

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

B This return/report is: the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description)

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

Part II	Basic Plan Information—enter all requested information
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1a Name of plan <u>BECHTEL PLANT MACHINERY, INC. PENSION PLAN</u>	1b Three-digit plan number (PN) ▶ <u>002</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BECHTEL PLANT MACHINERY, INC.</u> <u>3500 TECHNOLOGY DRIVE</u> <u>MONROEVILLE, PA 15146-2459</u>	1c Effective date of plan <u>05/31/1993</u> 2b Employer Identification Number (EIN) <u>94-3330445</u> 2c Plan Sponsor's telephone number <u>412-825-8903</u> 2d Business code (see instructions) <u>541700</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/17/2025	KRISTEN VERRUGGIO
	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

<p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p>BPMI BENEFITS & INVESTMENTS COMMITTEE</p> <p>3500 TECHNOLOGY DRIVE MONROEVILLE, PA 15146-2459</p>	<p>3b Administrator's EIN 94-3330445</p> <p>3c Administrator's telephone number 412-825-8903</p>
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<p>4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:</p> <p>a Sponsor's name</p> <p>c Plan Name</p>	<p>4b EIN</p> <p>4d PN</p>
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5 Total number of participants at the beginning of the plan year	5	1306
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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	6a(1)	438
a(2) Total number of active participants at the end of the plan year	6a(2)	410
b Retired or separated participants receiving benefits.....	6b	542
c Other retired or separated participants entitled to future benefits	6c	175
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	1127
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	81
f Total. Add lines 6d and 6e	6f	1208
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	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1B 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>
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<p>a Pension Schedules</p> <p>(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information – Small Plan)</p> <p>(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u></p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code _____

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

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

A Name of plan <u>BECHTEL PLANT MACHINERY, INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BECHTEL PLANT MACHINERY, INC.</u>	D Employer Identification Number (EIN) <u>94-3330445</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>347107514</u>
	b Actuarial value	2b	<u>369307914</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>586</u>	<u>189226938</u>
	b For terminated vested participants	<u>282</u>	<u>17051096</u>
	c For active participants	<u>437</u>	<u>112679469</u>
	d Total	<u>1305</u>	<u>318957503</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.19 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>7339306</u>
	b Expected plan-related expenses	6b	<u>591866</u>
	c Target normal cost	6c	<u>7019576</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		<u>09/16/2025</u>
	Signature of actuary	Date
	<u>SCOTT BERGER</u>	<u>23-06644</u>
	Type or print name of actuary	Most recent enrollment number
	<u>BUCK GLOBAL, LLC</u>	<u>201-902-2300</u>
	Firm name	Telephone number (including area code)
	<u>200 JEFFERSON PARK 2ND FLOOR WHIPPANY, NJ 07981</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	38093392
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	38093392
10	Interest on line 9 using prior year's actual return of <u>13.83</u> %	0	5268316
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		2675582
	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>5.31</u> %		142073
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		2817655
	d Portion of (c) to be added to prefunding balance		2320348
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	45682056

Part III Funding Percentages			
14	Funding target attainment percentage	14	101.14 %
15	Adjusted funding target attainment percentage	15	115.42 %
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	98.33 %
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		
01/12/2024	0	39253	04/15/2024	0	40436		
01/31/2024	0	55033	04/29/2024	0	39884		
02/16/2024	0	38075	05/16/2024	0	39643		
02/28/2024	0	38631	05/29/2024	0	39808		
03/14/2024	0	38365	06/13/2024	0	39278		
03/28/2024	0	38241	06/27/2024	0	39260		
			Totals ▶	18(b)	0	18(c)	951483

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	0

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

Part 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)		
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)		
10	Interest on line 9 using prior year's actual return of _____%		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		
	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 _____%		
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)		

Part III Funding Percentages			
14	Funding target attainment percentage	14	%
15	Adjusted funding target attainment percentage	15	%
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	%
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
07/15/2024	0	39116	10/16/2024	0	38529
07/30/2024	0	38962	10/30/2024	0	38558
08/15/2024	0	38676	11/14/2024	0	38771
08/29/2024	0	38669	11/27/2024	0	38757
09/13/2024	0	38425	12/16/2024	0	38541
09/27/2024	0	38577	12/26/2024	0	39995
			Totals ▶	18(b)	18(c)

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	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<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 7019576
b Excess assets, if applicable, but not greater than line 31a			31b 3660952
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			34 3358624
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	3358624	3358624
36 Additional cash requirement (line 34 minus line 35)			36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....			38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			39 0
40 Unpaid minimum required contributions for all years			40 0

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

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

A Name of plan BECHTEL PLANT MACHINERY, INC. PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 BECHTEL PLANT MACHINERY, INC.	D Employer Identification Number (EIN) 94-3330445	

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

ARES GLOBAL MULTI-ASSET CRDT(DE) LP

87-1725630

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

BAILLIE GIFFORD OVERSEAS LIMITED **CALTON SQUARE, 1 GREENSIDE ROW**
EDINBURGH, SCOTLAND EH1 3AN GB

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

BOSTON PARTNERS TRUST COMPANY

26-4550044

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

DIMENSIONAL FUND ADVISORS LP

30-0447847

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

GLOBAL TRUST COMPANY

26-3761443

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

HARBOR TRUST COMPANY, INC.

84-3259613

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

NORTHERN TRUST CORPORATION

36-2723087

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

RELIANCE TRUST

58-1428634

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

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

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

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

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

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

BUCK GLOBAL LLC

13-3954297

(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 15 50	NONE	398303	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)

METLIFE INVESTMENT MANAGEMENT

82-2405817

(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 51	NONE	250925	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)

FISHER INVESTMENTS

20-2480800

(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 51 71	NONE	235827	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	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)

JENNISON ASSOCIATES LLC

22-2540245

(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?
27 51 68	NONE	114149	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50 62	NONE	89934	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MERCER INVESTMENTS LLC

30-0282430

(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?
27 50	NONE	77598	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)

ACADIAN ASSET MANAGEMENT LLC

04-2929221

(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 51 49	NONE	69468	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)

WILLIAM BLAIR INVESTMENT MGMT, LLC

47-2614791

(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 51	NONE	67774	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

COMERICA BANK

42-1741646

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50 49 59 62	NONE	47171	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	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)

AMERIPRISE TRUST COMPANY

41-6219335

(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?
68 64 56 62 21 72	NONE	38785	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AON RISK SOLUTIONS, INC.

95-3252415

(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?
22 50	NONE	29126	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)

TRUCKER HUSS, APC

94-3216063

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	21483	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)

SCHNEIDER DOWNS & CO.

