

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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... [X] a single-employer plan [ ] a DFE... B This return/report is: [ ] the first return/report [ ] the final return/report... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] the DFVC program... 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: EFW INC. CONSOLIDATED RETIREMENT PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 02/15/1993
2a Plan sponsor's name (employer, if for a single-employer plan): ELBITAMERICA, INC.
2b Employer Identification Number (EIN): 51-0345236
2c Plan Sponsor's telephone number: 817-234-6600
2d Business code (see instructions): 334410

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, Date, and Name. Rows include: 1. Filed with authorized/valid electronic signature, 10/07/2025, MICHELLE FIGURSKI; 2. Signature of plan administrator; 3. Filed with authorized/valid electronic signature, 10/07/2025, MICHELLE FIGURSKI; 4. Signature of employer/plan sponsor; 5. Signature of DFE.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	844
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	252
	<b>6a(2)</b>	213
	<b>6b</b>	412
	<b>6c</b>	155
	<b>6d</b>	780
	<b>6e</b>	52
	<b>6f</b>	832
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		0
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

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

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

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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**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.

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**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 \_\_\_\_\_

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<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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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.

<b>A</b> Name of plan <u>EFW INC. CONSOLIDATED RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ELBITAMERICA, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>51-0345236</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>138524434</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>138524434</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>432</u>	<u>66635482</u>
	<b>b</b> For terminated vested participants .....	<u>162</u>	<u>24634537</u>
	<b>c</b> For active participants .....	<u>252</u>	<u>49763918</u>
	<b>d</b> Total .....	<u>846</u>	<u>141033937</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</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 .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.14 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>0</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>856315</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>856315</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.

<b>SIGN HERE</b>			
	Signature of actuary	<u>08/21/2025</u>	Date
	<u>JEFFREY C. LITER</u>	<u>23-06544</u>	Most recent enrollment number
	Type or print name of actuary	<u>401-438-9250</u>	Telephone number (including area code)
	<u>THE ANGELL PENSION GROUP, INC.</u>		
	Firm name		
	<u>88 BOYD AVENUE</u> <u>EAST PROVIDENCE, RI 02914</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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	1337571
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	1337571
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>17.24</u> % .....	0	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Present value of excess contributions (line 38a from prior year) .....		300
<b>b(1)</b>	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>5.28</u> % .....		0
<b>b(2)</b>	Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		51
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance .....		351
<b>d</b>	Portion of (c) to be added to prefunding balance .....		351
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	351

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	98.19 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	98.19 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	87.61 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
04/12/2024	599869	0					
07/11/2024	599869	0					
10/11/2024	599869	0					
			<b>Totals ▶</b>	<b>18(b)</b>	1799607	<b>18(c)</b>	0

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

<b>a</b>	Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0
<b>b</b>	Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b>	Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	1752836

**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

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>				
<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 67
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

<b>Part VI Miscellaneous Items</b>				
<b>24</b> 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				
<b>25</b> 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				
<b>26</b> Demographic and benefit information				
<b>a</b> 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>b</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
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				<b>27</b>

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>				
<b>28</b> Unpaid minimum required contributions for all prior years .....				<b>28</b> 0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				<b>29</b> 0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....				<b>30</b> 0

<b>Part VIII Minimum Required Contribution For Current Year</b>				
<b>31</b> Target normal cost and excess assets (see instructions):				
<b>a</b> Target normal cost (line 6c) .....				<b>31a</b> 856315
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....				<b>31b</b> 0
<b>32</b> Amortization installments:	Outstanding Balance		Installment	
<b>a</b> Net shortfall amortization installment .....	2542556		307309	
<b>b</b> Waiver amortization installment.....	0		0	
<b>33</b> 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 .....				<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				<b>34</b> 1163624
	Carryover balance	Prefunding balance	Total balance	
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0	
<b>36</b> Additional cash requirement (line 34 minus line 35) .....				<b>36</b> 1163624
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....				<b>37</b> 1752836
<b>38</b> Present value of excess contributions for current year (see instructions)				
<b>a</b> Total (excess, if any, of line 37 over line 36)				<b>38a</b> 589212
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				<b>38b</b> 0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....				<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....				<b>40</b> 0

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>				
<b>41</b> 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				

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

<b>A</b> Name of plan <b>EFW INC. CONSOLIDATED RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ELBITAMERICA, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>51-0345236</b>	

**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

<b>BLACKROCK FUNDS</b>	<b>P.O. BOX 9819 PROVIDENCE, RI 02940</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

<b>BRANDYWINE ASSET MANAGEMENT</b>	<b>1735 MARKET STREET, #1800 PHILADELPHIA, PA 19103</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

<b>CONESTOGA FUNDS</b>	<b>CROSSPOINT AT VALLEY FORGE 550 EAST SWEDESFORD ROAD, STE 120 WAYNE, PA 19087</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

<b>DWS DISTRIBUTORS, INC.</b>	<b>222 SOUTH RIVERSIDE PLAZA CHICAGO, IL 60606-5808</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

GQG PARTNERS

299 PARK AVE, 13TH FLOOR  
NEW YORK, NY 10171

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

HARBOR CAPITAL ADVISORS

111 S WACKER DRIVE, #34  
CHICAGO, IL 60606

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

HOTCHKIS & WILEY

601 SOUTH FIGUEROA STREET  
39TH FLOOR  
LOS ANGELES, CA 90017

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

LOOMIS SAYLES & COMPANY LP

ONE FINANCIAL CENTER  
BOSTON, MA 02111

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

METROPOLITAN WEST ASSET MANAGEMENT

11766 WILSHIRE BLVD  
SUITE 1580  
LOS ANGELES, CA 90025

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

PIMCO

1633 BROADWAY  
NEW YORK, NY 10019

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

VANGUARD

23-1945930

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

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

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

FIDUCIENT ADVISORS LLC

36-4001764

(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	NONE	66212	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)

THE ANGELL PENSION GROUP, INC.

88 BOYD AVENUE  
EAST PROVIDENCE, RI 02914

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	46870	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)

WHITLEY PENN LLP

75-2393478

(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	NONE	42230	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)

PRINCIPAL TRUST COMPANY

42-1520346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 24 60 64 99	NONE	26490	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

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

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

**Part I Service Provider Information (continued)**

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

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

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

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>EFW INC. CONSOLIDATED RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ELBITAMERICA, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>51-0345236</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

**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
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	1159384	0
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	27049	28215
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	1421477	747085
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	127683408	136868980
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
<b>(15)</b> Other.....	<b>1c(15)</b>		

		(a) Beginning of Year	(b) End of Year
<b>1d</b>	Employer-related investments:		
(1)	Employer securities.....	8274100	10013116
(2)	Employer real property.....		
<b>e</b>	Buildings and other property used in plan operation.....		
<b>f</b>	Total assets (add all amounts in lines 1a through 1e).....	138565418	147657396
<b>Liabilities</b>			
<b>g</b>	Benefit claims payable.....		
<b>h</b>	Operating payables.....		
<b>i</b>	Acquisition indebtedness.....		
<b>j</b>	Other liabilities.....		
<b>k</b>	Total liabilities (add all amounts in lines 1g through 1j).....	0	0
<b>Net Assets</b>			
<b>l</b>	Net assets (subtract line 1k from line 1f).....	138565418	147657396

**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.

		(a) Amount	(b) Total
<b>Income</b>			
<b>a</b>	<b>Contributions:</b>		
(1)	Received or receivable in cash from: <b>(A)</b> Employers.....	1799607	
	<b>(B)</b> Participants.....		
	<b>(C)</b> Others (including rollovers).....		
(2)	Noncash contributions.....		
(3)	Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....		1799607
<b>b</b>	<b>Earnings on investments:</b>		
(1)	Interest:		
	<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	75124	
	<b>(B)</b> U.S. Government securities.....		
	<b>(C)</b> Corporate debt instruments.....		
	<b>(D)</b> Loans (other than to participants).....		
	<b>(E)</b> Participant loans.....		
	<b>(F)</b> Other.....		
	<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....		75124
(2)	Dividends: <b>(A)</b> Preferred stock.....		
	<b>(B)</b> Common stock.....	64563	
	<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	3634975	
	<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....		3699538
(3)	Rents.....		
(4)	Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds.....	7675504	
	<b>(B)</b> Aggregate carrying amount (see instructions).....	7675504	
	<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....		0
(5)	Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate.....		
	<b>(B)</b> Other.....	1739016	
	<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....		1739016

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		9381240
<b>c</b> Other income .....	<b>2c</b>		13776
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		16708301

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	6769605	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		6769605
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	42230	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	66211	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	27179	
(7) Actuarial fees .....	<b>2i(7)</b>	46870	
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	664228	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		846718
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		7616323

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		9091978
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: WHITLEY PENN, LLP

(2) EIN: 75-2393478

**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
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?	X		5000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 545849.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>EFW INC. CONSOLIDATED RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>ELBITAMERICA, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>51-0345236</u>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

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

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
---	---	---

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): 42-1520346

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

<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	0
--	---	---

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

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

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

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	6a	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	6b	
<b>c</b> 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

<b>Part III</b>	<b>Amendments</b>
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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

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

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

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

<b>a</b> 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).....	<b>14a</b>	
<b>b</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).....	<b>14b</b>	
<b>c</b> 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).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

**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 02 / 28 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q705210A.

