

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: AMENDED EMPLOYEES' PENSION AND INVESTMENT PLAN OF THE HUNT CORPORATION AND RELATED COMPANIES
1b Three-digit plan number (PN): 201
1c Effective date of plan: 06/01/1960
2a Plan sponsor's name (employer, if for a single-employer plan): AECOM
2b Employer Identification Number (EIN): 47-1336341
2c Plan Sponsor's telephone number: 972-788-1000
2d Business code (see instructions): 236200

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

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

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

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	271
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	124
	6a(2)	119
	6b	21
	6c	104
	6d	244
	6e	5
	6f	249
	6g(1)	
	6g(2)	
h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1I 3H

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

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

A Name of plan <u>AMENDED EMPLOYEES' PENSION AND INVESTMENT PLAN OF THE HUNT CORPORATION AND RELATED COMPANIES</u>	B Three-digit plan number (PN) ▶	<u>201</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>AECOM</u>	D Employer Identification Number (EIN) <u>47-1336341</u>	

E Type of plan: Single Multiple-A Multiple-B Other
F Prior year plan size: 100 or fewer 101-500 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>8758266</u>
	b Actuarial value	2b	<u>9135741</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>26</u>	<u>1725938</u>
	b For terminated vested participants	<u>122</u>	<u>2690113</u>
	c For active participants	<u>124</u>	<u>5285351</u>
	d Total	<u>272</u>	<u>9701402</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>5.18 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>300000</u>
	c Target normal cost	6c	<u>300000</u>

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

SIGN HERE			
	Signature of actuary	<u>09/15/2025</u>	Date
	<u>MICHELE RAAD</u>	<u>23-06641</u>	Most recent enrollment number
	Type or print name of actuary	<u>213-346-2200</u>	Telephone number (including area code)
	<u>MERCER</u>		
	Firm name		
	<u>633 WEST 5TH STREET SUITE 1200 LOS ANGELES, CA 90071</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	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>12.27</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		454
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>5.30</u> %		24
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		478
d	Portion of (c) to be added to prefunding balance		
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	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	94.16 %
15	Adjusted funding target attainment percentage	15	94.16 %
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	94.85 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
04/11/2024	82000	0					
07/10/2024	78000	0					
10/10/2024	80000	0					
01/13/2024	80000	0					
08/28/2025	179000	0					
			Totals ▶	18(b)	499000	18(c)	0

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

a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	474355

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: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items				
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment... <input type="checkbox"/> Yes <input checked="" 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 300000
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	565661		53777	
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 353777
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
36 Additional cash requirement (line 34 minus line 35)				36 353777
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 474355
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 120578
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				38b
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 AMENDED EMPLOYEES' PENSION AND INVESTMENT PLAN OF THE HUNT CORPORATION AND RELATED COMPANIES	B Three-digit plan number (PN) ▶	201
C Plan sponsor's name as shown on line 2a of Form 5500 AECOM	D Employer Identification Number (EIN) 47-1336341	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

MERCER

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50 64	NONE	194056	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)

WINSTON & STRAWN LLP

36-1975990

(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	51975	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)

EIDE BAILLY

45-0250958

(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	17535	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)

NEPC

26-1429809

(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	INVESTMENT CONSULTING	16631	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)

U.S. BANK

31-0841368

(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	TRUSTEE	10423	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ANGELES INVESTMENT ADVISORS, LLC

95-4839031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	7228	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>AMENDED EMPLOYEES' PENSION AND INVESTMENT PLAN OF THE HUNT CORPORATION AND RELATED COMPANIES</u>	B Three-digit plan number (PN) <u>▶</u> <u>201</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>AECOM</u>	D Employer Identification Number (EIN) <u>47-1336341</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD EMPLOYEE BENEFIT INDEX</u>		
b Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>		
c EIN-PN <u>23-3080210-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CAPITAL GROUP LD CREDIT TRUST</u>		
b Name of sponsor of entity listed in (a): <u>CAPITAL BANK AND TRUST</u>		
c EIN-PN <u>95-6597294-293</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>IR+M LONG CORP COLLECTIVE FD CLASS</u>		
b Name of sponsor of entity listed in (a): <u>GLOBAL TRUST COMPANY</u>		
c EIN-PN <u>37-6567224-006</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2080368</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NEPC EMERGING MKTS CIT CLASS A</u>		
b Name of sponsor of entity listed in (a): <u>GLOBAL TRUST COMPANY</u>		
c EIN-PN <u>86-6497312-004</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>177067</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NEPC GLOBAL EQUITY CIT -CLASS A</u>		
b Name of sponsor of entity listed in (a): <u>GLOBAL TRUST COMPANY</u>		
c EIN-PN <u>86-6497312-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>509724</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NEPC US SMALL CAP EQUITY CIT -CLASS</u>		
b Name of sponsor of entity listed in (a): <u>GLOBAL TRUST COMPANY</u>		
c EIN-PN <u>86-6497312-003</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>183885</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>3-10 YEAR US TREASURY INDEX NL FUND</u>		
b Name of sponsor of entity listed in (a): <u>NEPC DISCRETIONARY SERVICES</u>		
c EIN-PN <u>04-0025081-477</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>423511</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: FTSE RAFI US 1000 INDEX NL CTF		
b Name of sponsor of entity listed in (a): NEPC DISCRETIONARY SERVICES		
c EIN-PN 06-6556853-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 280670
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S&P 500 FLAGSHIP NL FUND		
b Name of sponsor of entity listed in (a): NEPC DISCRETIONARY SERVICES		
c EIN-PN 04-0025081-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 371351
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA LONG US TREASURY INDEX NL FUND		
b Name of sponsor of entity listed in (a): NEPC DISCRETIONARY SERVICES		
c EIN-PN 04-0025081-479	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1802537
a Name of MTIA, CCT, PSA, or 103-12 IE: MSCI EAFE 100HEDGED USD INDEX NL FU		
b Name of sponsor of entity listed in (a): NEPC DISCRETIONARY SERVICES		
c EIN-PN 90-0337987-455	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 245219
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA MSCI EAFE INDEX NL FUND		
b Name of sponsor of entity listed in (a): NEPC DISCRETIONARY SERVICES		
c EIN-PN 04-0025081-241	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 84650
a Name of MTIA, CCT, PSA, or 103-12 IE: WTC CIF II US INV GRADE INTERMED CO		
b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA		
c EIN-PN 04-6913417-206	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 818318
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA 20 YEAR US TREASURY STRIPS IND		
b Name of sponsor of entity listed in (a): NEPC DISCRETIONARY SERVICES		
c EIN-PN 90-0337987-169	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 506239
a Name of MTIA, CCT, PSA, or 103-12 IE: NEPC DIVERSIFIED CREDIT CIT-CLASS A		
b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY		
c EIN-PN 86-6497312-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 103840
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.	OMB No. 1210-0110 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 AMENDED EMPLOYEES' PENSION AND INVESTMENT PLAN OF THE HUNT CORPORATION AND RELATED COMPANIES	B Three-digit plan number (PN) ▶ 201
C Plan sponsor's name as shown on line 2a of Form 5500 AECOM	D Employer Identification Number (EIN) 47-1336341