25-1408703

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	20433	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 INSTITUTIONAL TRUST CO NA

94-3112180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 24 28 50 51	NONE	13012	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BNY 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 19 15 14 10	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	10218	Yes <input type="checkbox"/> No <input checked="" 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
BNY MELLON	18 19 15 14 10	10218
(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.	
ACADIAN INTL SMALL CAP FUND 20-0075649	CUSTODIAL, RECORDKEEPING AND INFO MANAGEMENT, ADMINISTRATIVE, FINANCIAL STATEMENT PREPARATION	
(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/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>BECHTEL PLANT MACHINERY, INC. PENSION PLAN</u>	B Three-digit plan number (PN)	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BECHTEL PLANT MACHINERY, INC.</u>	D Employer Identification Number (EIN) <u>94-3330445</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>BECHTEL NR PROGRAM PENSION MT A</u>		
b Name of sponsor of entity listed in (a):	<u>BECHTEL PLANT MACHINERY, INC.</u>		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<u>27-6139293-001</u>	<u>M</u>		<u>338785324</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan BECHTEL PLANT MACHINERY, INC. PENSION PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 BECHTEL PLANT MACHINERY, INC.	D Employer Identification Number (EIN) 94-3330445

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	10000000
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	337157003
(12) Value of interest in 103-12 investment entities	1c(12)	338785324
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	347157003	338785324
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	233923	281087
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	233923	281087
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	346923080	338504237

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)	951483	
(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)		951483
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(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)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		15517004
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		16468487

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	23060647	
(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)		23060647
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)	100961	
(4) IQPA audit fees	2i(4)	20433	
(5) Investment advisory and investment management fees	2i(5)	914709	
(6) Bank or trust company trustee/custodial fees	2i(6)	89934	
(7) Actuarial fees	2i(7)	301209	
(8) Legal fees	2i(8)	21483	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	305098	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1753827
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		24814474

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-8345987
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		72856

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: SCHNEIDER DOWNS & CO., INC.

(2) EIN: 25-1408703

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		20000000
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)
PENSION PLAN FOR ELIGIBLE BETTIS EMPLOYEES AND RETIREES	82-4281125	001
PENSION PLAN FOR KAPL EMPLOYEES IN PARTICIPATING BARGAINING UNITS	82-4281125	003
SALARIED EMPLOYEE PENSION PLAN FOR KAPL EMPLOYEES AND RETIREES	82-4281125	002

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 548656.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	---	---

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

A Name of plan <u>BECHTEL PLANT MACHINERY, INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BECHTEL PLANT MACHINERY, INC.</u>	D Employer Identification Number (EIN) <u>94-3330445</u>	

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

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

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

1	0
---	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 36-3046063

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
---	----

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 48.0 % Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 46.0 %
 High-Yield Debt: 5.0 % Real Assets: _____% Cash or Cash Equivalents: 1.0 % 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 _____.

BECHTEL PLANT MACHINERY, INC.
PENSION PLAN

Financial Statements
As of December 31, 2024 and 2023 and
for the years ended December 31, 2024 and 2023
and Independent Auditor's Report Thereon



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INDEPENDENT AUDITOR’S REPORT

To the Participants and Administrator of the
Bechtel Plant Machinery, Inc. Pension Plan

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

We have performed audits of the accompanying financial statements of the Bechtel Plant Machinery, Inc. Pension Plan (Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit. The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related 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 audits of the Plan’s financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (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 and for the years ended December 31, 2024 and 2023, 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 financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our 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 U.S. GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit 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 Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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 U.S. GAAP.

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

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

Schneider Downs & Co, Inc.

Pittsburgh, Pennsylvania
September 17, 2025

BECHTEL PLANT MACHINERY, INC. PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

(In Thousands)

	<u>2024</u>	<u>2023</u>
INVESTMENTS, AT FAIR VALUE		
Plan interest in Bechtel NR Program Pension Master Trust	\$ 338,785	\$ 337,157
RECEIVABLE		
Employer contribution receivable	-	10,000
	<u>338,785</u>	<u>347,157</u>
LIABILITIES		
Accrued expenses	<u>281</u>	<u>234</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 338,504</u>	<u>\$ 346,923</u>

See notes to financial statements.

BECHTEL PLANT MACHINERY, INC. PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

(In Thousands)

	2024	2023
ADDITIONS:		
Plan interest in Bechtel NR Program Pension Master Trust investment income	\$ 14,680	\$ 42,171
Contributions:		
Employer	-	10,700
Participant	951	984
	951	11,684
Total Additions	15,631	53,855
DEDUCTIONS:		
Benefits paid to participants	23,061	16,866
Administrative fees	916	1,389
Total Deductions	23,977	18,255
Net (Decrease) Increase Prior To Net Asset Transfers	(8,346)	35,600
Net Transfers (to)/from Pension Plan for Eligible		
Bettis Employees and Retirees	(37)	273
Net Transfers to Pension Plan for KAPL		
Salaried Employees and Retirees	(32)	(60)
Net Transfers to Pension Plan for KAPL		
Employees in Participating Bargaining Units	(4)	(7)
	(4)	(7)
Net (Decrease) Increase In Net Assets Available For Benefits	(8,419)	35,806
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	346,923	311,117
End of year	\$ 338,504	\$ 346,923

See notes to financial statements.

BECHTEL PLANT MACHINERY, INC. PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

(In Thousands)

NOTE 1 - DESCRIPTION OF THE PLAN

The following brief description of the Bechtel Plant Machinery, Inc. Pension Plan (Plan) is provided for general information purposes only. Participants should refer to the Plan document for a complete description of the Plan.

General - In 2018, the contract for the Naval Nuclear Laboratories (NNL) was awarded to Fluor Marine Propulsion, LLC (FMP). Prior to that date, the contract was held by Bechtel Marine Propulsion Corporation (BMPC). All employees of BMPC were transitioned to FMP, and Bechtel Plant Machinery, Inc. (Company) became the sponsor of the Bechtel NR Program Pension Master Trust (Master Trust).

The Plan is a contributory, defined benefit pension plan for substantially all employees of the Company hired prior to January 1, 2012. As of January 1, 2012, the Plan was frozen such that new hires and certain rehires (as defined in Section 1 of the Plan document) are not eligible to actively participate in or to earn additional benefits under the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan was established on May 31, 1993 for active employees of a prior plan maintained by General Electric Corporation, a former parent of Bechtel Machinery Apparatus Operation. From May 1993 until June 1999, CBS Corporation (formerly Westinghouse Electric Corporation) owned Westinghouse Machinery Apparatus Operation and maintained the Plan.

On June 18, 1999, CBS Corporation closed on the sale of Westinghouse Machinery Apparatus Operation to Bechtel, Inc. (Bechtel). At this date, Bechtel assumed sponsorship of the Plan and renamed it the Bechtel Machinery Apparatus Operation Pension Plan. In 1999 and 2001, all Plan assets in the CBS Master Trusts were transferred to the Master Trust. Those funds were invested in accordance with the investment strategies and guidelines established by Bechtel.

On February 1, 2001, Bechtel consolidated Bechtel Plant Apparatus Division and Bechtel Machinery Apparatus Operation into a single organization under common management called Bechtel Plant Machinery, Inc. (Company). On December 31, 2002, the Bechtel Plant Apparatus Division Pension Plan was merged into the Bechtel Machinery Apparatus Operation Pension Plan and renamed the Bechtel Plant Machinery, Inc. Pension Plan.

Effective January 1, 1995, all employees were required to contribute to the Plan in order to earn a pension benefit. Once the election to contribute is made, participants are required to contribute as long as they are eligible to participate. Contributions by employees are 1.5% of eligible compensation and are made on an after-tax basis. Total active employees' accumulated contributions at January 1, 2024 and 2023 were approximately \$16,893 and \$16,460, respectively, including interest credited each January at the annual rate of 120% of the midterm applicable federal rate (5.25% at January 1, 2024 and 4.62% at January 1, 2023). An employee is fully vested in the Plan upon completion of five years of eligible service. Participants who leave the Company before they are fully vested are guaranteed a full return of their contributions with interest.