**EFW INC. CONSOLIDATED  
RETIREMENT PLAN**

**FINANCIAL STATEMENTS  
AND SUPPLEMENTAL SCHEDULES**

**Years Ended December 31, 2024 and 2023  
with Report of Independent Auditors**

**EFW INC. CONSOLIDATED  
RETIREMENT PLAN**

**FINANCIAL STATEMENTS  
AND SUPPLEMENTAL SCHEDULES**

**Years Ended December 31, 2024 and 2023**

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## REPORT OF INDEPENDENT AUDITORS

To the Investment Committee of the  
EFW Inc. Consolidated Retirement Plan

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

We have performed audits of the financial statements of the EFW Inc. Consolidated Retirement Plan (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 statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the 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 qualified institutions as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note G 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 (“U.S. GAAP”).
- 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 U.S. GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management’s election of the ERISA Section 103(a)(3)(C) audit does not affect management’s responsibility for the financial statements.

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

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

## **Auditor’s Responsibilities for the Audit of the Financial Statements**

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

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

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

#### **Other Matter — Supplemental Schedules Required by ERISA**

The supplemental schedules of Form 5500, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) and Form 5500, Schedule H, Line 4j – Schedule of Reportable Transactions as of December 31, 2024, are presented for the purpose 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 audit 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).

*Whitley Penn LLP*

Fort Worth, Texas  
September 25, 2025

**EFW INC. CONSOLIDATED RETIREMENT PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

	<b>December 31,</b>	
	<b>2024</b>	<b>2023</b>
<b>Assets</b>		
Investments, at fair value	\$ 147,629,181	\$ 137,378,985
Receivables:		
Employer contributions	-	1,159,384
Investment income	28,215	27,049
Total receivables	28,215	1,186,433
Net assets available for benefits	\$ 147,657,396	\$ 138,565,418

See accompanying notes to financial statements.

**EFW INC. CONSOLIDATED RETIREMENT PLAN**  
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

	<b>Year Ended December 31,</b> <b>2024</b>	<b>2023</b>
<b>Additions to Net Assets</b>		
Investment income:		
Net realized and unrealized gains on investments	\$ 11,060,243	\$ 17,918,138
Interest and dividends	3,848,451	3,378,608
Total investment income	14,908,694	21,296,746
Contributions:		
Employer contributions	1,799,607	1,159,384
Total contributions	1,799,607	1,159,384
 Total additions to net assets	 16,708,301	 22,456,130
<b>Deductions from Net Assets</b>		
Benefits paid to participants	6,769,605	9,882,626
Administrative expenses	846,718	856,315
Total deductions from net assets	7,616,323	10,738,941
 Net increase in net assets available for benefits	 9,091,978	 11,717,189
Net assets available for benefits at beginning of year	138,565,418	126,848,229
 Net assets available for benefits at end of year	 \$ 147,657,396	 \$ 138,565,418

See accompanying notes to financial statements.

## EFW INC. CONSOLIDATED RETIREMENT PLAN

### NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

#### A. Description of the Plan

##### General

The following brief description of the EFW Inc. Consolidated Retirement Plan (the “Plan”) is provided for general information purposes only. The Plan is sponsored by ElbitAmerica, Inc. (previously EFW, Inc.) (the “Company”). Participants should refer to the Plan document for more complete information.

The Plan was effective February 15, 1993, restated January 1, 2020, and is a non-contributory defined benefit plan covering all employees of the Company who have completed one year of service and have attained age 21. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

In August 2009, the Compensation Committee of the Board of Directors of Elbit Systems US Corp., the parent company of the Company, approved a freeze of the Plan effective January 1, 2010. The “soft freeze” of the Plan prohibits non-represented employees that are hired on or after the freeze date from being added to the Plan. Existing participants would continue to accrue benefits as defined under the Plan’s provisions based on years of service and Plan provisions in effect.

In September 2018, the Board of Directors of the Company authorized a provision and executed an amendment to the Plan to enact a “hard freeze” for all current non-collectively bargained Plan participants effective December 31, 2018. Under the “hard freeze,” existing non-collectively bargained Plan participants will no longer continue to accrue benefits after December 31, 2018, as defined under the Plan’s provisions.

In December 2020, the Board of Directors of the Company authorized a provision and executed an amendment to the Plan to enact a “hard freeze” for all current collectively bargained Plan participants effective December 31, 2020. Under the “hard freeze,” existing collectively bargained Plan participants will no longer continue to accrue benefits after December 31, 2020, as defined under the Plan’s provisions.

Effective June 1, 2023, the Plan changed trustees and custodians from Northern Trust Company to Principal Trust Company.

##### Contributions

The Plan’s funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement as calculated by an independent actuary. Additionally, the Company makes annual contributions to the Plan based upon the maximum deductibility under the Internal Revenue Code (the “Code”). For the years ended December 31, 2024 and 2023, the Company made a minimum-funding contribution of approximately \$1,211,000 and \$1,159,000, respectively.

## EFW INC. CONSOLIDATED RETIREMENT PLAN

### NOTES TO FINANCIAL STATEMENTS *(continued)*

#### **A. Description of the Plan – continued**

##### **Plan Expenses**

Employees of the Company perform certain administrative functions of the Plan with no compensation from the Plan. In accordance with Plan provisions, the Plan pays substantially all administrative expenses and costs relating to asset charges and recordkeeping, as well as Pension Benefit Guarantee Corporation (“PBGC”) premiums. Any administrative expenses, if any, that are paid by the Company are not reflected in the accompanying financial statements.

##### **Plan Benefits**

Participants accrue benefits as defined under the Plan’s provisions based on years of service and Plan provisions in effect as of the date of determination.

##### **Vesting**

Participants become fully vested upon the attainment of five years of service.

#### **B. Summary of Significant Accounting Policies**

##### **Basis of Accounting**

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

##### **Use of Estimates**

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from these estimates. Refer to Note C for significant assumptions used in determining the Plan’s present value of accumulated plan benefits.

##### **Risks and Uncertainties**

The Plan directly invests in mutual funds, common stock, and a money market fund. 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 reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the accompanying financial statements.

## EFW INC. CONSOLIDATED RETIREMENT PLAN

### NOTES TO FINANCIAL STATEMENTS *(continued)*

#### **B. Summary of Significant Accounting Policies – continued**

##### **Investment Valuation and Income**

The investments of the Plan are stated at fair value as of the end of the year and are generally subject to market or credit risks customarily associated with equity and fixed income investments. Fair values are determined in accordance with U.S. GAAP, which defines fair value, establishes a framework for measuring fair value, and requires certain disclosures about assets and liabilities measured at fair value. See Note D for information related to the Plan's valuation methodologies.

Purchases and sales of securities are recorded on a trade-date basis. The net realized and unrealized gains on investments include realized gains and losses on sales of investments during the year and unrealized increases in the market value of investments held at year-end. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

##### **Payment of Benefits**

Benefits are recorded when paid.

##### **Actuarial Present Value of Accumulated Plan Benefits**

Accumulated plan benefits are estimated future periodic payments, including lump-sum distributions, attributable under the Plan's provisions to services rendered by employees through the valuation date. Accumulated plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries and present employees or their beneficiaries. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included, to the extent they are deemed attributable to employee service rendered through the valuation date.

#### **C. Actuarial Present Value of Accumulated Plan Benefits**

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

**EFW INC. CONSOLIDATED RETIREMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS (continued)**

**C. Actuarial Present Value of Accumulated Plan Benefits – continued**

The actuarial present value of the accumulated plan benefits information based on a beginning of the year valuation is as follows:

	<b>January 1, 2024</b>
	<hr/>
Vested benefits:	
Participants currently receiving payments	\$ 59,350,658
Other vested participants	61,845,598
Total vested benefits	<hr/> 121,196,256
Non-vested benefits	23,298
Total actuarial present value of accumulated plan benefits	<hr/> <hr/> \$121,219,554

The following is a summary of the changes in the actuarial present value of accumulated plan benefits between the applicable benefit information dates:

	<b>Year Ended January 1, 2024</b>
	<hr/>
Actuarial present value of accumulated plan benefits at beginning of the year	\$122,936,880
Changes during the year:	
Benefits accumulated and actuarial losses	228,394
Increase for interest due to change in the discount period	7,936,906
Benefits paid	<hr/> (9,882,626)
Actuarial present value of accumulated plan benefits at end of the year	<hr/> <hr/> \$121,219,554

The actuarial cost method used was the traditional unit credit actuarial cost method. The more significant assumptions underlying the actuarial computations as of January 1, 2024 and 2023, for the respective actuarial valuations are as follows:

	<b>2024</b>	<b>2023</b>
	<hr/>	<hr/>
Interest discount rate	5.140%	5.280%
Retirement age	From age 55 to 75	From age 55 to 75

The actuarial assumptions related to the mortality basis are based on prescribed male/female tables by the Internal Revenue Service (“IRS”) for 2024 and 2023.