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	355000	259000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	826	219658
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	175397	48495
(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)	4496075	382376
(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)	1542991	7587379
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2200523	0
(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	8770812	8496908
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	118309	92459
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	118309	92459
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	8652503	8404449

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)	499000	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		499000
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)	80826	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		80826
(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)		-249462
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		185966
c Other income	2c		311459
d Total income. Add all income amounts in column (b) and enter total	2d		827789

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	696590	
(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)		696590
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)	95454	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	17535	
(5) Investment advisory and investment management fees	2i(5)	26153	
(6) Bank or trust company trustee/custodial fees	2i(6)	10423	
(7) Actuarial fees	2i(7)	98602	
(8) Legal fees	2i(8)	51975	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	79111	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		379253
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1075843

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-248054
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: EIDE BAILLY LLP

(2) EIN: 45-0250958

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		25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 554426.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>AMENDED EMPLOYEES' PENSION AND INVESTMENT PLAN OF THE HUNT CORPORATION AND RELATED COMPANIES</u>	B Three-digit plan number (PN) ▶	<u>201</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AECOM</u>	D Employer Identification Number (EIN) <u>47-1336341</u>	

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
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2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 31-0841368

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	20
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Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

**AMENDED EMPLOYEES' PENSION AND INVESTMENT PLAN
OF
THE HUNT CORPORATION AND RELATED COMPANIES**

**FINANCIAL STATEMENTS
AND
REPORT OF INDEPENDENT
CERTIFIED PUBLIC ACCOUNTANTS**

December 31, 2024 and 2023

**AMENDED EMPLOYEES' PENSION AND INVESTMENT PLAN
OF
THE HUNT CORPORATION AND RELATED COMPANIES**

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Independent Auditor's Report

The Plan Administrator and Participants
Amended Employees' Pension and Investment Plan of the Hunt Corporation and Related Companies
Dallas, Texas

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

We have performed audits of the financial statements of Amended Employees' Pension and Investment Plan of the Hunt Corporation and Related Companies (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the 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 (DOL) 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

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

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the 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 accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

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 accounting principles generally accepted in the United States of America.

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

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

Other Matter – Supplemental Schedules Required by ERISA

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

with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Eide Bailly LLP

Boise, Idaho
September 16, 2025

**AMENDED EMPLOYEES' PENSION AND INVESTMENT PLAN OF
THE HUNT CORPORATION AND RELATED COMPANIES**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2024	2023
ASSETS:		
Investments—at fair value (Note 4)		
Mutual funds	\$ —	\$ 2,200,523
Privately-held securities	382,376	4,496,075
Collective investment trusts	7,587,379	1,542,991
Money market mutual fund	48,495	175,397
Total investments	<u>8,018,250</u>	<u>8,414,986</u>
Receivables		
Company contributions	259,000	355,000
Investment holdback and liquidation receivable	219,554	—
Income receivable	104	826
Total receivables	<u>478,658</u>	<u>355,826</u>
Total assets	<u>8,496,908</u>	<u>8,770,812</u>
LIABILITIES:		
Accrued administrative fees	<u>92,459</u>	<u>118,309</u>
Total liabilities	<u>92,459</u>	<u>118,309</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 8,404,449</u>	<u>\$ 8,652,503</u>

The accompanying notes are an integral part of these financial statements.

**AMENDED EMPLOYEES' PENSION AND INVESTMENT PLAN OF
THE HUNT CORPORATION AND RELATED COMPANIES**

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	For the Year Ended December 31, 2024
Additions	
Investment income	
Net appreciation in fair value of investments	\$ 247,963
Interest and dividends	80,826
Net investment	<u>328,789</u>
Company Contributions	<u>499,000</u>
Deductions	
Benefits paid to participants	(696,590)
Administrative expenses	(300,142)
PBGC premiums	<u>(79,111)</u>
Total deductions	<u>(1,075,843)</u>
Net decrease	(248,054)
Net assets available for benefits:	
Beginning of year	<u>8,652,503</u>
End of year	<u>\$ 8,404,449</u>

The accompanying notes are an integral part of this financial statement.

AMENDED EMPLOYEES' PENSION AND INVESTMENT PLAN OF THE HUNT CORPORATION AND RELATED COMPANIES

Notes to the Financial Statements
December 31, 2024 and 2023

NOTE 1 – DESCRIPTION OF PLAN

The following brief description of the Amended Employees' Pension and Investment Plan of The Hunt Corporation and Related Companies (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document and the *Summary Plan Description* for more complete information regarding the terms of the Plan.

General – The Plan is a frozen non-contributory defined benefit plan. The original plan was effective in 1960. The Plan is administered by the Americas Benefits Administration Committee as authorized by AECOM, the parent company of The Hunt Corporation. The Plan is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Eligibility – The Plan covers substantially all salaried and office or field engineer hourly employees of The Hunt Corporation and certain of its wholly-owned subsidiaries (together, the "Company"), except craft hourly employees, leased employees, and independent contractors, as defined in the Plan document. Effective January 1, 2008, the Plan was frozen, and no new participants are allowed into the Plan.

Pension Benefits – Covered employees are entitled to a benefit equal to one percent of their highest consecutive five-year average compensation for each year of credited service determined as of June 1, 1999, plus one-half of one percent of their average compensation for each year of credited service accrued after June 1, 1999. Early retirement is permitted beginning at age 57 or for disability at reduced benefit levels. Employees may elect to receive their benefit in the form of a lump sum distribution upon termination of employment, regardless of age. The normal form of payment for married employees is a joint and 50 percent surviving spouse annuity. Employees may also elect to receive the benefit in the form of a single life annuity, installments over a certain period of years as specified in the Plan document, an annuity plus installment payments to designated beneficiaries over a certain period of years as specified in the Plan document, or a 50 percent, 75 percent, or 100 percent survivor annuity with a designated beneficiary. Covered employees' benefit rights are fully vested after five years; all participants in the Plan are fully vested. Effective January 1, 2008, the Plan was frozen, and pension benefits ceased to accrue.

Death Benefits – If an active employee dies after age 18, a death benefit is paid to the employee's beneficiary based on terms of the Plan document.

Disability Retirement Benefits – Active employees who become totally and permanently disabled may start their benefit under the Plan immediately. This benefit will be reduced for early commencement based on the terms of the Plan document.