Northern Trust Corporation (Northern Trust) is the Plan's trustee.

Benefits under the Plan are funded by the participants and the Company. Employer contributions to the Plan are made based on recommendations by the Plan's actuary, which performs annual actuarial valuations of the Plan.

BECHTEL PLANT MACHINERY, INC. PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

(In Thousands)

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

Plan Benefits - Employees with five or more years of eligible service are entitled to vested monthly pension benefits beginning at the normal retirement age of 65. If employees terminate before rendering five years of service, they forfeit the right to receive the portion of their accumulated plan benefits attributable to the Company's contributions. The benefits are calculated using two methods: career accumulation method and flat-rate method. The participant receives the higher calculated benefit.

Benefits are provided under various types of retirement. The Plan permits early retirement beginning at age 60 with 10 years of service, or age 58 with 30 years of service. The lump-sum option is only available for participants employed prior to January 1, 1995 and is based on the December 31, 1994 frozen pension benefit calculated under the Westinghouse Pension Plan. Any additional pension earned will be paid as an annuity unless the value is less than or equal to \$10, which would be available as a lump sum. In April of 2024, the Plan was amended to allow a one-time lump-sum window for vested participants who terminated employment prior to May 1, 2024 and otherwise would not be eligible to receive a lump-sum payment. The lump-sum window was open from June 3, 2024 to July 31, 2024, with lump-sum payments of approximately \$5,000 made in September 2024.

Plan Asset Transfers - Plan asset transfers are due to eligible employees who change employment with the Company or FMP and transfer their account balance and related benefit obligation to or from that plan.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A summary of significant accounting policies consistently applied by the Plan administrator in the preparation of the accompanying statements of net assets available for benefits and related statements of changes in net assets available for benefits and the related notes to the financial statements (financial statements) follows:

Basis of Accounting - The accompanying financial statements are prepared on the accrual basis of accounting.

Use of Estimates - The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the dates of the financial statements. Actual results could differ from those estimates.

Risks and Uncertainties - The Plan invests in various investment securities that are subject to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in value of securities, it is at least reasonably possible that a change in the near term could materially affect the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

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 participant demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption process, it is reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

BECHTEL PLANT MACHINERY, INC. PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

(In Thousands)

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition - The Plan holds an interest in the net assets of the Bechtel NR Program Pension Master Trust (Master Trust) as of December 31, 2024 and 2023. The Master Trust investments are reported at fair value, which 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. The Plan's Benefits Committee determines the Plan's valuation policies utilizing information provided by the investment advisors and trustee. (See Note 4 for discussion of fair value measurement.)

Purchases and sales of securities are reflected on a trade-date basis. Gains and losses on securities sold or redeemed are determined on the basis of average cost. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Investment income from the Plan's interest in the Master Trust includes the Plan's gains and losses on investments bought and sold as well as held during the year, as well as interest and dividends.

Payment of Benefits - Benefit payments to participants are recorded upon distribution.

Administrative Expenses - The Plan's permissible actuary fees, auditor fees, Pension Benefit Guaranty Corporation (PBGC) premiums, recordkeeper fees, pension payroll fees, investment consultant fees, fiduciary liability insurance fees, legal fees and trustee fees are paid directly by the Plan and are shown as administrative expenses in the Plan's financial statements. Investment fees are paid directly by the Plan and are included in the Plan's interest in the Master Trust's investment income in the Plan's financial statements.

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service that employees have rendered. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries; (2) beneficiaries of employees who have died; and (3) present employees or their beneficiaries. 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 most recent actuarial valuation date.

The actuarial present value of accumulated plan benefits is determined based on independent actuarial valuations as of the beginning of the year. It 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 for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

Subsequent Events - Subsequent events are defined as events or transactions that occur after the statement of net assets available for benefits date, but before the financial statements are issued or are available to be issued. Management has evaluated subsequent events through September 17, 2025, the date that the financial statements were issued, and determined that there have been no events that have occurred that would require adjustments to disclosures in the financial statements.

BECHTEL PLANT MACHINERY, INC. PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

(In Thousands)

NOTE 3 - INVESTMENTS IN THE MASTER TRUST

The Plan holds an interest in the net assets of the Master Trust. The interest is expressed in units of value. The Plan comprised 100% of the interest in the Master Trust net assets at December 31, 2024 and 2023. Receivables represent recoverable taxes owed to the Master Trust.

The following table presents the net assets of the Master Trust and the Plan's interest in the Master Trust as of December 31:

	<u>2024</u>		<u>2023</u>	
	<u>Master Trust Balances</u>	<u>Plan's Interest in Master Trust</u>	<u>Master Trust Balances</u>	<u>Plan's Interest in Master Trust</u>
Cash equivalents	\$ 23	\$ 23	\$ 22	\$ 22
Corporate common stocks	54,799	54,799	54,875	54,875
Debt securities	99,891	99,891	100,146	100,146
Registered investment companies	28,515	28,515	26,575	26,575
Private equity investments	15,686	15,686	14,254	14,254
Common collective trusts	138,986	138,986	139,600	139,600
Total Investments	337,900	337,900	335,472	335,472
Receivables	885	885	1,685	1,685
Total Net Assets	<u>\$ 338,785</u>	<u>\$ 338,785</u>	<u>\$ 337,157</u>	<u>\$ 337,157</u>

The following are the changes in net assets for the Master Trust for the year ended December 31:

	<u>2024</u>	<u>2023</u>
Net appreciation in fair value of investments (net of investment expense)	\$ 7,168	\$ 36,236
Interest and dividends	7,512	5,935
Net Investment Income	<u>\$ 14,680</u>	<u>\$ 42,171</u>

NOTE 4 - FAIR VALUE MEASUREMENT

The Plan discloses the category of assets and liabilities measured at fair value into one of three different levels, depending on the assumptions (i.e., inputs) used in the valuation. Level 1 provides the most reliable measure of fair value, whereas Level 3 generally requires significant management judgment. Financial assets and liabilities are classified in their entirety based on the lowest level of input significant to the fair value measurement.

BECHTEL PLANT MACHINERY, INC. PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

(In Thousands)

NOTE 4 - FAIR VALUE MEASUREMENT (Continued)

The fair value hierarchy is defined as follows:

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

Level 2 - Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

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

The valuation methodologies used for investments measured at fair value, including the general classification of such investments pursuant to the valuation hierarchy, were as follows:

Cash Equivalents - Valued at amortized cost plus accrued interest.

Corporate Common Stocks - Valued at the closing price in the active market on which the individual security is traded.

Debt Securities - Valued taking into consideration valuations obtained from third-party pricing services, which utilize industry standard valuation models, including both income and market-based approaches, for which all significant inputs are observable, either directly or indirectly, to estimate fair value. These inputs include reported trades of and broker-dealer quotes on the same or similar securities, issuer credit spreads, benchmark securities and, when applicable, prepayment and default projections based on historical data and other observable inputs.

BECHTEL PLANT MACHINERY, INC. PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

(In Thousands)

NOTE 4 - FAIR VALUE MEASUREMENT (Continued)

Registered Investment Companies - Valued at the closing price reported in the active market in which the individual security is traded.