## EFW INC. CONSOLIDATED RETIREMENT PLAN

### NOTES TO FINANCIAL STATEMENTS *(continued)*

#### C. Actuarial Present Value of Accumulated Plan Benefits – continued

The change in the actuarial assumptions was primarily due to the following: (1) the segment interest rates updated to the current rates as specified by the IRS regulations; and (2) the mortality assumption was updated according to the projection in the IRS regulations.

These actuarial assumptions are based on the presumption that the Plan will continue. If the Company terminates the Plan at some future date, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

#### D. Fair Value Measurements

U.S. GAAP defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date and establishes a three-tier hierarchy that is used to identify assets and liabilities measured at fair value. The hierarchy focuses on the inputs used to measure fair value and requires that the lowest level input be used. The three levels defined are as follows:

Level 1 — Inputs are unadjusted, quoted prices in active markets for identical assets or liabilities at the measurement date.

Level 2 — Inputs (other than quoted prices included in Level 1) are either directly or indirectly observable for assets or liabilities through correlation with market data at the measurement date and for the duration of the instruments' anticipated lives.

Level 3 — Inputs reflect the best estimate of what market participants would use in pricing assets or liabilities at the measurement date. Consideration is given to the risk inherent in the valuation technique and the risk inherent in the inputs to the model.

There have been no changes in the methodologies used at December 31, 2024 and 2023. For the years ended December 31, 2024 and 2023, there were no significant transfers between levels. The Plan held no Level 2 or 3 investments as of December 31, 2024 or 2023.

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

Mutual funds and money market fund: The fair values of the mutual funds and the money market fund are considered Level 1, as the investments have readily available quoted prices in active markets.

Common Stock: The fair value of the common stock is considered Level 1, as the stock is valued at the closing price reported on the active market on which the individual securities are traded.

**EFW INC. CONSOLIDATED RETIREMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS (continued)**

**D. Fair Value Measurements – continued**

Investments measured at fair value on a recurring basis at December 31,:

	<b>2024</b>	
	<b>Level 1</b>	<b>Total</b>
Mutual funds	\$136,868,980	\$136,868,980
Common stock	10,013,116	10,013,116
Money market fund	747,085	747,085
Total investments, at fair value	\$147,629,181	\$147,629,181
	<b>2023</b>	
	<b>Level 1</b>	<b>Total</b>
Mutual funds	\$127,683,408	\$127,683,408
Common stock	8,274,100	8,274,100
Money market fund	1,421,477	1,421,477
Total investments, at fair value	\$137,378,985	\$137,378,985

**E. Party-in-Interest Transactions**

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee organization, or relatives of such persons.

The Plan had approximately 7% and 6% of total investments invested in the common stock of Elbit Systems, Ltd., the parent company of the Company, as of December 31, 2024 and 2023, respectively. In addition, the Plan invests in units of a money market fund managed by Principal Funds, Inc., an affiliate of Principal Bank, the trustee. Transactions in such investments qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules. The Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions are party-in-interest transactions under ERISA, which are exempt from prohibited transaction rules.

**F. Plan Termination**

The Company has the right under the Plan to terminate the Plan subject to the provisions set forth under ERISA. See Note I.

## EFW INC. CONSOLIDATED RETIREMENT PLAN

### NOTES TO FINANCIAL STATEMENTS *(continued)*

#### **G. Certified Investments**

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments held and investment income receivable at December 31, 2024 and 2023, net realized and unrealized gains on investments, and interest and dividends for the years ended December 31, 2024 and 2023, was obtained by management and agreed to or derived from information certified as complete and accurate by Northern Trust Company and Principal Bank (the trustees of the Plan).

#### **H. Income Tax Status**

The Plan utilizes the Angell Pension Group Inc. Volume Submitter Defined Benefit Plan, which has a favorable opinion letter from the IRS. This opinion letter dated March 30, 2018, states that the form of the prototype plan is acceptable under Section 401 of the Code. The Company may rely on this letter with respect to the qualification of the Plan under Code Section 401(a) with certain limitations. The Company believes that the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan was qualified and the related trust was tax exempt as of the financial statement date.

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

#### **I. Subsequent Events**

In preparing the accompanying financial statements, management has evaluated all subsequent events and transactions for potential recognition or disclosure through September 25, 2025, the date the financial statements were available for issuance.

During 2025, the Plan's Investment Committee resolved to terminate the Plan effective September 30, 2025, in accordance with the PBGC provisions and reporting requirements.

**SUPPLEMENTAL SCHEDULES**

**EFW INC. CONSOLIDATED RETIREMENT PLAN**

**FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**December 31, 2024**

**EIN: 51-0345236**

**Plan #: 001**

<b>(a)</b>	<b>(b) Identity of issuer, borrower, lessor, or similar party</b>	<b>(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value</b>	<b>(d) Cost</b>	<b>(e) Current Value</b>
	Vanguard	Vanguard Institutional Index Fund	\$ 18,681,457	\$ 44,104,578
	Loomis, Sayles & Company	Loomis Investment Grade Fixed Income Fund Class I	24,572,909	21,194,876
	Harbor	Harbor Core Bond Fund	21,121,352	21,063,572
	Vanguard	Vanguard Developed Markets Index Fund Admiral Class #127	18,721,878	18,352,444
*	Elbit Systems, Ltd.	Elbit Systems, Ltd.	1,658,312	10,013,116
	DWS Group	DWS RREEF Real Assets Fund Class Institutional	5,412,161	6,052,393
	Conestoga	Conestoga Small Cap Fund Class Institutional	4,401,889	5,379,711
	Hotchkis & Wiley	Hotchkis & Wiley Small Cap Diversified Value Fund	5,028,392	5,292,492
	Blackrock	Blackrock Strategic Income Opportunities Portfolio Class K	5,472,461	5,184,450
	Brandywineglobal	Brandywineglobal Global Opportunities Bond Fund Class IS	6,142,979	4,796,144
	GQG	GQG Partners Emerging Markets Equity Fund Class Institutional	2,384,401	2,742,876
	Pimco	Pimco RAE Emerging Markets Fund Class Institutional	2,539,261	2,705,444
*	Principal	Principal Government Money Market Fund	747,085	747,085
	Total investments		<u>\$ 116,884,537</u>	<u>\$ 147,629,181</u>

\* Represents a party in interest to the Plan as defined by ERISA.

See accompanying notes to financial statements.

5500, Schedule H, Line 4j - Schedule of Reportable Transactions

(i) REPORTABLE TRANSACTIONS - SINGLE / BY ISSUE  
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

ELBIT SYSTEMS EFW  
ACCOUNT NUMBER 10137700

(a)	(b)	(f)	(c), (d), (h)	(g)	(i)	
DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
Identity of party involved	Description of asset (including interest rate and maturity in case of loan)			Purchase Price, Selling Price and Current value of assets on transaction date	Cost of Assets	Net Gain (Loss)
ISSUE: 411512197 - HARBOR CORE BOND FUND-RTR 05/07/24 B	1,850,686	8.740	0	16,175,000-*	16,175,000	
ISSUE: 592905764 - METROPOLITAN WEST T/R BD-PLN #712 05/07/24 S	1,877,799	8.330	0	15,642,066 *	19,066,830	-3,424,764
ISSUE: 921909784 - VANGUARD TOTAL INT ST IDX-IS #1869 02/27/24 S	152,426	126.560	0	19,291,094 *	16,876,864	2,414,230
ISSUE: 921943809 - VANGUARD DVLDP MKTS INDX FD ADM#127 02/27/24 B	1,231,015	15.670	0	19,290,000-*	19,290,000	
	GRAND TOTAL		0	70,398,160	71,408,694	-1,010,534

FOOTNOTES

\* = SINGLE TRANSACTION IS 5% REPORTABLE  
B = BUY TRANSACTION  
S = SELL TRANSACTION  
R = REINVESTMENT TRANSACTION

Column (e) is not applicable

Form 5500, Schedule H, Line 4j - Schedule of Reportable Transactions

(ii) REPORTABLE TRANSACTIONS - SERIES / BY BROKER  
 FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

ELBIT SYSTEMS EFW  
 ACCOUNT NUMBER 10137700

DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	SERIES / BY BROKER	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
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\*\*\* NO TRANSACTIONS QUALIFIED \*\*\*

(iii) REPORTABLE TRANSACTIONS - SERIES / BY ISSUE  
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