Funding Policy – Contributions from the Company for each fiscal year of the Plan are accrued based on minimum amounts required to be funded under the provisions of ERISA or, if greater, amounts committed to be contributed for the Plan year. Voluntary employee contributions are not permitted. The Company met the minimum funding requirement for the year ended December 31, 2024.

AMENDED EMPLOYEES' PENSION AND INVESTMENT PLAN OF THE HUNT CORPORATION AND RELATED COMPANIES

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting – The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America.

Valuation of Investments – Investments are reported at fair value. Fair value is the price that would be received when an asset is sold or paid to transfer a liability in an orderly transaction between market participants, at the measurement date. See Note 4 for a description of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Net appreciation or depreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Payment of Benefits – Benefit payments are recorded upon distribution.

Administrative Expenses – The Plan's expenses are paid by either the Plan or the Company, as provided by the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying Statement of Changes in Net Assets Available for Benefits. Fees for administration, investment advice, actuarial, and other services are generally charged to the Plan based on customary or contracted rates for such services. The Plan's assets are managed by independent investment managers who charge a management fee based on assets under management.

Use of Estimates – The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein, and the actuarial present value of accumulated plan benefits at the date of the financial statements and changes therein. Actual results may differ from these estimates.

Subsequent Events – The Plan evaluated subsequent events through September 16, 2025, the date the financial statements were available to be issued.

NOTE 3 – RISKS AND UNCERTAINTIES

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

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

AMENDED EMPLOYEES' PENSION AND INVESTMENT PLAN OF THE HUNT CORPORATION AND RELATED COMPANIES

NOTE 4 – FAIR VALUE MEASUREMENTS

The Plan's investments, which are stated at fair value, are disclosed in accordance with the established framework and disclosure requirements described in the FASB Accounting Standards Codification ("ASC") No. 820-10, *Fair Value Measurements and Disclosures* ("ASC 820-10"), which defines fair value, establishes a framework for measuring fair value under current accounting pronouncements that require or permit fair value measurement and enhances disclosures about fair value measurements. ASC 820-10 defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction, which requires an entity to maximize the use of observable inputs when measuring fair value.

The standard describes three levels of inputs that may be used to measure fair value:

Level 1	Inputs to the valuation methodology are quoted prices available in active markets for identical investments as of the reporting date.
Level 2	Inputs to the valuation methodology include: <ul style="list-style-type: none">• 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. <p>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.</p>
Level 3	Inputs to the valuation methodology are unobservable inputs in situations where there is little or no market activity for the asset or liability and the reporting entity makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

The following is a description of the valuation methodologies used for investments measured at fair value, including a general classification of such instruments pursuant to the valuation hierarchy. There were no changes in the methodologies used at December 31, 2024 and 2023.

Mutual funds – A mutual fund is an investment company registered under the Investment Company Act of 1940 that pools the capital of many investors and invests it in stocks, bonds, short-term money market instruments and/or other securities. These investments are public investment vehicles valued at the closing price reported in the active market in which the investments are traded. These investments are classified within Level 1 of the valuation hierarchy.

Collective investment trusts – A collective investment trust is a trust for the collective investment and reinvestment of assets contributed from employee benefit plans maintained by more than one plan. These investments are valued using the net asset value ("NAV") provided by the administrator of the collective trust. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding.

AMENDED EMPLOYEES' PENSION AND INVESTMENT PLAN OF THE HUNT CORPORATION AND RELATED COMPANIES

The NAV is used as a practical expedient to estimate fair value. The collective investment trusts are not classified within the fair value hierarchy; however, the amounts measured using NAV is disclosed to permit reconciliation of the fair value of investments to the Statements of Net Assets Available for Benefits.

Privately-held securities – Investments in privately-held securities are investments in closely held instruments for which there is no available market. These funds seek capital appreciation and current income by investing in various financial instruments. The funds may invest in publicly traded equity and debt securities, as well as derivatives thereof. In addition, the funds may pursue a value-oriented strategy through short selling and investments in private or less liquid instruments (financial instruments and other obligations for which no market or only a limited market may exist). The funds may also leverage its portfolio with borrowed funds. The fair value is determined by the Plan's management using NAV as a practical expedient. The Plan's management considers subscription and redemption rights, including any restrictions on the disposition of its interest in its determination of fair value. For information regarding restrictions on redemptions, see Note 5. Privately-held securities are not classified within the fair value hierarchy; however, the amounts measured using NAV are disclosed to permit reconciliation of the fair value of investments to the Statements of Net Assets Available for Benefits.

Money market mutual fund – The fair value of these investments is based on quoted market prices of the fund in active market and are classified within Level 1 of the valuation hierarchy.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of:

	Quoted Prices in Active Markets (Level 1)	Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
December 31, 2024				
Money market mutual fund	\$ 48,495	\$ -	\$ -	\$ 48,495
Total investments in the fair value hierarchy	\$ 48,495	\$ -	\$ -	48,495
Investments valued at NAV				7,969,755
Total assets at fair value				\$ 8,018,250

	Quoted Prices in Active Markets (Level 1)	Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
December 31, 2023				
Mutual funds	\$ 2,200,523	\$ -	\$ -	\$ 2,200,523
Money market mutual fund	175,397	-	-	175,397
Total investments in the fair value hierarchy	\$ 2,375,920	\$ -	\$ -	2,375,920
Investments valued at NAV				6,039,066
Total assets at fair value				\$ 8,414,986

AMENDED EMPLOYEES' PENSION AND INVESTMENT PLAN OF THE HUNT CORPORATION AND RELATED COMPANIES

NOTE 5 – NET ASSET VALUE PER SHARE

The following table summarizes investments measured at NAV per share as of December 31, 2024 and 2023:

