

Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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-SF.

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: [X] a single-employer plan [] a multiple-employer plan (not multiemployer)
B This return/report is [] the first return/report [] the final return/report
C Check box if filing under: [X] Form 5558 [] automatic extension [] DFVC program
D If the plan is a collectively-bargained plan, check here []
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: SAMSON TUG & BARGE COMPANY SUPPLEMENTAL RETIREMENT PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 04/01/1973
2a Plan sponsor's name: SAMSON TUG AND BARGE COMPANY, INC.
2b Employer Identification Number (EIN): 92-0024676
2c Sponsor's telephone number: 907-747-8559
2d Business code: 483000
3a Plan administrator's name and address: [X] 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.
5a Total number of participants at the beginning of the plan year: 53
5b Total number of participants at the end of the plan year: 48
5c(1) Number of participants with account balances as of the beginning of the plan year:
5c(2) Number of participants with account balances as of the end of the plan year:
5d(1) Total number of active participants at the beginning of the plan year: 24
5d(2) Total number of active participants at the end of the plan year: 23
5e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested: 0

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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 signature of Juli Audette dated 10/07/2025.

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year: 530117. (See instructions.)

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	656228	721325
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	656228	721325
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	5004	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	116657	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		121661
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	52832	
e Certain deemed and/or corrective distributions (see instructions) .	8e		
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g	3732	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		56564
i Net income (loss) (subtract line 8h from line 8c)	8i		65097
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics	
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: <u>1B 1I</u>
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions				
10 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)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		325000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. Yes No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a** 0

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.

a 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 letter ruling granting the waiver. Month Day Year

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year **12b**

c Enter the amount contributed by the employer to the plan for this plan year **12c**

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... Yes No N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? Yes No

a If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? Yes No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Part VIII IRS Compliance Questions

14a 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

14b 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

15 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 _____.

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>SAMSON TUG & BARGE COMPANY SUPPLEMENTAL RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SAMSON TUG AND BARGE COMPANY, INC.</u>	D Employer Identification Number (EIN) <u>92-0024676</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input 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	<u>655903</u>
	b Actuarial value	2b	<u>664394</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>0</u>	<u>0</u>
	b For terminated vested participants	<u>29</u>	<u>419938</u>
	c For active participants	<u>24</u>	<u>293458</u>
	d Total	<u>53</u>	<u>713396</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>5.25 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>0</u>
	c Target normal cost	6c	<u>0</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	Date
	<u>WINNIE NGAN</u>	<u>23-08699</u>
	Type or print name of actuary	Most recent enrollment number
	<u>NWPS</u>	<u>408-817-1514</u>
	Firm name	Telephone number (including area code)
	<u>160 W SANTA CLARA STREET, STE 1550</u> <u>SAN JOSE, CA 95113</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>15.95</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)		49
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>5.34</u> %		3
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		52
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	93.13 %
15	Adjusted funding target attainment percentage	15	93.13 %
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	89.91 %
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		
04/23/2024	2047	0					
08/02/2024	2047	0					
02/14/2025	910	0					
			Totals ▶	18(b)	5004	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	4858

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items				
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input 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 0
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	49002		4858	
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 4858
	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 4858
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 4858
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

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

2024 Form 5500 Schedule SB:

Plan Name:

Employer ID Number:

Plan Number:

Line 26

Samson Tug & Barge Company Supplemental Retirement Plan

92-0024676

002

Schedule of Active Participant Data

Credited Service											
Attained Age	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	1	0	0	0	0	0	0	0	0	1
35 to 39	0	0	1	0	0	0	0	0	0	0	1
40 to 44	0	0	3	0	0	0	0	0	0	0	3
45 to 49	0	0	0	3	0	0	0	0	0	0	3
50 to 54	0	1	1	0	2	2	0	0	0	0	6
55 to 59	0	1	1	0	1	0	0	0	0	0	3
60 to 64	0	1	2	0	0	1	2	0	0	0	6
65 to 69	0	0	0	0	0	0	0	0	0	0	0
70 & up	0	0	0	1	0	0	0	0	0	0	1
Total	0	4	8	4	3	3	2	0	0	0	24

**SAMSON TUG & BARGE COMPANY
SUPPLEMENTAL RETIREMENT PLAN
EIN/PN: 92-0024676/002**

2024 Form 5500 Schedule SB, Part V – Actuarial Methods and Assumptions

As prescribed by federal law, the funding method used for this valuation is the "Unit Credit" funding method.

1) INTEREST RATE

For the 2024 funding target, the adjusted segment rates under the American Rescue Plan Act with no lookback month were used (4.75%, 4.96%, and 5.59%).