ELBIT SYSTEMS EFW  
ACCOUNT NUMBER 10137700

SERIES / BY ISSUE						
DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
** ISSUE: VP4580008 - PRINCIPAL GOVT MM INSTL						
01/02/24 B	7,649	1.000	0	7,649-	7,649	
01/02/24 B	1,122	1.000	0	1,122-	1,122	
01/03/24 B	355	1.000	0	355-	355	
01/08/24 B	16,141	1.000	0	16,141-	16,141	
01/25/24 B	3,152	1.000	0	3,152-	3,152	
01/30/24 B	231	1.000	0	231-	231	
02/01/24 B	5,561	1.000	0	5,561-	5,561	
02/01/24 B	0	1.000	0	0-	0	
02/02/24 B	383	1.000	0	383-	383	
02/27/24 B	3,040	1.000	0	3,040-	3,040	
02/28/24 B	1,651,094	1.000	0	1,651,094-	1,651,094	
03/01/24 B	3,876	1.000	0	3,876-	3,876	
03/06/24 B	20,697	1.000	0	20,697-	20,697	
03/18/24 B	219	1.000	0	219-	219	
04/01/24 B	8,281	1.000	0	8,281-	8,281	
04/03/24 B	2,632	1.000	0	2,632-	2,632	
04/03/24 B	6,145	1.000	0	6,145-	6,145	
04/12/24 B	597,919	1.000	0	597,919-	597,919	
04/29/24 B	1,891	1.000	0	1,891-	1,891	
05/01/24 B	7,371	1.000	0	7,371-	7,371	
05/02/24 B	455	1.000	0	455-	455	
05/06/24 B	16,141	1.000	0	16,141-	16,141	
05/08/24 B	67,066	1.000	0	67,066-	67,066	
06/03/24 B	6,618	1.000	0	6,618-	6,618	
06/04/24 B	14,046	1.000	0	14,046-	14,046	
07/01/24 B	20,089	1.000	0	20,089-	20,089	
07/11/24 B	599,869	1.000	0	599,869-	599,869	
07/25/24 B	467	1.000	0	467-	467	
07/29/24 B	187	1.000	0	187-	187	
08/01/24 B	3,330	1.000	0	3,330-	3,330	
08/05/24 B	78	1.000	0	78-	78	
08/23/24 B	2,100,000	1.000	0	2,100,000-	2,100,000	
08/28/24 B	187	1.000	0	187-	187	
09/04/24 B	467	1.000	0	467-	467	
09/05/24 B	487	1.000	0	487-	487	

## Form 5500, Schedule H, Line 4j - Schedule of Reportable Transactions

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REPORTABLE TRANSACTIONS - SERIES / BY ISSUE  
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

ELBIT SYSTEMS EFW  
ACCOUNT NUMBER 10137700

SERIES / BY ISSUE						
DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
09/13/24 B	1,159,384	1.000	0	1,159,384-	1,159,384	
09/25/24 B	609	1.000	0	609-	609	
10/01/24 B	10,577	1.000	0	10,577-	10,577	
10/02/24 B	239	1.000	0	239-	239	
10/09/24 B	27,621	1.000	0	27,621-	27,621	
10/11/24 B	599,869	1.000	0	599,869-	599,869	
10/28/24 B	16,141	1.000	0	16,141-	16,141	
11/01/24 B	9,647	1.000	0	9,647-	9,647	
11/04/24 B	938	1.000	0	938-	938	
11/26/24 B	163	1.000	0	163-	163	
12/02/24 B	7,498	1.000	0	7,498-	7,498	
12/26/24 B	1,178	1.000	0	1,178-	1,178	
SUB-TOTAL OF BUYS # 47			0	7,001,110	7,001,110	
01/04/24 S	1,122	1.000	0	1,122	1,122	0
01/12/24 S	1,350	1.000	0	1,350	1,350	0
01/22/24 S	7,824	1.000	0	7,824	7,824	0
01/25/24 S	532,969	1.000	0	532,969	532,969	0
01/26/24 S	3,152	1.000	0	3,152	3,152	0
02/06/24 S	1,623	1.000	0	1,623	1,623	0
02/14/24 S	150	1.000	0	150	150	0
02/21/24 S	12,911	1.000	0	12,911	12,911	0
02/26/24 S	536,003	1.000	0	536,003	536,003	0
02/29/24 S	219	1.000	0	219	219	0
03/06/24 S	2,006	1.000	0	2,006	2,006	0
03/08/24 S	20,697	1.000	0	20,697	20,697	0
03/14/24 S	300	1.000	0	300	300	0
03/20/24 S	219	1.000	0	219	219	0
03/21/24 S	219	1.000	0	219	219	0
03/21/24 S	12,330	1.000	0	12,330	12,330	0
03/25/24 S	540,486	1.000	0	540,486	540,486	0
04/22/24 S	5,872	1.000	0	5,872	5,872	0
04/25/24 S	557,877	1.000	0	557,877	557,877	0
05/10/24 S	750	1.000	0	750	750	0
05/28/24 S	562,048	1.000	0	562,048	562,048	0
06/07/24 S	2,729	1.000	0	2,729	2,729	0
06/10/24 S	150	1.000	0	150	150	0
06/13/24 S	13,351	1.000	0	13,351	13,351	0
06/17/24 S	9,805	1.000	0	9,805	9,805	0
06/25/24 S	571,162	1.000	0	571,162	571,162	0
07/02/24 S	804	1.000	0	804	804	0
07/12/24 S	300	1.000	0	300	300	0
07/22/24 S	5,964	1.000	0	5,964	5,964	0

Form 5500, Schedule H, Line 4j - Schedule of Reportable Transactions

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE  
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

ELBIT SYSTEMS EFW  
ACCOUNT NUMBER 10137700

SERIES / BY ISSUE						
DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
07/25/24 S	574,542	1.000	0	574,542	574,542	0
07/31/24 S	187	1.000	0	187	187	0
08/02/24 S	275	1.000	0	275	275	0
08/02/24 S	3,090	1.000	0	3,090	3,090	0
08/09/24 S	300	1.000	0	300	300	0
08/16/24 S	2,575	1.000	0	2,575	2,575	0
08/16/24 S	13,396	1.000	0	13,396	13,396	0
08/26/24 S	575,163	1.000	0	575,163	575,163	0
08/30/24 S	187	1.000	0	187	187	0
08/30/24 S	689	1.000	0	689	689	0
09/03/24 S	1,853	1.000	0	1,853	1,853	0
09/12/24 S	11,817	1.000	0	11,817	11,817	0
09/20/24 S	21,630	1.000	0	21,630	21,630	0
09/25/24 S	576,950	1.000	0	576,950	576,950	0
10/04/24 S	900	1.000	0	900	900	0
10/11/24 S	27,621	1.000	0	27,621	27,621	0
10/11/24 S	664,228	1.000	0	664,228	664,228	0
10/18/24 S	14,935	1.000	0	14,935	14,935	0
10/21/24 S	5,935	1.000	0	5,935	5,935	0
10/25/24 S	573,308	1.000	0	573,308	573,308	0
11/05/24 S	2,013	1.000	0	2,013	2,013	0
11/08/24 S	450	1.000	0	450	450	0
11/22/24 S	6,197	1.000	0	6,197	6,197	0
11/25/24 S	575,321	1.000	0	575,321	575,321	0
12/03/24 S	713	1.000	0	713	713	0
12/04/24 S	2,298	1.000	0	2,298	2,298	0
12/06/24 S	600	1.000	0	600	600	0
12/06/24 S	13,990	1.000	0	13,990	13,990	0
12/10/24 S	233	1.000	0	233	233	0
12/13/24 S	6,000	1.000	0	6,000	6,000	0
12/16/24 S	12,048	1.000	0	12,048	12,048	0
12/26/24 S	581,666	1.000	0	581,666	581,666	0
SUB-TOTAL OF SALES # 61			0	7,675,502	7,675,502	0
SUB-TOTAL			0	14,676,612	14,676,612	0
ISSUE: 411512197 - HARBOR CORE BOND FUND-RTR						
05/31/24 R	6,932	8.720	0	60,443-	60,443	
06/28/24 R	6,357	8.770	0	55,747-	55,747	
07/31/24 R	7,602	8.940	0	67,961-	67,961	
08/30/24 R	6,632	9.030	0	59,890-	59,890	

Form 5500, Schedule H, Line 4j - Schedule of Reportable Transactions

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE  
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