<u>December 31, 2024</u>	<u>Strategy</u>	<u>Fair Value</u>	<u>Unfunded Commitment</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
Privately-held securities					
Angeles Absolute Return Fund Ltd.	Hedge Fund	\$ 382,376	n/a	Quarterly	90 days
Collective investment trusts					
NEPC Diversified Credit Cit -Class A	Fixed Income	103,840	n/a	Monthly	15 days
3-10 Year US Treasury Index NL Fund	Fixed Income	423,511	n/a	Daily	Daily
FTSE RAFI US 1000 Index NL CTF	Domestic Equity	280,670	n/a	Daily	Daily
IR+M Long Corp Collective FD Class ND	Fixed Income	2,080,368	n/a	Daily	Daily
MSCI EAFE 1000 Hedged USD Index NL Fund	International Developed Equity Emerging Market	245,219	n/a	Daily	Daily
NEPC Emerging Markets CIT Class A	Equity	177,067	n/a	Daily	Daily
NEPC Global Equity CIT Class A	Global Equity	509,724	n/a	Daily	Daily
NEPC US Small Cap Equity Class A	Domestic Equity	183,885	n/a	Daily	Daily
SSgA 20 Year US Treasury Strips Index	Fixed Income	506,239	n/a	Daily	Daily
SSgA Long US Treasury Index NL Fund	Fixed Income International	1,802,537	n/a	Daily	Daily
SSgA MSCI EAFE Index NL Fund	Developed Equity	84,650	n/a	Daily	Daily
SSgA S&P 500 Flagship NL Fund	Domestic Equity	371,351	n/a	Daily	Daily
WTC CIF II US Inv Grade Intermed Corp	Fixed Income	818,318	n/a	Daily	Daily
<u>December 31, 2023</u>	<u>Strategy</u>	<u>Fair Value</u>	<u>Unfunded Commitment</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
Privately-held securities					
Angeles Absolute Return Fund Ltd.	Hedge Fund	\$ 399,326	n/a	Quarterly	90 days
Angeles Diversified Income Fund LLC	Diversified Income	1,986,162	n/a	Monthly	15 days
Angeles Global Equity Opportunities Fund LLC	Global Equity	2,110,587	n/a	Monthly	16 days
Collective investment trusts					
Capital Group Long Duration Credit Trust	Fixed Income	1,033,273	n/a	Daily	5 days
Vanguard Employee Benefit Index Fund	Domestic Equity	509,717	n/a	Daily	n/a

Angeles Absolute Return Fund – Angeles Absolute Return Fund Ltd. is an incorporated Cayman Islands exempted company. This investment fund is registered with the Cayman Islands Monetary Authority under Section 4(3) of the Mutual Funds Law. The principal activity of this fund is to invest in other offshore hedge fund vehicles to achieve long term capital appreciation. Angeles Investment Advisors, LLC (“Angeles”) is responsible for selecting the investments and determining their weight within this fund’s investment portfolio.

This fund is currently in liquidation.

Angeles Diversified Income Fund – Angeles Diversified Income Fund LLC was formed as a limited liability company under the provisions of the Delaware Limited Liability Company Act. The investment objective of this fund is to achieve attractive risk-adjusted returns by investing in assets primarily in fixed income and credit strategies. Angeles expects to access independent investment managers through managed account arrangements but may also invest in underlying

AMENDED EMPLOYEES' PENSION AND INVESTMENT PLAN OF THE HUNT CORPORATION AND RELATED COMPANIES

investment funds advised by them. Angeles is responsible for selecting the investments as well as the independent investment managers and determining their weight within this fund's investment portfolio. This fund has been liquidated as of December 31, 2024, and there is an outstanding holdback receivable of \$101,226 included in the receivables on the Statement of Net Assets Available for Benefits as of December 30, 2024. The holdback receivable was collected in May 2025.

Angeles Global Equity Opportunities Fund – Angeles Global Equity Opportunities Fund LLC was formed as a limited liability company under the provisions of the Delaware Limited Liability Company Act. The investment objective of this fund is to achieve attractive risk-adjusted returns versus its benchmark index by investing assets primarily pursuing long-only public equity strategies. Angeles expects to access independent investment managers through managed account arrangements but may also invest in underlying investment funds advised by them. Angeles is responsible for selecting the investments as well as the independent investment managers and determining their weight within this fund's investment portfolio. This fund has been liquidated as of December 31, 2024, and there is an outstanding holdback receivable of \$118,328 included in the receivables on the Statement of Net Assets Available for Benefits as of December 30, 2024. The holdback receivable was collected in May 2025.

NOTE 6 – INFORMATION CERTIFIED BY THE TRUSTEE

Certain information related to investments disclosed in the accompanying financial statements and ERISA required supplemental schedules, including investments held at December 31, 2024 and 2023, and net appreciation in fair value of investments, interest and dividends for the year ended December 31, 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by U.S. Bank National Association, the trustee of the Plan.

NOTE 7 – 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 rendered by employees as of the valuation date, however, no compensation or service subsequent to January 1, 2008, will be taken into account in calculating plan benefits. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) present employees or their beneficiaries. Benefits for employees or their beneficiaries are based on compensation and years of credited service. The actuarial present value of the accumulated plan benefits is determined by the Plan's actuary, Mercer (US) LLC, by applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

AMENDED EMPLOYEES' PENSION AND INVESTMENT PLAN OF THE HUNT CORPORATION AND RELATED COMPANIES

The accumulated plan benefit information, as determined by the Plan's actuary, is as follows:

	<u>December 31, 2024</u>	<u>December 31, 2023</u>
Vested benefits:		
Participants and beneficiaries currently receiving benefits	\$ 1,629,573	\$ 1,707,955
Other participants	<u>8,013,585</u>	<u>8,017,477</u>
Total vested benefits	<u>9,643,158</u>	<u>9,725,432</u>
Total actuarial present value of accumulated plan benefits	<u>\$9,643,158</u>	<u>\$9,725,432</u>

The changes in the actuarial present value of the Plan's accumulated plan benefits for the year ended December 31, 2024 are as follows:

Actuarial present value of accumulated plan benefits at beginning of year	<u>\$9,725,432</u>
Increase (decrease) during the year attributable to:	
Actuarial gains	73,907
Benefits paid	(696,590)
Interest due to the decrease in the discount period	490,776
Change in assumptions	<u>49,633</u>
Net (decrease)	<u>(82,274)</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$9,643,158</u>

The computations of the actuarial present value of the accumulated Plan benefits were made as of January 1, 2025. Had the valuation been performed as of December 31, 2024, there would be no material differences.

The significant actuarial assumptions used in the valuations as of December 31, 2024 and 2023 are as follows:

Mortality basis	- 2024 and 2023	- Pri-2012 sex distinct, no collar, separate annuitant and non-annuitant mortality table with 2021 generational Mercer Modified Projection factors (MMP-2021)
417(e) lump sum	- 2024	- 2025 lump sum interest rates (better of November 2024 and August 2024 rates)
		- Pri-2012 Unisex, no collar mortality tables with 2021 generational Mercer Modified projection factors (MMP-2021)
	- 2023	- 2024 lump sum interest rates (November 2023 rates)
		- Pri-2012 Unisex, no collar mortality tables with 2021 generational Mercer Modified projection factors (MMP-2021)

AMENDED EMPLOYEES' PENSION AND INVESTMENT PLAN OF THE HUNT CORPORATION AND RELATED COMPANIES

Discount rate	- 2024 and 2023	- 5.25%
Retirement rates	- 2024 and 2023	- 2.5% at ages 57 through 58 - 15% at ages 59 through 63 - 30% at ages 64 through 69 - 100% over age 69

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

NOTE 8 – RELATED PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS

The Plan paid certain expenses related to Plan administration and investment activity to various service providers. These transactions also qualify as party-in-interest transactions. The Plan paid fees of \$10,423 to the trustee during the year ended December 31, 2024. These transactions qualify as party-in-interest transactions.