Private Equity Investments - The Plan's private equity investments consist of direct fund investments valued by the Plan at net asset value (NAV) as provided by the partnership itself, which is used as a practical expedient to estimate fair value. The Plan is invested in limited partnership interests.

Common Collective Trusts - Valued at NAV of units of a common collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value, and is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

The Master Trust's investments measured at fair value on a recurring basis by fair value hierarchy level as of December 31 were as follows:

	2024			
	Level 1	Level 2	Level 3	Total
Separately Managed Accounts:				
Corporate Common Stocks	\$ 54,799	-	-	\$ 54,799
Debt Securities	-	\$ 99,891	-	99,891
Registered Investment Companies	28,515	-	-	28,515
Cash Equivalents	23	-	-	23
 Total Separately Managed Accounts	 83,337	 99,891	 -	 183,228
 Total assets in the fair value Hierarchy	 \$ 83,337	 \$ 99,891	 -	 183,228
 Investments measured at NAV (a)				
Common Collective Trusts				138,986
Private Equity Investments				15,686
Total Investments measured at NAV (a)				154,672
 Total Investments at Fair Value				 \$ 337,900

BECHTEL PLANT MACHINERY, INC. PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

(In Thousands)

NOTE 4 - FAIR VALUE MEASUREMENT (Continued)

	2023			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Separately Managed Accounts:				
Corporate Common Stocks	\$ 54,875	-	-	\$ 54,875
Debt Securities	-	\$ 100,146	-	100,146
Registered Investment Companies	26,575	-	-	26,575
Cash Equivalents	22	-	-	22
	<u>81,472</u>	<u>100,146</u>	<u>-</u>	<u>181,618</u>
 Total Separately Managed Accounts				
	<u>81,472</u>	<u>100,146</u>	<u>-</u>	181,618
 Total assets in the fair value hierarchy				
	<u>\$ 81,472</u>	<u>\$ 100,146</u>	<u>-</u>	181,618
 Investments measured at NAV (a)				
Common Collective Trusts				139,600
Private Equity Investments				<u>14,254</u>
Total Investments measured at NAV(a)				<u>153,854</u>
 Total Investments at Fair Value				<u>\$ 335,472</u>

(a) In accordance with Subtopic 820-10, 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 total investments in the Master Trust.

BECHTEL PLANT MACHINERY, INC. PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

(In Thousands)

NOTE 4 - FAIR VALUE MEASUREMENT (Continued)

The following table summarizes investments measured at fair value based on NAV as of December 31:

	Fund Value		Unfunded Commitments	Redemption Frequency	Redemption Notice Period
	2024	2023			
Blackrock Long-Term Government Bond Index Fund	\$ 55,996	\$ 59,648	-	Daily	None
Boston Partners Large CAP Value Equity Fund	21,834	20,619	-	Daily	None
Robeco Global Developed Equity Markets	21,757	23,685	-	Daily	1-5 Days
Ares Management	15,686	14,254	-	Monthly	30 Days
Acadian International Small-Cap Fund	11,877	11,540	-	Daily	None
Skerryvore Global Emerging Markets	8,667	-	-	Daily	1-5 Days
Columbia Threadneedle	6,659	6,150	-	Daily	None
Conestoga US Small Cap Growth	6,365	5,775	-	Daily	None
Northern Trust Short-Term Investment Fund	5,831	4,063	-	Daily	None
William Blair Emerging Markets	-	8,120	-	Daily	None
	<u>\$ 154,672</u>	<u>\$ 153,854</u>			

NOTE 5 - TRUSTEE CERTIFICATION

Certain information related to investments disclosed in the accompanying financial statements, including investments held at December 31, 2024 and 2023, and investment income related to the Plan's interest in the Master Trust for the years then ended, was obtained by management and agreed to or derived from information certified as complete and accurate by Northern Trust, trustee as of and for the years ended December 31, 2024 and 2023.

BECHTEL PLANT MACHINERY, INC. PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

(In Thousands)

NOTE 6 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

The actuarial present value of accumulated plan benefits of the Plan as of January 1 is summarized as follows:

	<u>2024</u>	<u>2023</u>
Vested benefits:		
Participants currently receiving payments	\$ 157,391	\$ 151,055
Other participants	<u>92,798</u>	<u>91,683</u>
	250,189	242,738
Nonvested benefits	<u>1,467</u>	<u>2,019</u>
Total Actuarial Present Value of Accumulated Plan Benefits	<u>\$ 251,656</u>	<u>\$ 244,757</u>

The changes in the actuarial present value of accumulated plan benefits are as follows:

	<u>2024</u>
Actuarial present value of accumulated plan benefits, January 1, 2023	\$ 244,757
Net increase during the year attributable to:	
Benefits paid	(16,866)
Increase for interest	17,736
Benefits accumulated	<u>6,029</u>
Net increase	<u>6,899</u>
Total Actuarial Present Value of Accumulated Plan Benefits, January 1, 2024	<u>\$ 251,656</u>

The significant assumptions and method underlying the actuarial computations are as follows:

Assumed average rate of return:	7.50% in 2024 and 2023
Mortality tables:	
January 1, 2024	Pri-2012 Total Employee and Retiree Mortality Tables projected with MP-2021 on a fully generational basis
January 1, 2023	Pri-2012 Total Employee and Retiree Mortality Tables projected with MP-2021 on a fully generational basis
Retirement assumptions:	Weighted average retirement age is 64 in 2024 and 2023
Actuarial cost method:	Unit credit method

BECHTEL PLANT MACHINERY, INC. PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

(In Thousands)

NOTE 6 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)

The actuarial assumptions are based on the presumption that the Plan will continue. If the Plan is terminated, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024 and January 1, 2023. Had the valuation been performed as of December 31, the results might have been different. The Plan administrator is not aware of any events occurring between January 1, 2024 and December 31, 2024 that would significantly impact the valuation.

NOTE 7 - FUNDING POLICY

The Plan provides that regular annual funding by the Company will consist of normal contributions to cover the currently accruing cost of benefits under the Plan and prior service contributions payable until fully funded. The Company has adopted this policy, which meets the minimum funding requirements of ERISA as determined by the actuary. The Company met the minimum funding requirements under ERISA for the 2024 and 2023 Plan years.

NOTE 8 - PLAN TERMINATION

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Voluntary employee contributions.
2. Mandatory employee contributions.
3. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years or employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. 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.
4. Other vested benefits insured by the PBGC (a U.S. government agency) up to the applicable limits (discussed below).
5. All other vested benefits (that is, vested benefits not insured by the PBGC).
6. All nonvested benefits.

The PBGC guarantees vested benefits at the level in effect on the date of Plan termination; however, if benefits have been increased within five years before the Plan's termination, the whole amount of the Plan's vested benefits increase may not be guaranteed. In addition, there is a ceiling on the amount of monthly benefits that the PBGC guarantees, which is adjusted periodically.

BECHTEL PLANT MACHINERY, INC. PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

(In Thousands)

NOTE 9 - TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Plan administrator by a letter dated December 14, 2016 that the Plan is qualified in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

U.S. GAAP require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2024 and 2023, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. Should the Plan incur penalties and interest related to unrecognized tax benefits, such amounts would be recorded as administrative expenses. The Plan administrator believes that the Plan is no longer subject to income tax examinations for years prior to 2021.