ELBIT SYSTEMS EFW  
ACCOUNT NUMBER 10137700

SERIES / BY ISSUE						
DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
09/30/24 R	6,792	9.120	0	61,943-	61,943	
10/30/24 R	7,004	8.870	0	62,130-	62,130	
11/26/24 R	7,280	8.880	0	64,643-	64,643	
12/20/24 R	12,997	8.740	0	113,595-	113,595	
SUB-TOTAL OF REINVS # 8			0	546,352	546,352	
05/07/24 B	1,850,686	8.740	0	16,175,000-*	16,175,000	
11/20/24 B	497,738	8.840	0	4,400,000-	4,400,000	
SUB-TOTAL OF BUYS # 2			0	20,575,000	20,575,000	
SUB-TOTAL			0	21,121,352	21,121,352	0
ISSUE: 592905764 - METROPOLITAN WEST T/R BD-PLN #712						
01/31/24 R	6,914	8.580	0	59,325-	59,325	
02/29/24 R	6,141	8.410	0	51,645-	51,645	
03/31/24 R	6,051	8.460	0	51,191-	51,191	
04/30/24 R	7,070	8.180	0	57,832-	57,832	
SUB-TOTAL OF REINVS # 4			0	219,993	219,993	
05/07/24 S	1,877,799	8.330	0	15,642,066 *	19,066,830	-3,424,764
SUB-TOTAL OF SALES # 1			0	15,642,066	19,066,830	-3,424,764
SUB-TOTAL			0	15,862,059	19,286,823	-3,424,764
ISSUE: 921909784 - VANGUARD TOTAL INT ST IDX-IS #1869						
02/27/24 S	152,426	126.560	0	19,291,094 *	16,876,864	2,414,230
SUB-TOTAL OF SALES # 1			0	19,291,094	16,876,864	2,414,230
SUB-TOTAL			0	19,291,094	16,876,864	2,414,230
ISSUE: 921943809 - VANGUARD DVLDP MKTS INDX FD ADM#127						
03/15/24 R	7,082	15.870	0	112,392-	112,392	
06/21/24 R	11,245	15.770	0	177,330-	177,330	

## Form 5500, Schedule H, Line 4j - Schedule of Reportable Transactions

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REPORTABLE TRANSACTIONS - SERIES / BY ISSUE  
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

ELBIT SYSTEMS EFW  
ACCOUNT NUMBER 10137700

SERIES / BY ISSUE						
DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
09/20/24 R	3,318	16.700	0	55,409-	55,409	
12/20/24 R	17,578	15.290	0	268,765-	268,765	
SUB-TOTAL OF REINVS # 4			0	613,896	613,896	
02/27/24 B	1,231,015	15.670	0	19,290,000-*	19,290,000	
SUB-TOTAL OF BUYS # 1			0	19,290,000	19,290,000	
05/07/24 S	34,225	16.070	0	550,000	536,349	13,651
11/20/24 S	41,191	15.780	0	650,000	645,669	4,331
SUB-TOTAL OF SALES # 2			0	1,200,000	1,182,018	17,982
SUB-TOTAL			0	21,103,896	21,085,914	17,982
ISSUE: 922040100 - VANGUARD INSTL INDEX FD #94						
03/22/24 R	648	430.640	0	278,864-	278,864	
06/28/24 R	379	449.240	0	170,050-	170,050	
09/27/24 R	321	472.110	0	151,689-	151,689	
12/30/24 R	1,258	480.910	0	605,053-	605,053	
SUB-TOTAL OF REINVS # 4			0	1,205,656	1,205,656	
02/27/24 S	3,930	419.800	0	1,650,000	769,708	880,292
05/07/24 S	1,872	427.270	0	800,000	369,308	430,692
08/22/24 S	4,029	459.160	0	1,850,000	798,323	1,051,677
11/20/24 S	11,790	487.700	0	5,750,000	2,346,185	3,403,815
SUB-TOTAL OF SALES # 4			0	10,050,000	4,283,524	5,766,476
SUB-TOTAL			0	11,255,656	5,489,180	5,766,476
GRAND TOTAL			0	103,310,669	98,536,745	4,773,924

Form 5500, Schedule H, Line 4j - Schedule of Reportable Transactions

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE  
 FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

ELBIT SYSTEMS EFW  
 ACCOUNT NUMBER 10137700

DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	SERIES / BY ISSUE	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
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F O O T N O T E S  
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\* = SINGLE TRANSACTION IS 5% REPORTABLE  
 B = BUY TRANSACTION  
 S = SELL TRANSACTION  
 R = REINVESTMENT TRANSACTION

**\*\* = a party-in-interest as defined by ERISA**

Form 5500, Schedule H, Line 4j - Schedule of Reportable Transactions

(iv) REPORTABLE TRANSACTIONS - SINGLE / BY BROKER  
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

ELBIT SYSTEMS EFW  
ACCOUNT NUMBER 10137700

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SINGLE / BY BROKER						
DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----

\*\*\* NO TRANSACTIONS QUALIFIED \*\*\*

Plan Name: EFW Inc. Consolidated Retirement Plan

EIN: 51-0345236

Plan Number: 001

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

YEARS OF 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	
	No.	Avg. Comp*	No.	Avg. Comp*	No.	Avg. Comp*	No.	Avg. Comp*	No.	Avg. Comp*	No.	Avg. Comp*	No.	Avg. Comp*	No.	Avg. Comp*	No.	Avg. Comp*	No.	Avg. Comp*
Under 25	0		0		0		0		0		0		0		0		0		0	
25 to 29	0		0		0		0		0		0		0		0		0		0	
30 to 34	0		0		0		3		0		0		0		0		0		0	
35 to 39	0		0		0		3		3		0		0		0		0		0	
40 to 44	0		0		0		2		14		4		0		0		0		0	
45 to 49	0		0		0		1		12		4		2		0		0		0	
50 to 54	0		0		0		8		20		11		0		0		0		0	
55 to 59	0		0		0		7		26		9		5		0		1		0	
60 to 64	0		0		0		8		22		25		9		2		2		1	
65 to 69	0		0		0		6		19		11		2		0		0		2	
70 & up	0		0		0		0		6		1		1		0		0		0	
Total	0		0		0		38		122		65		19		2		3		3	

## SECTION XII ACTUARIAL COST METHODS

### **Traditional Unit Credit (TUC)**

The actuarial cost method used in the development of the minimum contribution was the unit credit cost method.

The normal cost is the sum of all the individual normal costs for each participant. For active participants, the individual normal cost is the present value of the benefit earned during the year being valued. For active participants whose credited service equals or exceeds the plan maximum, if any, and for non-active participants, the normal cost is zero.

The actuarial accrued liability is the sum of the individual accrued liabilities for all participants. The individual accrued liability for an active participant is the present value of the accrued benefit as of the valuation date. The unfunded liability is the actuarial accrued liability less the valuation assets.

The total annual cost of the plan is the normal cost plus an amount to amortize the shortfall amount.

### **Projected Unit Credit (PUC)**

The actuarial cost method used in the development of the maximum contribution was the projected unit credit cost method.

Under this method, the normal cost is the sum of the individual normal costs for all participants. For an active participant, the individual normal cost is the present value at the current age of the projected benefit at the assumed retirement age, based on the actuarial assumptions, divided by the participant's expected years of credited service at that age. For a non-active participant, the normal cost is zero.

The actuarial accrued liability is the sum of the individual accrued liabilities for all plan participants. For an active participant, the individual accrued liability is the product of the normal cost and the total years of credited service at the current age. For non-active participants, the individual accrued liability is the present value at the current age of future benefits. The unfunded actuarial accrued liability equals the actuarial accrued liability less the valuation assets.

**SECTION XIII**  
**ACTUARIAL METHODS AND ASSUMPTIONS**

A summary of the actuarial assumptions used in the valuation is presented below:

Valuation Assets

The Actuarial Value of Assets equals the adjusted Market Value of Assets.

IRS Required Discount Rates

Minimum Required Contribution (as adjusted for MAP-21/HATFA/ARPA)

1. Segment Rate 1 for Years 1 Through 5	4.75%
2. Segment Rate 2 for Years 6 Through 20	4.87%
3. Segment Rate 3 for Years After 20	5.59%

Maximum Deductible Contribution

1. Segment Rate 1 for Years 1 Through 5	3.62%
2. Segment Rate 2 for Years 6 Through 20	4.46%
3. Segment Rate 3 for Years After 20	4.52%

Plan Effective Interest Rate

5.14%

Financial Accounting Standards Board ASC 960 Discount Rates and Mortality

Discount Rates

1. Pre-Retirement Discount Rate:	6.75%
2. Post-Retirement Discount Rate:	6.75%

Mortality Tables

1. Employee Mortality - Male	Pri 2012 Employee Male blended 40% Blue Collar and 60% White Collar Projected Generationally with Scale MP-2021
Employee Mortality - Female	Pri 2012 Employee Female blended 40% Blue Collar and 60% White Collar Projected Generationally with Scale MP-2021
2. Healthy Annuitant Mortality - Male	Pri 2012 Healthy Retiree Male blended 40% Blue Collar and 60% White Collar Projected Generationally with Scale MP-2021
Healthy Annuitant Mortality - Female	Pri 2012 Healthy Retiree Female blended 40% Blue Collar and 60% White Collar Projected Generationally with Scale MP-2021
3. Beneficiary Mortality - Male	Pri 2012 Contingent Annuitant Male blended 40% Blue Collar and 60% White Collar Projected Generationally with Scale MP-2021
Beneficiary Mortality - Female	Pri 2012 Contingent Annuitant Female blended 40% Blue Collar and 60% White Collar Projected Generationally with Scale MP-2021



**SECTION XIII**  
**ACTUARIAL METHODS AND ASSUMPTIONS (cont'd)**

Termination Rates Termination Rates were assumed in the valuation.