The Plan has certain investments that are managed by NEPC. NEPC has the authority to make investment decisions within the guidelines of the investment policy. The Plan incurred \$16,631 to NEPC at December 31, 2024. These transactions qualify as party-in-interest transactions.

These party-in-interest transactions qualify for prohibited transaction exemptions.

NOTE 9 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time or to amend or terminate the Plan subject to the provisions of the Plan document and provisions of ERISA. In the event the Plan is terminated, the net assets of the Plan will be allocated as specified by the Plan document, in accordance with ERISA and its related regulations.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees. The ceiling is adjusted annually and varies depending on the form of benefit payment elected by the participant at the time of termination.

Whether all participants will receive vested benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC. Any balance remaining after satisfaction of all liabilities of the Plan shall be returned to the Company.

AMENDED EMPLOYEES' PENSION AND INVESTMENT PLAN OF THE HUNT CORPORATION AND RELATED COMPANIES

NOTE 10 – TAX STATUS

The Plan obtained a favorable determination letter dated May 9, 2012, from the Internal Revenue Service ("IRS"), that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code (the "Code"). The Plan has been amended since receiving the determination letter. The Plan administrator believes the Plan continues to be qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by the IRS; however, there are currently no audits for any tax periods in progress.

**AMENDED EMPLOYEES' PENSION AND INVESTMENT PLAN
OF THE HUNT CORPORATION AND RELATED COMPANIES**

**EIN 47-1336341, Plan #201
FORM 5500: SCHEDULE H, LINE 4i**

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024**

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party		Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
		Privately-held security	\$ 313,799	\$ 382,376
*		Collective investment trust	104,448	103,840
		Collective investment trust	436,862	423,511
		Collective investment trust	276,239	280,670
		Collective investment trust	2,224,566	2,080,368
		Collective investment trust	239,997	245,219
*		Collective investment trust	176,694	177,067
*		Collective investment trust	510,000	509,724
*		Collective investment trust	180,000	183,885
		Collective investment trust	599,994	506,239
		Collective investment trust	1,984,986	1,802,537
		Collective investment trust	89,515	84,650
		Collective investment trust	359,284	371,351
		Collective investment trust	843,615	818,318
		Money market mutual fund	<u>48,495</u>	<u>48,495</u>
			<u>\$ 8,388,494</u>	<u>\$ 8,018,250</u>

* Party-in-interest

**AMENDED EMPLOYEES' PENSION AND INVESTMENT PLAN
OF THE HUNT CORPORATION AND RELATED COMPANIES**

**EIN 47-1336341, Plan #201
FORM 5500: SCHEDULE H, LINE 4j**

**SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS – SINGLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2024**

Share / Par Value	Security Description	Cost of Purchases	Proceeds from Sales	Trans cost Costs of Assets Disposed	Current Value of Assets on Transaction Date	Gain (Loss)
207,510	Baird Core Plus Bond Fund Institution	\$ 2,100,000	\$ --	\$ --	\$ 2,100,000	\$ --
439,028	Baird Core Plus Bond Fund Institution	--	4,593,798	4,449,206	4,593,798	144,592
14,980,968	First American Government Obligation Fund Class Z	14,980,968	--	--	14,980,968	--
16,152,970	First American Government Obligation Fund Class Z	--	16,152,970	16,152,970	16,152,970	--
41,870	NEPC Global Equity CIT- Class A	510,000	--	--	510,000	--
97,403	WTC-Cif II US Inv Grade Intermed Corp	900,000	--	--	900,000	--
43,668	SSgA 20 Year US Treasury Strips Index	600,000	--	--	600,000	--
31,561	3-10 Year US Treasury Index NL Fund	600,000	--	--	600,000	--
73,390	SSgA Long US Treasury Index NL Fund	1,700,000	--	--	1,700,000	--
258,266	IR+M Long Corp Collective FD Class ND	2,225,000	--	--	2,225,000	--
1,747	Vanguard Employee Benefit Index Fund	550,000	--	--	550,000	--
3,596	Vanguard Employee Benefit Index Fund	--	1,158,220	948,771	1,158,220	209,449
38,978	Capital Group Long Duration Credit Trust	900,000	--	--	900,000	--
70,758	Capital Group Long Duration Credit Trust	--	1,694,651	1,649,220	1,694,651	45,431
1,063,250	Angeles Diversified Income Fund LLC	--	1,063,250	1,063,250	1,063,250	--

**AMENDED EMPLOYEES' PENSION AND INVESTMENT PLAN
OF THE HUNT CORPORATION AND RELATED COMPANIES**

**SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS – SERIES OF TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2024**

Trans Count	Share/Par Value	Security Description	Cost of Purchases	Proceeds from Sales	Costs of Assets Disposed	Current Value of Assets on Transaction Date	Gain (Loss)
24	632,957	First American US Treasury Money Market Class Z	\$ 632,957	\$ --	\$ --	\$ 632,957	\$ --
27	808,353	First American US Treasury Money Market Class Z	--	808,353	808,353	808,353	--
60	18,585,291	American Government Obligation Fund Class Z	18,585,291	--	--	18,585,291	--
51	18,536,795	American Government Obligation Fund Class Z	--	18,536,795	18,536,795	18,536,795	--
3	246,942	Baird Core Plus Bond Fund Institutional	2,493,000	--	--	2,493,000	--
2	439,028	Baird Core Plus Bond Fund Institutional	--	4,593,798	4,449,206	4,593,798	144,592
5	99,053	WTC-Cif II US Inv Grade Intermed Corp	914,962	--	--	914,962	--
2	7,723	WTC-Cif II US Inv Grade Intermed Corp	--	70,048	71,347	70,048	(1,299)
1	41,870	NEPC Global Equity CIT- Class A	510,000	--	--	510,000	--
1	258,266	IR+M Long Corp Collective FD Class ND	2,225,000	--	--	2,225,000	--
3	50	IR+M Long Corp Collective FD Class ND	--	421	433	421	(12)
2	2069	Vanguard Employee Benefit Index Fund	650,000	--	--	650,000	--
5	125,266	Vanguard Employee Benefit Index Fund	--	1,265,346	1,022,827	1,265,346	242,519
2	3,872	Vanguard FTSE All World Institution	450,000	--	--	450,000	--
5	6,753	Vanguard FTSE All World Institution	--	806,855	733,569	806,855	73,286
1	43,688	SSgA 20 Year US Treasury Strips Index	600,000	--	--	600,000	--
1	1	SSgA 20 Year US Treasury Strips Index	--	5	6	5	(1)
1	31,561	3-10 Year US Treasury Index NL Fund	600,000	--	--	600,000	--
4	8,581	3-10 Year US Treasury Index NL Fund	--	160,004	163,138	160,004	(3,134)
3	86,205	SSgA Long US Treasury Index NL Fund	1,985,000	--	--	1,985,000	--
1	1	SSgA Long US Treasury Index NL Fund	--	13	14	13	(1)
3	338	SSgA S&P 500 Flagship NL Fund	520,000	--	--	520,000	--
3	105	SSgA S&P 500 Flagship NL Fund	--	170,000	160,716	170,000	9,284
1	1,063,250	Angeles Diversified Income Fund LLC	--	1,063,250	1,063,250	1,063,250	--
1	38,978	Capital Group Long Duration Credit Trust	900,000	--	--	900,000	--
3	101,711	Capital Group Long Duration Credit Trust	--	2,385	2,370,237	2,385,901	15,664