NOTE 10 - PARTY-IN-INTEREST TRANSACTIONS

In 2024 and 2023, Mercer Investment Consulting evaluated the investment performance of the Plan. Mercer Investment Consulting is a subsidiary of Marsh & McLennan. Administrative and investment expenses incurred by the Plan to subsidiaries of Marsh & McLennan totaled \$78 and \$75 for the years ended December 31, 2024 and 2023, respectively. Northern Trust is the Plan's trustee and also managed certain common collective trust funds in the Master Trust. Administrative expenses incurred by the Plan to Northern Trust totaled \$91 and \$86 for the years ended December 31, 2024 and 2023, respectively.

These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules.

Bechtel Plant Machinery, Inc. Pension Plan
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 PN 002

ATTACHMENT TO 2024 FORM 5500

SCHEDULE SB, LINE 26a – SCHEDULE OF ACTIVE PARTICIPANT DATA

Attained Age	Years of Credited Service										Total	
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	1	0	12	0	0	0	0	0	0	0	13
35 to 39	0	2	5	47	29	0	0	0	0	0	0	83
40 to 44	0	1	4	21	40	5	0	0	0	0	0	71
45 to 49	0	1	7	11	24	14	0	0	0	0	0	57
50 to 54	0	0	2	14	9	10	7	3	0	0	0	45
55 to 59	1	1	1	8	15	15	10	13	8	0	0	72
60 to 64	0	1	0	3	11	9	8	11	15	7	0	65
65 to 69	0	1	0	1	0	5	1	1	1	10	0	20
70 & up	0	0	0	0	0	1	0	1	1	8	0	11
Total	1	8	19	117	128	59	26	29	25	25	0	437

Average compensation not shown since the plan has less than 1000 active participants.

Bechtel Plant Machinery, Inc. Pension Plan
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ATTACHMENT TO 2024 FORM 5500

SCHEDULE SB, PART V - STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

The following assumptions and methods are prescribed by ERISA, as currently amended.

Interest/Discount Rates

Interest rates

	2024 Plan Year	2023 Plan Year
Funding Rates – Constrained*		
First Segment Rate	4.75%	4.75%
Second Segment Rate	4.87%	5.00%
Third Segment Rate	5.59%	5.74%
Effective Interest Rate	5.19%	5.31%
Funding Rates – Unconstrained**		
First Segment Rate	3.62%	1.41%
Second Segment Rate	4.46%	3.09%
Third Segment Rate	4.52%	3.58%
Effective Interest Rate	4.45%	3.29%

* Used for minimum funding and benefit restriction purposes; the plan sponsor elected to adopt the new stabilized segment rates in accordance with ARP 2021 starting with plan year 2022.

** Used for maximum tax-deduction, ERISA 4010, low-default-risk obligation measure, and PBGC premium reporting purposes.

The interest rates used for funding purposes are the Segment Rates with 4-month lookback, constrained in accordance with relevant legislation.

Bechtel Plant Machinery, Inc. Pension Plan
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ATTACHMENT TO 2024 FORM 5500

SCHEDULE SB, PART V - STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Non-Economic Assumptions

Mortality

Mortality tables for non-disabled participants mandated by applicable law and regulation as specified in IRS Regulation 1.430(h)(3)-1, as amended in the Federal Register on October 20, 2023, in TD 9983, 88 FR 72357, applied on a fully generational basis. For disabled participants, mortality is used in accordance with Revenue-Ruling 96-7.

Mortality for purposes of calculating lump sums:

Current Year

2024 IRS 417(e) Applicable Mortality table.

Prior Year

2023 IRS 417(e) Applicable Mortality table.

Methods

Actuarial cost method

For minimum required and maximum contribution purposes:

The Funding Target is the present value of accrued benefits based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expense to be paid from the plan assets during the year.

Bechtel Plant Machinery, Inc. Pension Plan
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ATTACHMENT TO 2024 FORM 5500

SCHEDULE SB, PART V - STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

The following assumptions were selected by the plan's enrolled actuary. The asset valuation method was selected by the plan sponsor with the actuary's advice and is an acceptable method under the applicable provisions of the Internal Revenue Code and associate regulations.

Assumptions Rationale

Actuarial Standard of Practice No. 27 ("ASOP 27") provides guidance to actuaries on economic assumptions for measuring pension obligations. Actuarial Standard of Practice No. 35 ("ASOP 35") provides guidance to actuaries on demographic and other noneconomic assumptions for measuring pension obligations. Under these ASOPs, for each assumption that has a significant effect on the measurement and that the actuary has not selected, the actuary should disclose the information and analysis used to support the actuary's determination that the assumption does not significantly conflict with what, in the actuary's professional judgment, is reasonable for the purpose of the measurement. The economic assumptions that have a significant effect on the measurement and that the actuary has not selected are the segment rates and salary increase rate. The segment rate assumption used for this measurement is prescribed by law and is in line with applicable regulations. The salary increase rate was provided by the plan sponsor and it is based on their best estimate of future increases.

The actuary's expected rate of return on plan assets was determined based on an analysis of the expected nominal return for each of the asset classes in the portfolio.

The demographic and other noneconomic assumptions that have a significant effect on this measurement, and are chosen by the enrolled actuary, are the retirement rates, withdrawal rates, and frequency of optional payment forms. The assumed retirement rates, withdrawal rates, and frequency of optional payment forms are based on an experience study performed in 2022. We perform periodic experience studies to assess the reasonableness of these assumptions and review the results of these studies with the plan sponsor and set these rates based on the analyses and our discussions. We monitor these assumptions annually through gain/loss analysis. Based on the actuary's gain-loss analysis, including consistency with other assumptions used in the valuation, the actuary believes that these assumptions are reasonable for the purpose of the measurement. The remaining assumptions do not have a significant impact on the plan's Funding Target.

Economic Assumptions

Salary increases

Current Year:	4.00%
Prior Year:	4.00%

The salary increase assumption is the enrolled actuary's best estimate based on input from the plan sponsor on prior and anticipated compensation practice.

Expenses

Expected plan administrative expenses are equal to prior year administrative expenses, excluding the prior year PBGC premium, plus current year PBGC premium were added to Target Normal Cost. This amount is equal to \$591,866 for 2024 and \$1,291,129 for 2023.

Bechtel Plant Machinery, Inc. Pension Plan
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ATTACHMENT TO 2024 FORM 5500

SCHEDULE SB, PART V - STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Non-Economic Assumptions

Disability rates

Age	Percentage
20	0.015%
25	0.015%
30	0.015%
35	0.015%
40	0.020%
45	0.040%
50	0.105%
55	0.225%
60	0.505%

Frequency of optional payment forms

Lump Sum

It is assumed that 15% of active participants eligible for a lump sum will choose a lump sum payment. For the residual annuity, it is assumed that 40% will choose a single life annuity, 20% will choose a 55% joint and survivor annuity, 10% will choose a 75% joint and survivor annuity, and 30% will choose a 100% joint and survivor annuity.

Annuity

For all other active participants not eligible for a lump sum, it is assumed that 40% will choose a single life annuity, 20% will choose a 55% joint and survivor annuity, 10% will choose a 75% joint and survivor annuity, and 30% will choose a 100% joint and survivor annuity. For all other participants not in pay status, it is assumed that 100% will choose a single life annuity.