The following are sample termination rates for various ages that apply to new hires:

	<b>Male</b>	<b>Female</b>
20	0.087300	0.087300
25	0.092550	0.092550
30	0.060950	0.060950
35	0.043900	0.043900
40	0.035000	0.035000
45	0.031050	0.031050
50	0.028150	0.028150
55	0.014600	0.014600
60	0.011000	0.011000

Disability Rates Disability Rates were not assumed in the valuation.

Pre-Retirement Mortality Rates: Pre-Retirement Mortality was assumed in the valuation.

Male: Pri-2012(IRS) Male Employee

Female: Pri-2012(IRS) Female Employee

The following are sample pre-retirement mortality rates for various ages:

	<b>Male</b>	<b>Female</b>
20	0.000560	0.000150
25	0.000540	0.000190
30	0.00055	0.000210
35	0.000610	0.000280
40	0.000740	0.000430
45	0.000970	0.000650
50	0.001470	0.000980
55	0.00234	0.001480
60	0.003690	0.002240
65	0.005730	0.003390
70	0.00967	0.006060
75	0.016320	0.010850

**SECTION XIII**  
**ACTUARIAL METHODS AND ASSUMPTIONS (cont'd)**

Post-Retirement Mortality Rates: Post-Retirement Mortality was assumed in the valuation.

Male: Pri-2012(IRS) Male Annuitant

Female: Pri-2012(IRS) Female Annuitant

The following are sample post-retirement mortality rates for various ages:

	<b>Male</b>	<b>Female</b>
55	0.006470	0.005170
60	0.008480	0.006430
65	0.010870	0.009280
70	0.017290	0.014440
75	0.029050	0.024450
80	0.050460	0.041980
85	0.089460	0.071320
90	0.157030	0.124530
95	0.245690	0.198630
100	0.339960	0.286980
105	0.431310	0.382430
110	0.500000	0.466730

Administrative Expenses Expenses of \$856,315 per annum were assumed.

Percent Married 85% of males and 60% of females are assumed to be married.

Age of Spouse Spouses of Males are assumed to be 3 years younger than the participant.  
Spouses of Females are assumed to be 3 years older than the participant.

SELECTION OF ACTUARIAL ASSUMPTIONS

Assumption		Entity Who Selects Assumption	Basis for Assumption Selection	Change in Assumption
Segment Interest Rates for Minimum Contribution	Segment 1: 4.75% Segment 2: 4.87% Segment 3: 5.59%	Prescribed by Internal Revenue Service (IRC Sec. 430(h)(2)(C))	The Funding Target Liability for Minimum Contribution is determined using three 24-month average interest rates ("segment rates"), each of which applies to cash flows during specified periods. The Plan Sponsor has elected a 4 month look back for determining these rates each Plan Year. These segment rates are adjusted by the applicable percentage of the 25-year average segment rates.	The segment 1, segment 2 and segment 3 interest rates changed from 4.75%, 5.00%, and 5.74%, respectively as of the prior measurement date, January 1, 2023, to reflect the current prescribed rates. This change increased the Funding Target Liability for Minimum Contribution as of the current measurement date, January 1, 2024, by 1.41%.
Segment Interest Rates for Maximum Contribution	Segment 1: 3.62% Segment 2: 4.46% Segment 3: 4.52%	Prescribed by Internal Revenue Service (IRC Sec. 404(o)(6))	The Funding Target Liability for Maximum Contribution is determined using three 24-month average interest rates ("segment rates"), each of which applies to cash flows during specified periods. The Plan Sponsor has elected a 4 month look back for determining these rates each Plan Year.	The segment 1, segment 2 and segment 3 interest rates changed from 1.41%, 3.09%, and 3.58%, respectively as of the prior measurement date, January 1, 2023, to reflect the current prescribed rates. This change decreased the Funding Target Liability for Maximum Contribution as of the current measurement date, January 1, 2024, by 14.00%.
ASC 960 Interest Rate	6.75%	EFW Inc.	The ASC 960 interest rate is developed based on the allocation of the Plan's assets by investment class and the capital market outlook for each investment class. This information is provided by the Plan's investment advisor.	None
Inflation Rate	3.00%	The Angell Pension Group, Inc.	Long-term CPI-U experience.	None
Salary Scale	N/A	The Angell Pension Group, Inc.	Plan benefits do not depend on salary scale.	None
Taxable Wage Base Increase	N/A	The Angell Pension Group, Inc.	Plan benefits are frozen and do not depend on the Taxable Wage Base.	None
IRC 415 and 401(a)(17) Limit Projection	N/A	N/A	Projected increases to benefit and pay limits are not applicable under the Actuarial Funding Method used for the Funding Target Liability and the ASC 960 Actuarial Present Value of Accrued Benefits.	None
Pre-Retirement Mortality	2024 IRS Non-annuitant Mortality (M/F)	Prescribed by Internal Revenue Service (IRC Sec. 430(h)(3))	The IRS prescribes by regulation mortality tables to be used in determining minimum and maximum contributions. Those tables are based on the actual experience of pension plans and projected trends in that experience. Current prescribed tables are based on the Pri-2012 Mortality Tables Report, adjusted for mortality improvement using an adjusted Projection Scale MP-2021.	The mortality tables changed from the 2023 IRS Non-annuitant Mortality (M/F) tables as of the prior measurement date, January 1, 2023, to reflect the current prescribed tables. This change, together with the change in post-retirement mortality, decreased the Funding Target Liability for Minimum Contribution as of the current measurement date, January 1, 2024 by 0.89%.

**SECTION XIII (Cont.)**

**SELECTION OF ACTUARIAL ASSUMPTIONS**

<b>Assumption</b>		<b>Entity Who Selects Assumption</b>	<b>Basis for Assumption Selection</b>	<b>Change in Assumption</b>
Post-Retirement Mortality	2024 IRS Annuitant Mortality (M/F)	Prescribed by Internal Revenue Service (IRC Sec. 430(h)(3))	The IRS prescribes by regulation mortality tables to be used in determining minimum and maximum contributions. Those tables are based on the actual experience of pension plans and projected trends in that experience. Current prescribed tables are based on the Pri-2012 Mortality Tables Report, adjusted for mortality improvement using an adjusted Projection Scale MP-2021.	The mortality tables changed from the 2023 IRS Annuitant Mortality (M/F) tables as of the prior measurement date, January 1, 2023, to reflect the current prescribed tables. This change, together with the change in pre-retirement mortality, decreased the Funding Target Liability for Minimum Contribution as of the current measurement date, January 1, 2024, by 0.89%.
Pre-Retirement Mortality for ASC 960	Pri-2012 Employee with MP-2021 Generational Projection (M/F); base tables are blended 60% White Collar & 40% Blue Collar	EFW Inc.	The Society of Actuaries published a study of retirement experience in October, 2019. The Pri-2012 tables presented in the study represent the most current and complete benchmarks of U.S. private pension plan mortality experience. These tables include generational projections of mortality improvement.	None
Post-Retirement Mortality for ASC 960	Pri-2012 Healthy Retiree and Contingent Annuitant with MP-2021 Generational Projection (M/F); base tables are blended 60% White Collar & 40% Blue Collar	EFW Inc.	The Society of Actuaries published a study of retirement experience in October, 2019. The Pri-2012 tables presented in the study represent the most current and complete benchmarks of U.S. private pension plan mortality experience. These tables include generational projections of mortality improvement.	None
Disability Rates	None	The Angell Pension Group, Inc.	The incidence of disability under the Plan is negligible.	None
Withdrawal Rates	2003 Society of Actuaries Pension Plan Turnover - Basic Age Table with 50% load applied	The Angell Pension Group, Inc.	Because of the relatively small number of Plan participants, the withdrawal experience under the Plan is not credible for establishing Plan-specific withdrawal rates. The Society of Actuaries table was developed for such plans, and a review of experience under the Plan indicated that this table is a good estimate of future experience under the Plan.	None

