11.20%	8.50%
34	22.10%	19.30%	16.50%	13.70%	10.90%	8.10%
35	22.00%	19.10%	16.30%	13.40%	10.60%	7.70%
36	22.00%	19.10%	16.20%	13.30%	10.40%	7.50%
37	22.00%	19.10%	16.20%	13.20%	10.30%	7.40%
38	22.00%	19.00%	16.10%	13.10%	10.20%	7.20%
39	22.00%	19.00%	16.00%	13.00%	10.00%	7.00%
40	22.00%	19.00%	15.90%	12.90%	9.80%	6.80%
41	22.00%	18.90%	15.80%	12.80%	9.70%	6.60%
42	22.00%	18.90%	15.80%	12.60%	9.50%	6.40%
43	22.00%	18.80%	15.70%	12.50%	9.40%	6.20%
44	22.00%	18.80%	15.60%	12.40%	9.20%	6.00%

Schedule SB Attachment (Form 5500)—2023 Plan Year
 Retirement Plan of Transcontinental US LLC
 EIN: 76-0678895 PN: 002

Table 4 continued

Withdrawal Rates – Salaried

Age	Years of Service					
	0	1	2	3	4	5+
45	22.00%	18.80%	15.50%	12.30%	9.00%	5.80%
46	22.00%	18.70%	15.40%	12.20%	8.90%	5.60%
47	22.00%	18.70%	15.40%	12.00%	8.70%	5.40%
48	22.00%	18.60%	15.30%	11.90%	8.60%	5.20%
49	22.00%	18.60%	15.20%	11.80%	8.40%	5.00%
50	22.00%	18.60%	15.10%	11.70%	8.20%	4.80%
51	17.60%	14.80%	12.10%	9.30%	6.60%	3.80%
52	13.20%	11.10%	9.00%	7.00%	4.90%	2.80%
53	8.80%	7.40%	6.00%	4.60%	3.20%	1.80%
54	4.40%	3.70%	3.00%	2.20%	1.50%	0.80%
55+	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Schedule SB Attachment (Form 5500)—2023 Plan Year
 Retirement Plan of Transcontinental US LLC
 EIN: 76-0678895 PN: 002

Table 5

Disability Rates – Hourly

Age	Years of Service		Age	Years of Service	
	Male	Female		Male	Female
15	0.080%	0.100%	45	0.356%	0.463%
16	0.080%	0.100%	46	0.356%	0.463%
17	0.080%	0.100%	47	0.356%	0.463%
18	0.080%	0.100%	48	0.356%	0.463%
19	0.080%	0.100%	49	0.356%	0.463%
20	0.080%	0.100%	50	0.662%	0.729%
21	0.080%	0.100%	51	0.662%	0.729%
22	0.080%	0.100%	52	0.662%	0.729%
23	0.080%	0.100%	53	0.662%	0.729%
24	0.080%	0.100%	54	0.662%	0.729%
25	0.089%	0.116%	55	1.187%	1.068%
26	0.089%	0.116%	56	1.187%	1.068%
27	0.089%	0.116%	57	1.187%	1.068%
28	0.089%	0.116%	58	1.187%	1.068%
29	0.089%	0.116%	59	1.187%	1.068%
30	0.105%	0.155%	60	1.671%	1.253%
31	0.105%	0.155%	61	1.671%	1.253%
32	0.105%	0.155%	62	1.671%	1.253%
33	0.105%	0.155%	63	1.671%	1.253%
34	0.105%	0.155%	64	1.671%	1.253%
35	0.137%	0.232%	65	2.075%	1.425%
36	0.137%	0.232%	66	2.075%	1.425%
37	0.137%	0.232%	67	2.075%	1.425%
38	0.137%	0.232%	68	2.075%	1.425%
39	0.137%	0.232%	69	2.075%	1.425%
40	0.202%	0.305%			
41	0.202%	0.305%			
42	0.202%	0.305%			
43	0.202%	0.305%			
44	0.202%	0.305%			

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify), the first return/report, the final return/report, an amended return/report, a short plan year return/report (less than 12 months)
B This return/report is:
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: RETIREMENT PLAN OF TRANSCONTINENTAL US LLC
1b Three-digit plan number (PN): 002
1c Effective date of plan: 08/01/2001
2a Plan sponsor's name (employer, if for a single-employer plan): TRANSCONTINENTAL US LLC
2b Employer Identification Number (EIN): 76-0678895
2c Plan Sponsor's telephone number: 773-877-3300
2d Business code (see instructions): 339900

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes handwritten signature of Lise White and date 9/9/2025.