The frequency of optional payment forms assumption is based on the result of an experience study conducted in 2022.

Marital percentage

It is assumed that 85% of the male participants and 70% of the female participants are married at the time of death. A male is assumed to be 2 years older than his spouse.

The marital percentage assumption is based on the result of an experience study conducted in 2022.

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ATTACHMENT TO 2024 FORM 5500

SCHEDULE SB, PART V - STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Retirement rates¹

Age	Assumption
58	12.00%
59	5.00%
60	15.00%
61	10.00%
62	17.00%
63	20.00%
64	17.00%
65	25.00%
66	25.00%
67	25.00%
68	25.00%
69	25.00%
70	100.00%

The Weighted Average Retirement Age is 64.

These rates are based on a study conducted in 2022 of BPMI retirement experience from 2017 to 2022.

Withdrawal rates²

Age	Percentage
20	9.40%
25	9.40%
30	7.78%
35	5.02%
40	2.76%
45	2.00%
50	2.60%
55	3.00%
60	1.80%
65	1.00%

These rates are based on a study conducted in 2022 of BPMI termination experience from 2017 to 2022.

¹ Terminated vested participants are assumed to retire at age 65.

² For active participants not eligible for retirement.

Bechtel Plant Machinery, Inc. Pension Plan
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PN 002

ATTACHMENT TO 2024 FORM 5500

SCHEDULE SB, PART V - STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Methods

Asset valuation method

The Actuarial Value of Assets is market value as of the valuation date, including discounted receivable contributions, reduced by 2/3 and 1/3 of the gain/(loss) in the prior 2 years, respectively. The gain/(loss) for each period is determined as the actual return on market value during the period less the expected return on market value based on an assumed earnings rate chosen by the actuary but required by PPA to be not greater than the applicable third Segment Rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value, including discounted receivable contributions.

The expected asset return assumption was based on an analysis of long term expected returns for the asset classes in which the plan's assets were invested as of the measurement date.

	Actuary's Assumption	Third Segment Rate	Reflecting PPA Limit
2024 Expected Return	7.50%	5.59%	5.59%
2023 Expected Return	7.50%	5.74%	5.74%
2022 Expected Return	7.50%	5.92%	5.92%

Future actuarial measurements

Future actuarial measurements may differ significantly from current measurements due to plan experience differing from that anticipated by the economic and demographic assumptions, changes expected as part of the natural operation of the methodology used for these measurements, and changes in plan provisions, applicable law or regulations. An analysis of the potential range of such future differences is beyond the scope of this report.

Use of Models

Actuarial Standard of Practice No. 56 ("ASOP 56") provides guidance to actuaries when performing actuarial services with respect to designing, developing, selecting, modifying, using, reviewing, or evaluating models. Buck uses third-party software in the performance of annual actuarial valuations and projections. The model is intended to calculate the liabilities associated with the provisions of the plan using data and assumptions as of the measurement date under the funding rules specified in this report. Further, the model applies those funding rules to the liabilities derived and other inputs, such as plan assets and contributions, to generate many of the exhibits found in this report. Buck has an extensive review process whereby the results of the liability calculations are checked using detailed sample output, changes from year to year are summarized by source, and significant deviations from expectations are investigated. Other funding outputs are similarly reviewed in detail and at a high level for accuracy, reasonability and consistency with prior results. Buck also reviews the model when significant changes are made to the software. The review is performed by experts within the company who are familiar with applicable funding rules as well as the manner in which the model generates its output.

Bechtel Plant Machinery, Inc. Pension Plan
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PN 002

ATTACHMENT TO 2024 FORM 5500

Summary of Changes from the January 1, 2023 Valuation

- The interest rate basis for computing funding liabilities was updated to the current rates as specified in IRS Regulations 1.430(h)(2)-1. These rates are constrained in accordance with relevant legislation.
- The mortality assumption was updated according to the projection specified in IRS Regulation 1.430(h)(3)-1 as amended in the Federal Register on October 20, 2023, in TD 9983, 88 FR 72357, applied on a fully generational basis.
- The mortality table applicable to lump sums paid was updated to 2024 IRS Applicable Mortality for purposes of 417(e).
- The general effect of the assumption changes was an increase in the target liability.

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

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

A Name of plan BECHTEL PLANT MACHINERY, INC. PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BECHTEL PLANT MACHINERY, INC.	D Employer Identification Number (EIN) 94-3330445	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	347,107,514
	b Actuarial value	2b	369,307,914
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	586	189,226,938
	b For terminated vested participants	282	17,051,096
	c For active participants	437	112,679,469
	d Total	1,305	318,957,503
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)	<input type="checkbox"/>	
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.19%
6	Target normal cost		
	a Present value of current plan year accruals	6a	7,339,306
	b Expected plan-related expenses	6b	591,866
	c Target normal cost	6c	7,019,576

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	 SCOTT BERGER Signature of actuary	09/16/2025 Date 2306644 Most recent enrollment number 201-902-2300 Telephone number (including area code)
	SCOTT BERGER Type or print name of actuary BUCK GLOBAL, LLC Firm name 200 JEFFERSON PARK 2ND FLOOR WHIPPANY NJ 07981 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	38,093,392
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	38,093,392
10	Interest on line 9 using prior year's actual return of <u>13.83%</u>	0	5,268,316
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		2,675,582
	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>5.31%</u>		142,073
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		2,817,655
	d Portion of (c) to be added to prefunding balance		2,320,348
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	45,682,056

Part III		Funding Percentages	
14	Funding target attainment percentage	14	101.14%
15	Adjusted funding target attainment percentage	15	115.42%
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	98.33%
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	
01/12/2024	0	39,253	08/15/2024	0	38,676	
01/31/2024	0	55,033	08/29/2024	0	38,669	
02/16/2024	0	38,075	09/13/2024	0	38,425	
02/28/2024	0	38,631	09/27/2024	0	38,577	
03/14/2024	0	38,365	10/16/2024	0	38,529	
03/28/2024	0	38,241	10/30/2024	0	38,558	
04/15/2024	0	40,436	11/14/2024	0	38,771	
04/29/2024	0	39,884	11/27/2024	0	38,757	
05/16/2024	0	39,643	12/16/2024	0	38,541	
05/29/2024	0	39,808	12/26/2024	0	39,995	
06/13/2024	0	39,278				
06/27/2024	0	39,260				
07/15/2024	0	39,116				
07/30/2024	0	38,962				
Totals ▶			18(b)	0	18(c)	951,483

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	0

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75%	2nd segment: 4.87%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
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 7,019,576
b Excess assets, if applicable, but not greater than line 31a				31b 3,660,952
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
b Waiver amortization installment	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....				34 3,358,624
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	3,358,624	3,358,624	
36 Additional cash requirement (line 34 minus line 35).....				36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				37 0
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

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

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ATTACHMENT TO 2024 FORM 5500