Schedule SB, line 26(a) — Schedule of Active Participant Data

Attained age	Years of credited service								Total
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30 & up	
Under 35									
35–39		2							2
40–44		10	1						11
45–49		9	12	2					23
50–54		5	7	9	1				22
55–59		4	12	6	4	2			28
60–64		5	8	6	2	4	1		26
65–69		1	4	2	1	2			10
70 & up		1		1					2
Total		37	44	26	8	8	1		124

Each cell shows the count of active participants for the age/service combination. Average accrued benefits – usually required in lieu of compensation because the plan is “hard frozen” – are not shown because there are less than 1,000 active participants.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial assumptions for January 1, 2024 funding valuation**

Discount rate sponsor elections		
• Segment rates or full yield curve	Segment	
• Look-back months	0	
	Stabilized	Non-stabilized
• First 5 years	4.75%	4.37%
• Next 15 years	4.96%	4.96%
• Over 20 years	5.59%	4.95%
Mortality sponsor elections		
• Healthy participants	Section 430(h)(3) prescribed generational annuitant and nonannuitant mortality tables for 2024 plan year funding valuations. These tables are based on the Pri-2012 mortality tables projected with the IRS-modified MP-2021 mortality improvement scale, in accordance with IRS regulation 1.430(h)(3)-1.	
• Disabled participants	N/A	
417(e) Lump sums	Liabilities are determined based on the underlying annuity used by the plan to determine the lump sum amount, rather than valuing the lump sum payment. This annuity is valued based on funding interest rates rather than 417(e) rates and unisex mortality.	
Other economic assumptions		
• Expected investment return	5.00% per year for 2022 (limited by the 2022 stabilized third segment rate (5.92%)) 5.75% per year for 2023 (limited by the 2023 stabilized third segment rate (5.74%)) 5.50% per year for 2024 (limited by the 2024 stabilized third segment rate (5.59%))	
• Expenses	\$300,000	

Rationale for economic assumptions

- Discount rate – This assumption was prescribed by IRS.
- Expected investment return – This assumption is based on the median simulated investment return using capital market assumptions published in Mercer Investment Consulting's Capital Markets Outlook for the plan's current asset mix.
- Expenses – Administrative expenses are based on the prior year expenses, adjusted to reflect the expected change in the PBGC premiums, rounded to the nearest \$10,000.

Demographic assumptions	
• Withdrawal	2003 Society of Actuaries small plan table based on age. See table of sample rates.
• Disability incidence	None.

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

• Retirement age	Attained Age	Retirement Rate	
	Under 57	0%	
	57 - 58	2.5%	
	59 - 63	15%	
	64 - 69	30%	
	Over 69	100%	
• Benefit commencement age for vested deferred participants	35% take lump sum immediately upon termination/retirement and 65% commence benefits at age 57.		
• Spouse assumptions	Male participants	Female participants	
– Percentage married	100%	100%	
– Spouse age difference	3 years younger	3 years older	
Form of payment	Lump sum	15 Years Certain Only	100% J&S
• Active retirements	90%	5%	5%
• Future/current vested deferred	90%	5%	5%
• Future deaths	100%	0%	0%
• Actuarial equivalence for optional forms of payment and late retirement increases	417(e)(3) interest rates (November 2023) and mortality in effect for the 2024 plan year		
Unpredictable contingent event assumptions	Not applicable		

Table of sample rates

Attained age	Withdrawal
35	12.1%
40	9.4%
45	7.3%
50	5.6%
55	4.2%
60	3.0%

Rationale for demographic assumptions

- Mortality – This assumption was prescribed by the IRS.
- Withdrawal – This assumption is based on an experience study undertaken in 2023 using data from 2018 through 2022, and standard tables published by the Society of Actuaries. We assumed that future withdrawal patterns will not differ significantly from the period studied.
- Disability incidence – The plan has no disabled participants and due to the size of the plan does not have enough credible experience to analyze disability incidence. Therefore, we have assumed the disability incidence is included in the turnover rates.
- Retirement age – This assumption is based on an experience study undertaken in 2023 using data from 2018 through 2022 and the expectation that the future retirement patterns will not differ significantly from the period studied.
- Benefit commencement age for vested deferred participants – This assumption is based on an experience study undertaken in 2023 using data from 2018 through 2022 and the expectation that the future benefit commencement age patterns will not differ significantly from the period studied.

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

- Form of payment – This assumption is based on an experience study undertaken in 2023 using data from 2018 through 2022 and the expectation that the future form of benefit payment elections will not differ significantly from the period studied.

Actuarial methods for funding

Asset methods

The asset valuation method is an average of the adjusted market value for each year during the last 2 years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** All current and former employees who are due a benefit as of the valuation date are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.

Minimum funding methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual are the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

**AMENDED EMPLOYEES' PENSION AND INVESTMENT PLAN
OF THE HUNT CORPORATION AND RELATED COMPANIES**

**EIN 47-1336341, Plan #201
FORM 5500: SCHEDULE H, LINE 4j**

**SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS – SINGLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2024**

Share / Par Value	Security Description	Cost of Purchases	Proceeds from Sales	Trans cost Costs of Assets Disposed	Current Value of Assets on Transaction Date	Gain (Loss)
207,510	Baird Core Plus Bond Fund Institution	\$ 2,100,000	\$ --	\$ --	\$ 2,100,000	\$ --
439,028	Baird Core Plus Bond Fund Institution	--	4,593,798	4,449,206	4,593,798	144,592
14,980,968	First American Government Obligation Fund Class Z	14,980,968	--	--	14,980,968	--
16,152,970	First American Government Obligation Fund Class Z	--	16,152,970	16,152,970	16,152,970	--
41,870	NEPC Global Equity CIT- Class A	510,000	--	--	510,000	--
97,403	WTC-Cif II US Inv Grade Intermed Corp	900,000	--	--	900,000	--
43,668	SSgA 20 Year US Treasury Strips Index	600,000	--	--	600,000	--
31,561	3-10 Year US Treasury Index NL Fund	600,000	--	--	600,000	--
73,390	SSgA Long US Treasury Index NL Fund	1,700,000	--	--	1,700,000	--
258,266	IR+M Long Corp Collective FD Class ND	2,225,000	--	--	2,225,000	--
1,747	Vanguard Employee Benefit Index Fund	550,000	--	--	550,000	--
3,596	Vanguard Employee Benefit Index Fund	--	1,158,220	948,771	1,158,220	209,449
38,978	Capital Group Long Duration Credit Trust	900,000	--	--	900,000	--
70,758	Capital Group Long Duration Credit Trust	--	1,694,651	1,649,220	1,694,651	45,431
1,063,250	Angeles Diversified Income Fund LLC	--	1,063,250	1,063,250	1,063,250	--