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

Form 5500 (2023) v. 2300728

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:	4b EIN
a Sponsor's name	4d PN
c Plan Name	
5 Total number of participants at the beginning of the plan year	5 1,627
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).	
6a(1) Total number of active participants at the beginning of the plan year	6a(1) 170
6a(2) Total number of active participants at the end of the plan year	6a(2) 121
b Retired or separated participants receiving benefits	6b 727
c Other retired or separated participants entitled to future benefits	6c 564
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 1,412
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e 115
f Total. Add lines 6d and 6e	6f 1,527
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item).....	6g(1)
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g(2)
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 0
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 1B 1I 3H

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

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

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

a Pension Schedules

(1) **R** (Retirement Plan Information)

(2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

(4) **DCG** (Individual Plan Information) – Number Attached _____

(5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

(1) **H** (Financial Information)

(2) **I** (Financial Information – Small Plan)

(3) **A** (Insurance Information) – Number Attached _____

(4) **C** (Service Provider Information)

(5) **D** (DFE/Participating Plan Information)

(6) **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 _____

Retirement Plan of Transcontinental US LLC
Schedule of Reportable Transactions
Schedule H, Line 4j
EIN: 76-0678895
Year Ended November 30, 2024

Plan: 002

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of party involved	Description of investment including maturity date, rate of interest, par, or maturity value	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain (loss)
Category (i) -						
Single transactions in excess of five percent of beginning plan assets:						
	Emerging Markets Alpha Tilts Fund	\$ -	\$ 2,308,641	\$ 2,274,116	\$ 2,308,641	\$ 34,525
Category (iii) -						
Series Transactions in Excess of Five Percent of Beginning Plan Assets						
	U.S Government Money Market Institutional	\$ 6,024,059	\$ -	\$ 6,024,059	\$ 6,024,059	\$ -
		-	5,974,086	5,974,086	5,974,086	-
	Emerging Markets Alpha Tilts Fund	129,000	-	129,000	129,000	-
		2,806,669	-	2,806,669	2,806,669	-
		-	100,000	99,736	100,000	264
	Blackrock Emerging Markets C CL1	161,238	-	161,238	161,238	-
		-	2,556,864	2,529,456	2,556,864	27,408
	Russell 3000 Index Fund	-	85,000	51,643	85,000	33,357
		937,686	-	937,686	937,686	-
		-	3,095,280	2,144,117	3,095,280	951,163
	Short-Term Investment Fund	4,219,885	-	4,219,885	4,219,885	-
		-	4,215,006	4,215,006	4,215,006	-
	US Intermediate Government	175,000	-	175,000	175,000	-
		6,210,000	-	6,210,000	6,210,000	-
		-	3,188,892	2,828,353	3,188,892	360,539
	Long CR BD	-	1,935,000	2,208,878	1,935,000	(273,878)
		325,000	-	325,000	325,000	-

Columns (e) and (f) are not applicable.

Note: there were no category (i), (ii) or (iv) transactions.

See Independent Auditor's Report

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.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024

▶ **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 RETIREMENT PLAN OF TRANSCONTINENTAL US LLC	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TRANSCONTINENTAL US LLC	D Employer Identification Number (EIN) 76-0678895	
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 12 Day 01 Year 2023

2 Assets:		
a Market value.....	2a	47,947,277
b Actuarial value.....	2b	52,742,004

3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	793	39,168,463	39,168,463
b For terminated vested participants.....	664	20,062,322	20,062,322
c For active participants.....	170	3,891,243	4,010,421
d Total.....	1,627	63,122,028	63,241,206

4 If the plan is in at-risk status, check the box and complete lines (a) and (b)

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** 5.19%

6 Target normal cost		
a Present value of current plan year accruals.....	6a	0
b Expected plan-related expenses.....	6b	1,144,000
c Target normal cost.....	6c	1,144,000

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	HEATHER M. STOLL <u>H.M.S.</u>	08/20/2025
	Signature of actuary	Date
	HEATHER M. STOLL	2308198
	Type or print name of actuary	Most recent enrollment number
	AON CONSULTING, INC.	314-719-5176
	Firm name	Telephone number (including area code)
	MSC# 17840 PO Box 551343 Atlanta GA 30355	
	Address of the firm	