2) MORTALITY

For the 2024 funding target, the IRS 2024 Small Plan Combined Static Mortality table was used

3) TERMINATIONS

Voluntary termination rates are from the prior actuary's report:

<u>Age</u>	<u>Number Terminating Per 1,000 Covered</u>	<u>Age</u>	<u>Number Terminating Per 1,000 Covered</u>
20	80	45	43
25	78	50	32
30	73	55	20
35	64	60	16
40	54		

4) EXPENSES

All Plan expenses are assumed to be paid by the Trust.

5) VALUATION OF ASSETS

For Funding purposes, Plan assets are valued using a 3-year averaging method. Under this method the market value of assets for the prior plan year and the second prior plan year are brought forward to the current plan year by actual contributions, distributions and expenses plus expected investment earnings, which are determined using the lesser of the third segment interest rate and the anticipated interest rate of 7.00%. The asset value is the average of the current market value and the value of assets brought forward for the two prior years. The Plan assets cannot be less than 90% or more than 110% of the Market Value of Assets.

6) RETIREMENT AGE

Participants who have not yet received benefits are assumed to retire at the Normal Retirement Age of 65.

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 SAMSON TUG & BARGE COMPANY SUPPLEMENTAL RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SAMSON TUG AND BARGE COMPANY, INC.	D Employer Identification Number (EIN) 92-0024676	
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 checked="" type="checkbox"/> 100 or fewer <input 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		655,903
b Actuarial value	2b		664,394
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	0		
b For terminated vested participants	29	419,938	419,938
c For active participants	24	293,458	293,458
d Total	53	713,396	713,396
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		5.25%
6 Target normal cost			
a Present value of current plan year accruals	6a		0
b Expected plan-related expenses	6b		0
c Target normal cost	6c		0

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>10/6/2025</u> Date
	Winnie Ngan Type or print name of actuary	2308699 Most recent enrollment number
	NWPS Firm name	408-817-1514 Telephone number (including area code)
	160 W Santa Clara Street, Ste 1550 San Jose CA 95113 Address of the firm	

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

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	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** 65

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

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	49,002	4,858
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	4,858
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	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	4,858
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	4,858

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

a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0
40 Unpaid minimum required contributions for all years	40	0

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

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

2024 Form 5500 Schedule SB: Line 19
Plan Name: Samson Tug & Barge Company Supplemental Retirement Plan
Employer ID Number: 92-0024676
Plan Number: 002

Schedule of Discounted Employer Contributions

<u>Date of Contribution</u>	<u>Amount</u>	<u>Year Applied</u>	<u>Effective Interest Rate</u>	<u>Interest Adjusted Contribution</u>
4/23/2024	\$ 2,047 ⁽¹⁾	2024	5.25% / 10.25%	\$ 2,013
8/2/2024	2,047 ⁽²⁾	2024	5.25% / 10.25%	1,986
2/14/2025	910 ⁽³⁾	2024	5.25% / 10.25%	859
	<hr/>			<hr/>
Total	\$ 5,004			\$ 4,858

- (1) The Contribution of \$2,047 deposited on 4/23/2024 was allocated towards 2 required payments.
 \$1,093 was discounted to 4/15/2024 at 10.25% and then further discounted to 1/1/2024 at 5.25%.
 \$954 was discounted to 1/1/2024 at 5.25%.
- (2) The Contribution of \$2,047 deposited on 8/2/2024 was allocated towards 3 required payments.
 \$139 was discounted to 7/15/2024 at 10.25% and then further discounted to 1/1/2024 at 5.25%.
 \$1,908 was discounted to 1/1/2024 at 5.25%.
- (3) The Contribution of \$910 deposited on 2/14/2025 was allocated towards 2 required payments.
 \$278 was discounted to 1/15/2025 at 10.25% and then further discounted to 1/1/2024 at 5.25%.
 \$632 was discounted to 1/1/2024 at 5.25%.

2024 Form 5500 Schedule SB: Line 22
Plan Name: Samson Tug & Barge Company Supplemental Retirement Plan
Employer ID Number: 92-0024676
Plan Number: 002

Description of Weighted Average Retirement Age

All participants are assumed to retire at the Plan's Normal Retirement Age of 65.

**SAMSON TUG & BARGE COMPANY
SUPPLEMENTAL RETIREMENT PLAN
EIN/PN: 92-0024676/002**

2024 Form 5500 Schedule SB, Part V – Summary of Plan Provisions

1) EFFECTIVE DATE OF PLAN

The plan was originally effective on April 1, 1973. The Plan was most recently amended and frozen effective February 28, 2014.