**SCHEDULE SB, LINE 26b – SCHEDULE OF PROJECTION OF EXPECTED BENEFIT
 PAYMENTS**

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	\$ 1,695,576	\$ 318,447	\$ 16,681,915	\$ 18,695,938
2025	\$ 2,425,798	\$ 279,637	\$ 16,427,080	\$ 19,132,515
2026	\$ 3,250,072	\$ 351,961	\$ 16,143,825	\$ 19,745,858
2027	\$ 4,016,959	\$ 470,813	\$ 15,820,390	\$ 20,308,162
2028	\$ 4,693,222	\$ 643,475	\$ 15,483,018	\$ 20,819,715
2029	\$ 5,273,527	\$ 717,489	\$ 15,128,455	\$ 21,119,471
2030	\$ 5,807,741	\$ 794,435	\$ 14,752,022	\$ 21,354,198
2031	\$ 6,257,185	\$ 841,479	\$ 14,347,658	\$ 21,446,322
2032	\$ 6,645,792	\$ 969,930	\$ 13,914,829	\$ 21,530,551
2033	\$ 6,930,463	\$ 1,029,543	\$ 13,453,522	\$ 21,413,528
2034	\$ 7,222,892	\$ 1,074,435	\$ 12,964,284	\$ 21,261,611
2035	\$ 7,486,728	\$ 1,124,957	\$ 12,448,211	\$ 21,059,896
2036	\$ 7,684,581	\$ 1,176,134	\$ 11,906,894	\$ 20,767,609
2037	\$ 7,887,980	\$ 1,186,302	\$ 11,342,431	\$ 20,416,713
2038	\$ 8,027,691	\$ 1,197,150	\$ 10,757,423	\$ 19,982,264
2039	\$ 8,218,471	\$ 1,230,738	\$ 10,154,952	\$ 19,604,161
2040	\$ 8,336,384	\$ 1,249,681	\$ 9,538,579	\$ 19,124,644
2041	\$ 8,443,867	\$ 1,267,999	\$ 8,912,227	\$ 18,624,093
2042	\$ 8,602,886	\$ 1,267,370	\$ 8,280,089	\$ 18,150,345
2043	\$ 8,716,040	\$ 1,272,367	\$ 7,646,550	\$ 17,634,957
2044	\$ 8,859,381	\$ 1,270,376	\$ 7,016,025	\$ 17,145,782
2045	\$ 8,904,386	\$ 1,272,271	\$ 6,392,997	\$ 16,569,654
2046	\$ 8,917,084	\$ 1,297,306	\$ 5,782,080	\$ 15,996,470
2047	\$ 8,977,044	\$ 1,356,343	\$ 5,188,076	\$ 15,521,463
2048	\$ 9,044,112	\$ 1,360,699	\$ 4,615,847	\$ 15,020,658
2049	\$ 9,103,021	\$ 1,390,652	\$ 4,070,197	\$ 14,563,870
2050	\$ 9,122,720	\$ 1,431,957	\$ 3,555,716	\$ 14,110,393
2051	\$ 9,051,211	\$ 1,412,666	\$ 3,076,362	\$ 13,540,239
2052	\$ 8,941,135	\$ 1,433,563	\$ 2,635,238	\$ 13,009,936
2053	\$ 8,792,746	\$ 1,499,321	\$ 2,234,432	\$ 12,526,499
2054	\$ 8,592,844	\$ 1,531,617	\$ 1,874,977	\$ 11,999,438
2055	\$ 8,299,036	\$ 1,489,868	\$ 1,556,942	\$ 11,345,846
2056	\$ 7,960,270	\$ 1,429,754	\$ 1,279,411	\$ 10,669,435
2057	\$ 7,588,499	\$ 1,362,186	\$ 1,040,627	\$ 9,991,312
2058	\$ 7,210,255	\$ 1,291,610	\$ 838,146	\$ 9,340,011
2059	\$ 6,830,113	\$ 1,222,772	\$ 668,999	\$ 8,721,884
2060	\$ 6,450,574	\$ 1,157,967	\$ 529,857	\$ 8,138,398
2061	\$ 6,079,249	\$ 1,095,659	\$ 417,170	\$ 7,592,078
2062	\$ 5,718,314	\$ 1,035,301	\$ 327,319	\$ 7,080,934
2063	\$ 5,369,853	\$ 976,669	\$ 256,772	\$ 6,603,294
2064	\$ 5,034,156	\$ 919,759	\$ 202,225	\$ 6,156,140
2065	\$ 4,711,139	\$ 864,509	\$ 160,677	\$ 5,736,325
2066	\$ 4,400,125	\$ 810,821	\$ 129,481	\$ 5,340,427
2067	\$ 4,100,309	\$ 758,591	\$ 106,353	\$ 4,965,253
2068	\$ 3,810,847	\$ 707,700	\$ 89,371	\$ 4,607,918
2069	\$ 3,530,968	\$ 658,023	\$ 76,956	\$ 4,265,947
2070	\$ 3,259,981	\$ 609,447	\$ 67,846	\$ 3,937,274
2071	\$ 2,997,364	\$ 561,904	\$ 61,055	\$ 3,620,323
2072	\$ 2,742,689	\$ 515,377	\$ 55,838	\$ 3,313,904
2073	\$ 2,495,791	\$ 469,892	\$ 51,646	\$ 3,017,329

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SCHEDULE SB, LINE 22 – DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE

This table calculates the weighted average retirement age for all active persons in the plan.

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
58	216.75	0.0855	18.53	1074.94
59	216.28	0.0357	7.71	454.98
60	224.68	0.1500	33.70	2022.10
61	198.14	0.1000	19.81	1208.65
62	193.45	0.1700	32.89	2038.95
63	172.46	0.2000	34.49	2172.94
64	146.80	0.1700	24.96	1597.22
65	127.74	0.2500	31.93	2075.72
66	98.20	0.2500	24.55	1620.26
67	76.14	0.2500	19.04	1275.36
68	59.68	0.2500	14.92	1014.55
69	48.39	0.2500	12.10	834.79
70	40.97	1.0000	40.97	2868.05
71	3.00	1.0000	3.00	213.00
72	1.00	1.0000	1.00	72.00
73	0.00	1.0000	0.00	0.00
74	1.00	1.0000	1.00	74.00
75	1.00	1.0000	1.00	75.00
76	0.00	1.0000	0.00	0.00
77	1.00	1.0000	1.00	77.00
78	1.00	1.0000	1.00	78.00
79	0.00	1.0000	0.00	0.00
80	0.00	1.0000	0.00	0.00
81	0.00	1.0000	0.00	0.00
82	0.00	1.0000	0.00	0.00
83	1.00	1.0000	1.00	83.00
Total			324.60	20,930.51
Weighted Average Retirement Age = 20,930.50 / 324.60				64.48
Rounded Weighted Average Retirement Age				64

Note: The table presents values rounded to fewer significant digits than used in the calculations.

Note to Column 2: The Expected Active Headcount for each age includes persons who are eligible to retire and persons who are not eligible to retire at each age.

Note to Column 3: At each age, these retirement rates are a weighted average of the rates shown in Attachment to Part V for active participants eligible to retire at the age and zero for all other active participants.

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ATTACHMENT TO 2024 FORM 5500

SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

Plan Year

January 1 through December 31.

Participation Eligibility

All Eligible Employees may participate in the Plan. Eligible Employees are those employed by Bechtel Plant Machinery, Inc. (except those in Excluded Units) and were hired as a BPMI employee prior to January 1, 2012, who are either non-represented or represented by a collective bargaining unit that has a written agreement with Bechtel Plant Machinery, Inc. regarding participation in the Plan.