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age.....				22 64
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 type="checkbox"/> Yes	<input checked="" 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	1,144,000	
b Excess assets, if applicable, but not greater than line 31a.....	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	12,412,523	1,177,055	
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	2,321,055	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	1,913,321	1,913,321
36 Additional cash requirement (line 34 minus line 35).....	36	407,734	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	2,825,057	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	2,417,323	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	1,913,321	
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 checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021
--

Schedule SB Attachment (Form 5500)—2023 Plan Year
 Retirement Plan of Transcontinental US LLC
 EIN: 76-0678895 PN: 002

Schedule SB, line 19 – Discounted Employer Contributions

Year applied for contributions: 2023

Date	Amount	Days to Discount to 12/1/2023 at 5.19%	Interest Adjusted Contribution
March 14, 2025	\$ 1,100,000	469	\$ 1,030,902
June 12, 2025	600,000	559	555,338
August 13, 2025	<u>1,350,000</u>	621	<u>1,238,817</u>
Total Contribution	\$ 3,050,000		\$ 2,825,057

Schedule SB Attachment (Form 5500)—2023 Plan Year
 Retirement Plan of Transcontinental US LLC
 EIN: 76-0678895 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 mid-year, except for the 100% retirement age.

Retirement Rates - Hourly

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	0.75%	1.0000	0.42
56.5	0.75%	0.9925	0.42
57.5	0.75%	0.9851	0.42
58.5	0.75%	0.9777	0.43
59.5	0.75%	0.9703	0.43
60.5	0.75%	0.9631	0.44
61.5	4.00%	0.9558	2.35
62.5	29.00%	0.9176	16.63
63.5	16.50%	0.6515	6.83
64.5	11.50%	0.5440	4.04
65.5	80.00%	0.4814	25.23
66.5	50.00%	0.0963	3.20
67.5	50.00%	0.0481	1.62
68.5	50.00%	0.0241	0.82
69.5	50.00%	0.0120	0.42
70	100.00%	0.0060	0.42
Weighted Average			64.12
Percentage of Actives			77.65%

Retirement Rates - Salaried

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	3.00%	1.0000	1.67
56.5	3.00%	0.9700	1.64
57.5	3.00%	0.9409	1.62
58.5	3.00%	0.9127	1.60
59.5	3.00%	0.8853	1.58
60.5	3.00%	0.8587	1.56
61.5	10.00%	0.8330	5.12
62.5	25.00%	0.7497	11.71
63.5	25.00%	0.5623	8.93
64.5	25.00%	0.4217	6.80
65.5	65.00%	0.3163	13.47
66.5	50.00%	0.1107	3.68
67.5	50.00%	0.0553	1.87
68.5	50.00%	0.0277	0.95
69.5	50.00%	0.0138	0.48
70	100.00%	0.0069	0.48
Weighted Average			63.16
Percentage of Actives			22.35%

Total Weighted Retirement Age = (64.12) * 77.65% + (63.16) * 22.35% = 63.9054

Schedule SB Attachment (Form 5500)—2023 Plan Year
Retirement Plan of Transcontinental US LLC
EIN: 76-0678895 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
2023	227,665	663,455	3,705,389	4,596,509
2024	249,058	741,020	3,635,568	4,625,646
2025	217,545	840,977	3,570,296	4,628,818
2026	233,578	1,025,993	3,496,447	4,756,018
2027	281,984	1,141,822	3,416,601	4,840,407
2028	231,903	1,294,074	3,329,023	4,855,000
2029	264,385	1,368,378	3,229,575	4,862,338
2030	266,930	1,422,441	3,123,459	4,812,830
2031	283,929	1,517,790	3,007,773	4,809,492
2032	304,375	1,576,899	2,883,566	4,764,840
2033	292,153	1,635,641	2,751,548	4,679,342
2034	309,106	1,650,500	2,611,810	4,571,416
2035	290,056	1,657,214	2,465,276	4,412,546
2036	282,836	1,635,306	2,313,515	4,231,657
2037	269,833	1,618,850	2,156,087	4,044,770
2038	269,633	1,587,207	1,987,361	3,844,201
2039	267,366	1,556,262	1,823,473	3,647,101
2040	256,947	1,515,446	1,662,472	3,434,865
2041	251,549	1,474,354	1,500,075	3,225,978
2042	243,496	1,424,968	1,342,415	3,010,879
2043	235,206	1,371,079	1,192,134	2,798,419
2044	226,750	1,314,392	1,050,234	2,591,376
2045	218,721	1,254,058	916,323	2,389,102
2046	209,301	1,188,230	791,490	2,189,021
2047	199,213	1,120,761	676,578	1,996,552
2048	189,255	1,049,873	572,176	1,811,304
2049	178,933	977,139	478,612	1,634,684
2050	169,523	903,150	395,930	1,468,603
2051	159,885	828,602	323,920	1,312,407
2052	149,171	754,261	262,116	1,165,548
2053	137,726	680,928	209,837	1,028,491
2054	126,230	609,400	166,245	901,875
2055	114,770	540,444	130,409	785,623
2056	103,552	474,762	101,350	679,664
2057	92,756	412,978	78,103	583,837