**AMENDED EMPLOYEES' PENSION AND INVESTMENT PLAN
OF THE HUNT CORPORATION AND RELATED COMPANIES**

**SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS – SERIES OF TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2024**

Trans Count	Share/Par Value	Security Description	Cost of Purchases	Proceeds from Sales	Costs of Assets Disposed	Current Value of Assets on Transaction Date	Gain (Loss)
24	632,957	First American US Treasury Money Market Class Z	\$ 632,957	\$ --	\$ --	\$ 632,957	\$ --
27	808,353	First American US Treasury Money Market Class Z	--	808,353	808,353	808,353	--
60	18,585,291	American Government Obligation Fund Class Z	18,585,291	--	--	18,585,291	--
51	18,536,795	American Government Obligation Fund Class Z	--	18,536,795	18,536,795	18,536,795	--
3	246,942	Baird Core Plus Bond Fund Institutional	2,493,000	--	--	2,493,000	--
2	439,028	Baird Core Plus Bond Fund Institutional	--	4,593,798	4,449,206	4,593,798	144,592
5	99,053	WTC-Cif II US Inv Grade Intermed Corp	914,962	--	--	914,962	--
2	7,723	WTC-Cif II US Inv Grade Intermed Corp	--	70,048	71,347	70,048	(1,299)
1	41,870	NEPC Global Equity CIT- Class A	510,000	--	--	510,000	--
1	258,266	IR+M Long Corp Collective FD Class ND	2,225,000	--	--	2,225,000	--
3	50	IR+M Long Corp Collective FD Class ND	--	421	433	421	(12)
2	2069	Vanguard Employee Benefit Index Fund	650,000	--	--	650,000	--
5	125,266	Vanguard Employee Benefit Index Fund	--	1,265,346	1,022,827	1,265,346	242,519
2	3,872	Vanguard FTSE All World Institution	450,000	--	--	450,000	--
5	6,753	Vanguard FTSE All World Institution	--	806,855	733,569	806,855	73,286
1	43,688	SSgA 20 Year US Treasury Strips Index	600,000	--	--	600,000	--
1	1	SSgA 20 Year US Treasury Strips Index	--	5	6	5	(1)
1	31,561	3-10 Year US Treasury Index NL Fund	600,000	--	--	600,000	--
4	8,581	3-10 Year US Treasury Index NL Fund	--	160,004	163,138	160,004	(3,134)
3	86,205	SSgA Long US Treasury Index NL Fund	1,985,000	--	--	1,985,000	--
1	1	SSgA Long US Treasury Index NL Fund	--	13	14	13	(1)
3	338	SSgA S&P 500 Flagship NL Fund	520,000	--	--	520,000	--
3	105	SSgA S&P 500 Flagship NL Fund	--	170,000	160,716	170,000	9,284
1	1,063,250	Angeles Diversified Income Fund LLC	--	1,063,250	1,063,250	1,063,250	--
1	38,978	Capital Group Long Duration Credit Trust	900,000	--	--	900,000	--
3	101,711	Capital Group Long Duration Credit Trust	--	2,385	2,370,237	2,385,901	15,664

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

▶ **Round off amounts to nearest dollar.**

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


A Name of plan AMENDED EMPLOYEES' PENSION AND INVESTMENT PLAN OF THE HUNT CORPORATION AND RELATED COMPANIES		B Three-digit plan number (PN) ▶	201
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF AECOM		D Employer Identification Number (EIN) 47-1336341	
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 checked="" type="checkbox"/> 101-500 <input 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	8,758,266	
b Actuarial value	2b	9,135,741	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	26	1,725,938	1,725,938
b For terminated vested participants	122	2,690,113	2,690,113
c For active participants	124	5,285,351	5,285,351
d Total	272	9,701,402	9,701,402
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	5.18%	
6 Target normal cost			
a Present value of current plan year accruals	6a	0	
b Expected plan-related expenses	6b	300,000	
c Target normal cost	6c	300,000	

Statement by Enrolled Actuary

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

SIGN HERE		<u>9/15/2025</u>
	Signature of actuary	Date
MICHELE RAAD	Type or print name of actuary	2306641
		Most recent enrollment number
MERCER	Firm name	213-346-2200
		Telephone number (including area code)
633 WEST 5TH STREET SUITE 1200 LOS ANGELES CA 90071		
Address of the firm		

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

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

**Schedule SB (Form 5500) 2024
v. 240311**

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

21 Discount rate:

a Segment rates:

1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
------------------------	------------------------	------------------------	---

b Applicable month (enter code)..... **21b** 0

22 Weighted average retirement age **22** 63

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c).....	31a	300,000
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	565,661	53,777
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** 353,777

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

36 Additional cash requirement (line 34 minus line 35)..... **36** 353,777

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 474,355

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

a Total (excess, if any, of line 37 over line 36)	38a	120,578
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	

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

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

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

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

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

The Weighted Average Retirement Age is 63.

(A) Retirement age	(B) Retirement Percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
57	2.50%	10,000.00	250.00	14,250.00
58	2.50%	9,750.00	243.75	14,137.50
59	15.00%	9,506.25	1,425.94	84,130.31
60	15.00%	8,080.31	1,212.05	72,722.81
61	15.00%	6,868.27	1,030.24	62,844.63
62	15.00%	5,838.03	875.70	54,293.64
63	15.00%	4,962.32	744.35	46,893.94
64	30.00%	4,217.97	1,265.39	80,985.09
65	30.00%	2,952.58	885.77	57,575.34
66	30.00%	2,066.81	620.04	40,922.78
67	30.00%	1,446.76	434.03	29,079.98
68	30.00%	1,012.74	303.82	20,659.80
69	30.00%	708.91	212.67	14,674.54
70	100.00%	496.24	496.24	34,736.83
Total			10,000.00	627,907.19
Average				62.79

Schedule SB, Part V — Summary of Plan Provisions**Summary of major plan provisions**

Effective date and plan year	Original plan: June 1, 1960 Restated plan: January 3, 2012 Plan year: Calendar year
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Status of the plan	The plan was closed to new employees and all benefit accruals were frozen as of January 1, 2008.
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Significant events that occurred during the year	None
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Definitions