Credited Service

Generally, all service as a contributing participant in the Plan is used to determine pension benefit amounts. Prior to January 1, 1995, all service as an Employee of BPMI was generally included as Credited Service. Service while employed with an Affiliated Entity or Excluded Unit is not included.

Eligibility Service

All Credited Service, plus service that would be credited except that the Employee elects not to contribute to the Plan or is employed by an Affiliated Entity or an Excluded Unit.

Compensation

Generally, regular compensation paid to a participant inclusive of overtime, bonus and other additional compensation payments, except that only 50% of an annual incentive award payable under any management incentive program is included.

Employee Contributions

On and after January 1, 1995, Employees must elect to contribute 1.50% of Compensation in order to receive Credited Service.

Early Retirement Eligibility

Generally, the first of any month following the date the Participant attains (i) age 58 with at least 30 years of Eligibility Service or (ii) age 60 with at least 10 years of Eligibility Service.

Normal Retirement Date

The later of (i) the first of the month following a Participant's 65th birthday and (ii) the first of the month following the completion of 5 years of Eligibility Service.

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SCHEDULE SB, PART V - SUMMARY OF PLAN PROVISIONS

Permanent Job Separation

Eligibility

Only applies if permanent job separation occurs prior to January 1, 1997, or September 1, 1998, or if the employee is represented by a collective bargaining unit. The permanent job separation must be the result of a location closure, job movement or product-line relocation.

Immediate Benefit

Attainment of Early Retirement Eligibility of any of the following by the end of the applicable calendar year:

Age	Eligibility Service
50 or older	25 years of service
51 or older	22 years of service
52 or older	19 years of service
53 or older	16 years of service
54 or older	13 years of service
55 or older	10 years of service

Deferred Benefit

Attainment of 25 years of Eligibility Service, but not eligibility for an immediate benefit.

Vesting Date

The date the Participant completes five years of Eligibility Service.

Death Benefit Eligibility

Pre-Retirement Death Benefit

Death while accruing Eligibility Service and after Attainment of Early Retirement Eligibility or any of the following:

Age	Eligibility Service
Any	25 years of service or more
60 or older	10 years of service or more
50 or older	15 years of service or more

Vested Death Benefit

Death after Vesting Date and before Pre-Retirement Death eligibility.

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SCHEDULE SB, PART V - SUMMARY OF PLAN PROVISIONS

Normal Retirement Benefit Method

Generally, a monthly amount equal to the greater of (i) the Career Accumulation and (ii) the Flat Rate Method.

Career Accumulation Method

The sum of the monthly amount accumulated to January 1, 1992, plus 1/12 of 2% of Compensation for each calendar year commencing on or after January 1, 1992 in which an employee contributed (subject to a minimum of \$52 per month for plan years 1995 and later). A minimum of \$15 per year of Credited Service applied for 1992, 1993, and 1994 regardless of an Employee's election to contribute to the Plan.

Flat Rate Method

The sum of \$52 for years of Credited Service while contributing to the Plan, plus \$13 for Years of Credited Service prior to January 1, 1995 in which Employee was eligible to contribute to the Plan but elected not to contribute.

Early Retirement Benefit

Employees Hired after December 31, 1994

Determined as for Normal Retirement except that benefits are reduced by ½ percent per month that Early Retirement Date precedes Participant's Normal Retirement Date.

Employees Hired before January 1, 1995

If a Lump Sum form of payment is elected, the participant will receive the sum of (i) and (ii), as follows:

- (i) A Payment equal to the lump sum equivalent of the normal retirement benefit determined as of December 31, 1994. The lump sum equivalent will be calculated assuming benefits begin at Early Retirement Date. Benefits are reduced for early commencement by 1/3 of 1% for each month that the Early Retirement Date precedes Normal Retirement Date, or, if the Participant has 30 or more years of Eligibility Service, by 1/4 of 1% for each month that Early Retirement Date precedes the first of the month following the Participant's 60th birthday.
- (ii) An annuity equal to the difference between (a) the normal retirement benefit (based on total Credited Service) and (b) the normal retirement benefit determined as of December 31, 1994. The difference is reduced by ½ of 1% for each month that Early Retirement Date precedes Normal Retirement Date.

If an annuity form of Payment is elected, the Participant's benefit is determined as for normal retirement except that benefits are reduced for early commencement by 1/3 of 1% for each month that the Early Retirement Date precedes Normal Retirement Date, or, if the Participant has 30 or more years of Eligibility Service, by 1/4 of 1% for each month that Early Retirement Date precedes the first of the month following the Participant's 60th birthday.

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SCHEDULE SB, PART V - SUMMARY OF PLAN PROVISIONS

Early Retirement Supplements

For Employees hired prior to January 1, 1995 who retire early and elect an annuity form of payment, a temporary monthly supplement is payable until age 62 equal to \$10 per year of Credited Service.

Permanent Job Separation

Immediate Benefit

Determined as for normal retirement with reduction for early commencement. The Early Retirement Supplement is also payable.

Deferred Benefit

Determined as for Early Retirement and payable at age 60 if 25 years of Eligibility Service, and at age 58 if 30 years of Eligibility Service.

Deferred Retirement Benefit

A Participant may defer retirement after age 65 and continue to accrue benefits until the deferred retirement date.

Termination Benefit

A Participant who terminated employment non-vested receives a refund of contributions plus interest or an actuarially equivalent annuity beginning at Normal Retirement Date.

The benefit payable to a terminated vested Participant is the greater of the benefit determined as for normal retirement and an annuity that is the actuarial equivalent of the Participant's contributions with interest. A Participant who attains (i) age 58 with at least 30 years of Eligibility Service or (ii) age 60 with at least 10 years of Eligibility Service can elect to receive benefits prior to Normal Retirement Date, reduced by $\frac{1}{2}$ of 1% for each month that benefit commencement precedes Normal Retirement Date.

Pre-Retirement Death Benefit

Immediate benefit payable to participant's spouse equal to 100% of the benefit determined as for Early Retirement, except that benefits are reduced as if the employee retired at the date of death (subject to a maximum benefit reduction for early commencement) assuming that the Joint and 100% form of payment had been elected. Payments are guaranteed for 60 months and payable to the spouse's beneficiary if necessary.

Alternatively, a lump sum payment based on the benefit accrued through December 31, 1994 is available.

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SCHEDULE SB, PART V - SUMMARY OF PLAN PROVISIONS

Vested Death Benefit

Deferred benefit, payable to Participant's spouse at what would have been the employee's earliest benefit commencement date, equal to 100% of the Termination Benefit, assuming that the Joint and 100% form of payment had been elected.

Normal Form of Payment

Married Participant

55% surviving spouse annuity

Unmarried

Single life annuity

Optional Forms of Payment

Single life annuity

Joint and 100% survivor annuity

Joint and 75% survivor annuity

Joint and 55% survivor annuity

Lump sum, based upon the benefit accrued as of December 31, 1994 (any additional benefit accruals are payable in any of the other optional benefit forms).

Generally, a minimum guarantee of the greater of (i) 60 times the monthly annuity benefit, and (ii) the accumulated contributions plus interest, is applied to annuity benefit options payable under the Plan, without regard to any early retirement supplements.

Summary of Changes from the January 1, 2023 Valuation

- None