Schedule SB Attachment (Form 5500)—2023 Plan Year
 Retirement Plan of Transcontinental US LLC
 EIN: 76-0678895 PN: 002

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2058	82,478	355,609	59,746	497,833
2059	72,802	303,029	45,429	421,260
2060	63,800	255,468	34,390	353,658
2061	55,524	213,027	25,970	294,521
2062	48,009	175,677	19,612	243,298
2063	41,265	143,273	14,852	199,390
2064	35,284	115,558	11,318	162,160
2065	30,033	92,183	8,712	130,928
2066	25,468	72,737	6,801	105,006
2067	21,533	56,777	5,406	83,716
2068	18,170	43,849	4,389	66,408
2069	15,317	33,512	3,646	52,475
2070	12,910	25,351	3,100	41,361
2071	10,885	18,986	2,691	32,562
2072	9,185	14,080	2,376	25,641

Schedule SB Attachment (Form 5500)—2023 Plan Year
Retirement Plan of Transcontinental US LLC
EIN: 76-0678895 PN: 002

Schedule SB, Part V — Summary of Plan Provisions

Effective Date	July 31, 2001. Most recently restated effective January 1, 2015.
Eligibility for Participation	<p>Employees are eligible to become participants upon attainment of age 21 and one year of eligibility service.</p> <p>The plan was frozen as of June 30, 2004 for all participants except collectively-bargained participants employed at the Savannah, GA facility which was then closed by the end of 2005 and ceased to have employees. Certain collectively bargained employees at the Menasha, WI facility became eligible to participate in the plan when their facility was acquired.</p>
Normal Retirement	
Eligibility	Age 65. For Tomah, WI and Savannah, GA employees, age 65 and five years of participation.
Benefit	Salaried Employees A monthly benefit equal to (1), but not less than (2), (3) or (4): (1) 1.67% of final average compensation multiplied by years of credited service minus 1.67% of the participant's primary Social Security benefit multiplied by the ratio of years of credited service at retirement (or termination) to years of credited service projected to age 65 (not to exceed 50% of the participant's primary Social Security benefit). (2) 1% of final average compensation multiplied by years of credited service. (3) Prior plan formula. (4) Alternate benefit formula under prior plan.

Schedule SB Attachment (Form 5500)—2023 Plan Year
 Retirement Plan of Transcontinental US LLC
 EIN: 76-0678895 PN: 002

Hourly Union-Free Employees

A monthly benefit equal to years of credited service multiplied by the applicable dollar amount for each facility as follows:

Facility	Multiplier
Hanford	\$18.00
Hazleton	\$18.50
Monticello	\$17.50
Seymour	\$19.50
Sibley	\$18.00
Spartanburg	\$19.00
Tifton	\$17.50

Tomah, Wisconsin Union Employees

A monthly benefit equal to years of credited service multiplied by the following:

Termination Date	Amount
On or after effective date	\$21.50
On or after 3/1/2002	\$22.00
On or after 3/1/2003	\$22.50

Savannah, Georgia Union Employees

A monthly benefit equal to \$21.00 multiplied by years of credited service.

Menasha, Wisconsin Union Employees

A monthly benefit equal to years of credited service after March 1, 2010 multiplied by the following:

USW Union

Termination Date	Amount
On or after 7/13/2010	\$36.25
On or after 3/1/2011	\$36.75

Accruals were frozen effective December 31, 2012.