• Covered employees	Employees of the Hunt Corporation hired on or before January 1, 2008.
• Participation	An eligible employee of The Hunt Corporation shall become a participant on the January 1 following the completion of six months of service and the attainment of age 20½. An eligible employee is an employee who is a salaried employee of one or more participating employers, was a participant in the plan on January 1, 1980, or an hourly employee not classified as a craft hourly employee. Effective January 1, 2008, the plan was closed to new employees.
• Employee contributions	Participants shall not be required or permitted to make contributions under the Plan.
• Vesting service	A full year of service is granted for vesting purposes to a participant who works at least 1,000 hours during the plan year. No service is granted to a participant who works fewer than 1,000 hours during the plan year.
• Credited service	Prior to January 1, 2008, a full year of service is granted for accrual of benefits to a participant who, as an eligible employee, works at least 1,000 hours during the plan year. No service is granted to a participant who works fewer than 1,000 hours during the plan year.
• Accrued benefit	The accrued benefit is determined as 0.5% times career average times Credited Service after January 1, 1999 plus the participant's accrued benefit as of May 31, 1999. Career average pay is determined on compensation earned after January 1, 1999. No pay or service after December 31, 2007 will be used to determine the accrued benefit. The accrued benefit is a 10 year certain & life annuity.

Normal retirement

• Eligibility	Attainment of age 62 and 5 years of participation.
• Benefit	Unreduced accrued benefit payable immediately.

Early retirement

• Eligibility	Attainment of age 57 and 5 years of participation.
• Benefit	The greater of the accrued benefit reduced 1/180th for each month by which the participant's early retirement date precedes his normal retirement date or the actuarial equivalent of the accrued benefit payable at normal retirement.

Late retirement

• Eligibility	Participation continues after normal retirement date.
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Schedule SB, Part V — Summary of Plan Provisions

• Benefit	Greater of accrued retirement benefit commencing as of the first day of the month following his later retirement date based on plan compensation and credited service at such date or accrued benefit as of normal retirement date actuarially increased for delayed commencement.
Deferred vested	
• Eligibility	100% vesting after 5 years of Vesting Service.
• Benefit	Accrued retirement benefit payable at participant's normal retirement date.
Disability	
• Eligibility	Disabled while employed.
• Benefit	Accrued benefit reduced 1/180 for first 60 months, 1/360 for next 60 months, and actuarially reduced for each additional month that commencement precedes normal retirement date. At the discretion of the administrator, the benefit may be deferred during the period the participant is receiving benefits under a disability insurance contract and then benefit is the actuarial equivalent at date of payment of the accrued benefit at time of disability.
Pre-retirement death	
• Eligibility	Upon death after attainment of age 18.
• Benefit	The greater of 100 times the participant's monthly accrued benefit and the single lump sum actuarial equivalent of the accrued benefit.
Form of benefits	
• Automatic form for unmarried participants	10 year Certain and Life Annuity.
• Automatic form for married participants	An actuarially reduced Joint and 50% Survivor Annuity.
• Mandatory lump sum	A mandatory lump sum if the lump sum value of the benefit is less than \$7,000.
• Optional forms	The optional forms of retirement benefits available are a Life Annuity, Certain and Life Annuity (5, 10, 15 & 20 years), Certain Only Annuity (5, 10, 15 & 20 years), Joint and Survivor Annuity (50%, 75% and 100%), and an unlimited lump sum.
• Optional form conversion factors	Optional forms are valued using the 417(e) actuarial equivalence basis prescribed by the documents governing the plan.
Miscellaneous	
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2024, the limit is \$275,000.

Benefits included or excluded

Unless noted below, all benefits provided by the plan, last amended December 27, 2023 by amendment 5, are included in this valuation:

- **Most recent plan amendments included:** Amendments adopted after the valuation date or effective after the current plan year are excluded from the valuation.
- **Plan amendments excluded:** None.

Schedule SB, Part V — Summary of Plan Provisions

- **Late retirement increases:** Current active and deferred vested participants over normal retirement age are valued including the late retirement actuarial increase. Current active participants who are expected to retire after their normal retirement age are valued including a late retirement actuarial increase at their late retirement decrement.
- **Shutdown Benefits:** We are not aware of any corporate actions that would create shutdown benefits; therefore, they are excluded.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants.
- **IRC Section 436 benefit restrictions:**
 - *Unpredictable contingent event benefits:* The plan does not have any unpredictable contingent event benefits.
 - *Plan amendments:* See above.
 - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
- **Scheduled benefit increases:** Not applicable – the plan is frozen.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Plan provision changes since prior valuation

- Maximum benefit amounts under IRS rules were updated from 2023 to 2024.
- Mandatory lump sum amount was updated from \$5,000 to \$7,000.

**AMENDED EMPLOYEES' PENSION AND INVESTMENT PLAN
OF THE HUNT CORPORATION AND RELATED COMPANIES**

**EIN 47-1336341, Plan #201
FORM 5500: SCHEDULE H, LINE 4i**

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024**

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party		Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
		Privately-held security	\$ 313,799	\$ 382,376
*		Collective investment trust	104,448	103,840
		Collective investment trust	436,862	423,511
		Collective investment trust	276,239	280,670
		Collective investment trust	2,224,566	2,080,368
		Collective investment trust	239,997	245,219
*		Collective investment trust	176,694	177,067
*		Collective investment trust	510,000	509,724
*		Collective investment trust	180,000	183,885
		Collective investment trust	599,994	506,239
		Collective investment trust	1,984,986	1,802,537
		Collective investment trust	89,515	84,650
		Collective investment trust	359,284	371,351
		Collective investment trust	843,615	818,318
		Money market mutual fund	<u>48,495</u>	<u>48,495</u>
			<u>\$ 8,388,494</u>	<u>\$ 8,018,250</u>

* Party-in-interest

Schedule SB, line 32 — Schedule of Amortization Bases

The total shortfall amortization charge is the sum of the individual shortfall amortization installments for each plan year since the IRC Section 430 changes made by ARPA took effect for the plan. Although an individual shortfall amortization installment can be negative, the combined shortfall amortization charge cannot be less than \$0.

Shortfall bases					
Year established		Outstanding balance	Years remaining		2024 installment
2023	\$	467,040	14	\$	44,763
2024		98,621	15		9,014
Total	\$	565,661		\$	53,777

Schedule SB, line 24 — Change in Actuarial Assumptions**Actuarial assumption changes since prior valuation**

- Interest discounts and mortality rates were updated from 2023 to 2024 in accordance with PPA.
- The expected return on assets was updated to reflect the current economic environment.
- The actuarial equivalence for optional forms of payment and late retirement increases was updated to the 417(e)(3) interest rates for November 2023 and mortality in effect for the 2024 plan year.
- Retirement rates, form of payment, and benefit commencement age were updated based on the experience study undertaken in 2023.