SELECTION OF ACTUARIAL ASSUMPTIONS

Assumption		Entity Who Selects Assumption	Basis for Assumption Selection	Change in Assumption																																
Retirement Rates	<p>Employees were assumed to retire in accordance with the rates shown below:</p> <table border="1"> <thead> <tr> <th>Age</th> <th>Rate</th> </tr> </thead> <tbody> <tr><td>55 -61</td><td>1.0%</td></tr> <tr><td>62</td><td>7.0%</td></tr> <tr><td>63</td><td>14.0%</td></tr> <tr><td>64</td><td>5.0%</td></tr> <tr><td>65</td><td>15.0%</td></tr> <tr><td>66</td><td>17.0%</td></tr> <tr><td>67</td><td>20.0%</td></tr> <tr><td>68</td><td>25.0%</td></tr> <tr><td>69</td><td>11.0%</td></tr> <tr><td>70</td><td>6.0%</td></tr> <tr><td>71</td><td>15.0%</td></tr> <tr><td>72</td><td>50.0%</td></tr> <tr><td>73</td><td>17.0%</td></tr> <tr><td>74</td><td>20.0%</td></tr> <tr><td>75+</td><td>100.0%</td></tr> </tbody> </table> <p>25% of Vested Terminated participants are assumed to retire at age 62 and 100% at age 65.</p>	Age	Rate	55 -61	1.0%	62	7.0%	63	14.0%	64	5.0%	65	15.0%	66	17.0%	67	20.0%	68	25.0%	69	11.0%	70	6.0%	71	15.0%	72	50.0%	73	17.0%	74	20.0%	75+	100.0%	The Angell Pension Group, Inc.	This assumption was set based on a review of experience under the Plan.	None
Age	Rate																																			
55 -61	1.0%																																			
62	7.0%																																			
63	14.0%																																			
64	5.0%																																			
65	15.0%																																			
66	17.0%																																			
67	20.0%																																			
68	25.0%																																			
69	11.0%																																			
70	6.0%																																			
71	15.0%																																			
72	50.0%																																			
73	17.0%																																			
74	20.0%																																			
75+	100.0%																																			
Administrative Expenses	Equals the amount of Plan-related expenses paid from Plan assets in the prior Plan year.	The Angell Pension Group, Inc.	Internal Revenue Service regulations require the Target Normal Cost to be increased by the amount of Plan-related expenses expected to be paid from Plan assets during the Plan year. Our best estimate of these expenses is the actual amount of Plan-related expenses paid from Plan assets in the prior Plan year.	None																																
Percent Married	85% of males and 60% of females are assumed to be married.	The Angell Pension Group, Inc.	This assumption was set based on a review of experience under the Plan.	None																																
Age of Spouse	The female spouse is assumed to be 3 years younger than the male spouse.	The Angell Pension Group, Inc.	This assumption was set based on a review of experience under the Plan and general experience from similarly situated plans.	None																																

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

For calendar plan year 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, a single-employer plan, a DFE, the first return/report, the final return/report, an amended return/report, a short plan year return/report.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, special extension, the DFVC program.
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: EFW INC. CONSOLIDATED RETIREMENT PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 02/15/1993
2a Plan sponsor's name (employer, if for a single-employer plan): ELBITAMERICA, INC.
2b Employer Identification Number (EIN): 51-0345236
2c Plan Sponsor's telephone number: 817-234-6600
2d Business code (see instructions): 334410

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, Date, and Name. Rows include Signature of plan administrator, Signature of employer/plan sponsor, and Signature of DFE.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>																																	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN																																	
<b>5</b> Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;"><b>5</b></td> <td style="text-align: right;">844</td> </tr> </table>	<b>5</b>	844																															
<b>5</b>	844																																	
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:80%;"></td> </tr> <tr> <td style="text-align: center;"><b>6a(1)</b></td> <td></td> <td style="text-align: right;">252</td> </tr> <tr> <td style="text-align: center;"><b>6a(2)</b></td> <td></td> <td style="text-align: right;">213</td> </tr> <tr> <td style="text-align: center;"><b>6b</b></td> <td></td> <td style="text-align: right;">412</td> </tr> <tr> <td style="text-align: center;"><b>6c</b></td> <td></td> <td style="text-align: right;">155</td> </tr> <tr> <td style="text-align: center;"><b>6d</b></td> <td></td> <td style="text-align: right;">780</td> </tr> <tr> <td style="text-align: center;"><b>6e</b></td> <td></td> <td style="text-align: right;">52</td> </tr> <tr> <td style="text-align: center;"><b>6f</b></td> <td></td> <td style="text-align: right;">832</td> </tr> <tr> <td style="text-align: center;"><b>6g(1)</b></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;"><b>6g(2)</b></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;"><b>6h</b></td> <td></td> <td style="text-align: right;">0</td> </tr> </table>				<b>6a(1)</b>		252	<b>6a(2)</b>		213	<b>6b</b>		412	<b>6c</b>		155	<b>6d</b>		780	<b>6e</b>		52	<b>6f</b>		832	<b>6g(1)</b>			<b>6g(2)</b>			<b>6h</b>		0
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<b>6g(2)</b>																																		
<b>6h</b>		0																																
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;"><b>7</b></td> <td style="width:90%;"></td> </tr> </table>	<b>7</b>																																
<b>7</b>																																		

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

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

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

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

**a Pension Schedules**

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

**b General Schedules**

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

---

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

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**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 \_\_\_\_\_

---

5500, Schedule H, Line 4j - Schedule of Reportable Transactions  
PAGE 78

(i) REPORTABLE TRANSACTIONS - SINGLE / BY ISSUE FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024		ELBIT SYSTEMS EFW ACCOUNT NUMBER 10137700			
(a) DATE BOUGHT/SOLD	(b) SHARES/PAR VALUE	(f) UNIT PRICE	(c), (d), (h) PRINCIPAL CASH	(g) TRANSACTION COST	(i) REALIZED GAIN/LOSS
Identity of party involved	Description of asset (including interest rate and maturity in case of loan)		Purchase Price, Selling Price and Current value of assets on transaction date	Cost of Assets	Net Gain (Loss)
05/07/24 B	ISSUE: 411512197 - HARBOR CORE BOND FUND-RTR 1,850,686	8.740	16,175,000-*	16,175,000	
05/07/24 S	ISSUE: 592905764 - METROPOLITAN WEST T/R BD-PLN #712 1,877,799	8.330	15,642,066 *	19,066,830	-3,424,764
02/27/24 S	ISSUE: 921909784 - VANGUARD TOTAL INT ST IDX-IS #1869 152,426	126.560	19,291,094 *	16,876,864	2,414,230
02/27/24 B	ISSUE: 921943809 - VANGUARD DVLPD MKTS INDX FD ADM#127 1,231,015	15.670	19,290,000-*	19,290,000	
	GRAND TOTAL	0	70,398,160	71,408,694	-1,010,534

FOOTNOTES

- \* = SINGLE TRANSACTION IS 5% REPORTABLE
- B = BUY TRANSACTION
- S = SELL TRANSACTION
- R = REINVESTMENT TRANSACTION

Column (e) is not applicable

Form 5500, Schedule H, Line 4j - Schedule of Reportable Transactions

(ii) REPORTABLE TRANSACTIONS - SERIES / BY BROKER FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024 ELBIT SYSTEMS EFW ACCOUNT NUMBER 10137700

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
-----	-----	-----	-----	-----	-----	-----

\*\*\* NO TRANSACTIONS QUALIFIED \*\*\*

Form 5500, Schedule H, Line 4j - Schedule of Reportable Transactions  
PAGE 80

(iii) REPORTABLE TRANSACTIONS - SERIES / BY ISSUE  
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

ELBIT SYSTEMS EFW  
ACCOUNT NUMBER 10137700

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	SERIES / BY ISSUE		PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
		UNIT PRICE	EXPENSE INCURRED			
		** ISSUE: VP4580008 - PRINCIPAL GOVT MM INSTL				
01/02/24 B	7,649	1.000	0	7,649-	7,649	
01/02/24 B	1,122	1.000	0	1,122-	1,122	
01/03/24 B	355	1.000	0	355-	355	
01/08/24 B	16,141	1.000	0	16,141-	16,141	
01/25/24 B	3,152	1.000	0	3,152-	3,152	
01/30/24 B	231	1.000	0	231-	231	
02/01/24 B	5,561	1.000	0	5,561-	5,561	
02/01/24 B	0	1.000	0	0-	0	
02/02/24 B	383	1.000	0	383-	383	
02/27/24 B	3,040	1.000	0	3,040-	3,040	
02/28/24 B	1,651,094	1.000	0	1,651,094-	1,651,094	
03/01/24 B	3,876	1.000	0	3,876-	3,876	
03/06/24 B	20,697	1.000	0	20,697-	20,697	
03/18/24 B	219	1.000	0	219-	219	
04/01/24 B	8,281	1.000	0	8,281-	8,281	
04/03/24 B	2,632	1.000	0	2,632-	2,632	
04/03/24 B	6,145	1.000	0	6,145-	6,145	
04/12/24 B	597,919	1.000	0	597,919-	597,919	
04/29/24 B	1,891	1.000	0	1,891-	1,891	
05/01/24 B	7,371	1.000	0	7,371-	7,371	
05/02/24 B	455	1.000	0	455-	455	
05/06/24 B	16,141	1.000	0	16,141-	16,141	
05/08/24 B	67,066	1.000	0	67,066-	67,066	
06/03/24 B	6,618	1.000	0	6,618-	6,618	
06/04/24 B	14,046	1.000	0	14,046-	14,046	
07/01/24 B	20,089	1.000	0	20,089-	20,089	
07/11/24 B	599,869	1.000	0	599,869-	599,869	
07/25/24 B	467	1.000	0	467-	467	
07/29/24 B	187	1.000	0	187-	187	
08/01/24 B	3,330	1.000	0	3,330-	3,330	
08/05/24 B	78	1.000	0	78-	78	
08/23/24 B	2,100,000	1.000	0	2,100,000-	2,100,000	
08/28/24 B	187	1.000	0	187-	187	
09/04/24 B	467	1.000	0	467-	467	
09/05/24 B	487	1.000	0	487-	487	