GCC Union

Termination Date	Amount
On or after 7/13/2010	\$37.50
On or after 7/1/2011	\$38.00
On or after 7/1/2012	\$38.50

Accruals were frozen effective December 31, 2013.

Schedule SB Attachment (Form 5500)—2023 Plan Year
Retirement Plan of Transcontinental US LLC
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Early Retirement

Eligibility

Age 55 and 10 years of vesting service.

Benefit

Salaried Employees

A monthly benefit equal to the normal retirement benefit reduced as follows:

Retirement Age	Reduction Factor
55	72%
56	76%
57	80%
58	84%
59	88%
60	92%
61	96%
62+	100%

Hourly Union Free Employees

A monthly benefit equal to the normal retirement benefit reduced as follows:

Retirement Age	Reduction Factor
55	65%
56	69%
57	73%
58	78%
59	83%
60	87%
61	94%
62+	100%

Tomah, Wisconsin Union Employees

A monthly benefit reduced by 5/12 of 1% for each month the early retirement date precedes age 65.

The reduction for participants with 30 or more years of vesting service is 5/12 of 1% for each month the early retirement date precedes age 62.

Savannah, Georgia Union Employees

A monthly benefit reduced by 1/4 of 1% for each of the first 24 months early retirement date precedes age 62 plus 1/2 of 1% for each month the early retirement date precedes age 60.

Schedule SB Attachment (Form 5500)—2023 Plan Year
 Retirement Plan of Transcontinental US LLC
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Menasha, USW Union Employees

A monthly benefit reduced by 5/9 of 1% for each of the first 60 months early retirement date precedes age 65 plus 5/18 of 1% for each of the next 60 months.

Menasha, WI GCC Union Employees

A monthly benefit reduced by 5/9 of 1% for each of the first 60 months early retirement date precedes age 62 plus 5/18 of 1% for each of the next 24 months.

Postponed Retirement Benefit

The greater of the accrued benefit as of the postponed retirement date and the accrued benefit as of the normal retirement date actuarially increased to the postponed retirement date.

Vested Termination

Eligibility

Five years of vesting service.

Benefit

The accrued benefit at the date of termination. Reduced payments may begin any time after eligibility for early retirement based on the following early retirement reduction factors:

Retirement Age	Reduction Factor
55	40%
56	44%
57	48%
58	52%
59	56%
60	60%
61	68%
62	76%
63	84%
64	92%
65	100%

Disability

Eligibility

Totally and permanently disabled while employed by the Company prior to the normal retirement date.

Benefit

Participants with 10 or more years of vesting service shall receive their unreduced accrued benefit payable immediately.

Participants with less than 10 years of vesting service shall receive their accrued benefit reduced using the same factors as the terminated vested benefit.

Schedule SB Attachment (Form 5500)—2023 Plan Year
Retirement Plan of Transcontinental US LLC
EIN: 76-0678895 PN: 002

Surviving Spouse

Eligibility Married and five years of vesting service.

Benefit A monthly benefit payable to the surviving spouse beginning at the employee's earliest retirement age equal to 50% of the amount payable if the participant had retired early with a 50% joint and survivor benefit.

Normal Form of Benefit

For a single participant, a single life annuity payable monthly. For a married participant, an actuarial equivalent 50% joint and survivor annuity payable monthly.

Optional Forms of Annuity

Single life annuity
50% joint and survivor annuity
75% joint and survivor annuity
100% joint and survivor annuity
5 year certain and life annuity
10 year certain and life annuity
15 year certain and life annuity
20 year certain and life annuity
Single life annuity with level income option
50% joint and survivor annuity with level income option
Immediate lump sum for retirement eligible participants employed at a Salaried or Non-Union Hourly location

Only the following optional forms are available for Menasha, Wisconsin Hourly Employees:

Single life annuity
50% joint and survivor annuity
75% joint and survivor annuity
100% joint and survivor annuity
10 year certain and life annuity

Actuarial Equivalence

1983 Group Annuity Mortality Table set back one year for the participant and five years for the participant's beneficiary and 7.00% interest rate.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes since the prior year.

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)—2023 Plan Year
Retirement Plan of Transcontinental US LLC
EIN: 76-0678895 PN: 002

Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 9,075,186	December 1, 2022	14	\$ 871,419
Shortfall	\$ 3,337,337	December 1, 2023	15	\$ 305,636