2) FUNDING

The plan is funded by employer contributions to a trust fund.

3) EMPLOYEES INCLUDED

Employees shall be eligible to participate on the January 1 or July 1 on or following the completion of one year of eligibility service and attainment of age 21.

4) PLAN YEAR

The plan year is the 12-month period from January 1 to December 31.

5) EMPLOYER CONTRIBUTIONS

The employer contributes amounts sufficient to maintain the trust at an adequate level.

6) EMPLOYEE CONTRIBUTIONS

Participants in the plan are neither required nor allowed to make any contributions.

7) YEAR OF SERVICE

For eligibility purposes, a year of service is the 12-month period beginning with the employee's hire date or, if the employee does not complete 1,000 hours during this period, the plan year beginning in the employee's first employment year during which they complete 1,000 hours of service. For vesting and benefit purposes, a year of service is credited as follows:

**SAMSON TUG & BARGE COMPANY
SUPPLEMENTAL RETIREMENT PLAN
EIN/PN: 92-0024676/002**

2024 Form 5500 Schedule SB, Part V – Summary of Plan Provisions (continued)

7) YEAR OF SERVICE (cont.)

Prior to January 1, 1973:

Completed calendar years of continuous service the employee completed for Samson Tug & Barge Company.

On or After January 1, 1973 and Prior to January 1, 1976:

<u>Hours of Service in Plan Year</u>	<u>Years of Credited Service</u>
Less than 600	0.00
600 but less than 900	0.50
900 but less than 1,200	0.75
1,200 or more	1.00

On or After January 1, 1976:

<u>Hours of Service in Plan Year</u>	<u>Years of Credited Service</u>
Less than 500	0.00
500 but less than 750	0.50
750 but less than 1,000	0.75
1,000 or more	1.00

Effective 2/28/2014, service was frozen for benefit and eligibility purposes.

8) RETIREMENT DATE

The normal retirement date for any participant shall be the first day of the month coincident with or next following the later of their attainment of age 65. An early retirement date is permitted provided the participant has attained age 55 and completed fifteen years of benefit service.

9) RETIREMENT BENEFIT

Normal - The monthly normal retirement benefit is payable as a single life annuity and is equal to a participant's accrued benefit which is the sum of:

- a) \$5.00 per year of Credited Service prior to January 1, 1967.
- b) \$12.00 per year of Credited Service on or after January 1, 1967.

Effective 2/28/2014, the plan was frozen so that credited service earned after February 28, 2014 is not recognized.

**SAMSON TUG & BARGE COMPANY
SUPPLEMENTAL RETIREMENT PLAN
EIN/PN: 92-0024676/002**

2024 Form 5500 Schedule SB, Part V – Summary of Plan Provisions (continued)

9) RETIREMENT BENEFIT (cont.)

Early - The monthly early retirement benefit is payable as a single life annuity and is equal to a participant's accrued normal retirement benefit reduced 1/2 of 1% for each month by which the actual retirement date precedes the normal retirement date.

Deferred - The monthly deferred retirement benefit is payable as a single life annuity and is equal to the accrued benefit based upon continuous accruals under the Plan to the actual retirement date.

10) RETIREMENT BENEFIT OPTIONS

The following forms of payment are available to retirees:

- a) Single-Life Annuity
- b) 5 Year Certain and Life Annuity
- c) 50% Joint and Survivor Annuity

11) DEATH BENEFIT

If death occurs prior to the commencement of benefit payments, a participant's spouse is entitled to a 50% Joint & Survivor Annuity calculated as if the participant elected to receive the 50% Joint & Survivor Annuity on the day prior to death.

12) DISABILITY BENEFIT

An employed Participant is entitled to an unreduced disability benefit and a terminated Participant is entitled to an actuarially equivalent disability benefit, which commences following six months of disability.

13) VESTED BENEFIT

If the terminating participant has completed five or more years of Vesting Service, the participant is fully vested in the accrued benefit.

Upon the attainment of normal retirement age, disability while employed, or death a participant will become fully vested in his or her accrued benefit.

2024 Form 5500 Schedule SB: Line 32
Plan Name: Samson Tug & Barge Company Supplemental Retirement Plan
Employer ID Number: 92-0024676
Plan Number: 002

Schedule of Amortization Bases

Charge	Date Established	Original Balance	Remaining Balance	Remaining Years To Fund	Annual Payment
Shortfall	1/1/2024	\$ (36,408)	\$ (36,408)	15	\$ (3,328)
Shortfall	1/1/2023	\$ 89,387	<u>85,410</u>	14	<u>8,186</u>
Net Shortfall Amortization			\$ 49,002		\$ 4,858