Form 5500, Schedule H, Line 4j - Schedule of Reportable Transactions

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE / BY ISSUE ELBIT SYSTEMS EFW  
 FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024 ACCOUNT NUMBER 10137700

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	SERIES / BY ISSUE			PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
		UNIT PRICE	EXPENSE INCURRED				
09/13/24 B	1,159,384	1.000	0	1,159,384-	1,159,384	0	
09/25/24 B	609	1.000	0	609-	609	0	
10/01/24 B	10,577	1.000	0	10,577-	10,577	0	
10/02/24 B	239	1.000	0	239-	239	0	
10/09/24 B	27,621	1.000	0	27,621-	27,621	0	
10/11/24 B	599,869	1.000	0	599,869-	599,869	0	
10/28/24 B	16,141	1.000	0	16,141-	16,141	0	
11/01/24 B	9,647	1.000	0	9,647-	9,647	0	
11/04/24 B	938	1.000	0	938-	938	0	
11/26/24 B	163	1.000	0	163-	163	0	
12/02/24 B	7,498	1.000	0	7,498-	7,498	0	
12/26/24 B	1,178	1.000	0	1,178-	1,178	0	
SUB-TOTAL OF BUYS		# 47		7,001,110	7,001,110	0	
01/04/24 S	1,122	1.000	0	1,122	1,122	0	
01/12/24 S	1,350	1.000	0	1,350	1,350	0	
01/22/24 S	7,824	1.000	0	7,824	7,824	0	
01/25/24 S	532,969	1.000	0	532,969	532,969	0	
01/26/24 S	3,152	1.000	0	3,152	3,152	0	
02/06/24 S	1,623	1.000	0	1,623	1,623	0	
02/14/24 S	150	1.000	0	150	150	0	
02/21/24 S	12,911	1.000	0	12,911	12,911	0	
02/26/24 S	536,003	1.000	0	536,003	536,003	0	
02/29/24 S	219	1.000	0	219	219	0	
03/06/24 S	2,006	1.000	0	2,006	2,006	0	
03/08/24 S	20,697	1.000	0	20,697	20,697	0	
03/14/24 S	300	1.000	0	300	300	0	
03/20/24 S	219	1.000	0	219	219	0	
03/21/24 S	219	1.000	0	219	219	0	
03/21/24 S	12,330	1.000	0	12,330	12,330	0	
03/25/24 S	540,486	1.000	0	540,486	540,486	0	
04/22/24 S	5,872	1.000	0	5,872	5,872	0	
04/25/24 S	557,877	1.000	0	557,877	557,877	0	
05/10/24 S	750	1.000	0	750	750	0	
05/28/24 S	562,048	1.000	0	562,048	562,048	0	
06/07/24 S	2,729	1.000	0	2,729	2,729	0	
06/10/24 S	150	1.000	0	150	150	0	
06/13/24 S	13,351	1.000	0	13,351	13,351	0	
06/17/24 S	9,805	1.000	0	9,805	9,805	0	
06/25/24 S	571,162	1.000	0	571,162	571,162	0	
07/02/24 S	804	1.000	0	804	804	0	
07/12/24 S	300	1.000	0	300	300	0	
07/22/24 S	5,964	1.000	0	5,964	5,964	0	

Form 5500, Schedule H, Line 4j - Schedule of Reportable Transactions

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE / BY ISSUE THROUGH DECEMBER 31, 2024 ELBIT SYSTEMS EFW ACCOUNT NUMBER 10137700

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
07/25/24 S	574,542	1.000	0	574,542	574,542	0
07/31/24 S	187	1.000	0	187	187	0
08/02/24 S	275	1.000	0	275	275	0
08/02/24 S	3,090	1.000	0	3,090	3,090	0
08/09/24 S	300	1.000	0	300	300	0
08/16/24 S	2,575	1.000	0	2,575	2,575	0
08/16/24 S	13,396	1.000	0	13,396	13,396	0
08/26/24 S	575,163	1.000	0	575,163	575,163	0
08/30/24 S	187	1.000	0	187	187	0
08/30/24 S	689	1.000	0	689	689	0
09/03/24 S	1,853	1.000	0	1,853	1,853	0
09/12/24 S	11,817	1.000	0	11,817	11,817	0
09/20/24 S	21,630	1.000	0	21,630	21,630	0
09/25/24 S	576,950	1.000	0	576,950	576,950	0
10/04/24 S	900	1.000	0	900	900	0
10/11/24 S	27,621	1.000	0	27,621	27,621	0
10/11/24 S	664,228	1.000	0	664,228	664,228	0
10/18/24 S	14,935	1.000	0	14,935	14,935	0
10/21/24 S	5,935	1.000	0	5,935	5,935	0
10/25/24 S	573,308	1.000	0	573,308	573,308	0
11/05/24 S	2,013	1.000	0	2,013	2,013	0
11/08/24 S	450	1.000	0	450	450	0
11/22/24 S	6,197	1.000	0	6,197	6,197	0
11/25/24 S	575,321	1.000	0	575,321	575,321	0
12/03/24 S	713	1.000	0	713	713	0
12/04/24 S	2,298	1.000	0	2,298	2,298	0
12/06/24 S	600	1.000	0	600	600	0
12/06/24 S	13,990	1.000	0	13,990	13,990	0
12/10/24 S	233	1.000	0	233	233	0
12/13/24 S	6,000	1.000	0	6,000	6,000	0
12/16/24 S	12,048	1.000	0	12,048	12,048	0
12/26/24 S	581,666	1.000	0	581,666	581,666	0
SUB-TOTAL OF SALES # 61						0
SUB-TOTAL						14,676,612
ISSUE: 411512197 - HARBOR CORE BOND FUND-RTR						0
05/31/24 R	6,932	8.720	0	60,443	60,443	0
06/28/24 R	6,357	8.770	0	55,747	55,747	0
07/31/24 R	7,602	8.940	0	67,961	67,961	0
08/30/24 R	6,632	9.030	0	59,890	59,890	0

Form 5500, Schedule H, Line 4j - Schedule of Reportable Transactions

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE / BY ISSUE ELBIT SYSTEMS EFW  
 FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024 ACCOUNT NUMBER 10137700

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
09/30/24 R	6,792	9.120	0	61,943	61,943	
10/30/24 R	7,004	8.870	0	62,130	62,130	
11/26/24 R	7,280	8.880	0	64,643	64,643	
12/20/24 R	12,997	8.740	0	113,595	113,595	
SUB-TOTAL OF REINVS # 8						
05/07/24 B	1,850,686	8.740	0	16,175,000*	16,175,000	
11/20/24 B	497,738	8.840	0	4,400,000	4,400,000	
SUB-TOTAL OF BUYS # 2						
SUB-TOTAL						
ISSUE: 592905764 - METROPOLITAN WEST T/R BD-PLN #712						
01/31/24 R	6,914	8.580	0	59,325	59,325	
02/29/24 R	6,141	8.410	0	51,645	51,645	
03/31/24 R	6,051	8.460	0	51,191	51,191	
04/30/24 R	7,070	8.180	0	57,832	57,832	
SUB-TOTAL OF REINVS # 4						
05/07/24 S	1,877,799	8.330	0	15,642,066 *	19,066,830	-3,424,764
SUB-TOTAL OF SALES # 1						
SUB-TOTAL						
ISSUE: 921909784 - VANGUARD TOTAL INT ST IDX-IS #1869						
02/27/24 S	152,426	126.560	0	19,291,094 *	16,876,864	2,414,230
SUB-TOTAL OF SALES # 1						
SUB-TOTAL						
ISSUE: 921943809 - VANGUARD DVLDP MKTS INDX FD ADM#127						
03/15/24 R	7,082	15.870	0	112,392	112,392	
06/21/24 R	11,245	15.770	0	177,330	177,330	
SUB-TOTAL OF SALES # 1						
SUB-TOTAL						

Form 5500, Schedule H, Line 4j - Schedule of Reportable Transactions

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE / BY ISSUE ELBIT SYSTEMS EFW  
 FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024 ACCOUNT NUMBER 10137700

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
09/20/24 R	3,318	16.700	0	55,409	55,409	
12/20/24 R	17,578	15.290	0	268,765	268,765	
SUB-TOTAL OF REINVS # 4						
02/27/24 B	1,231,015	15.670	0	19,290,000	19,290,000	
SUB-TOTAL OF BUYS # 1						
05/07/24 S	34,225	16.070	0	550,000	536,349	13,651
11/20/24 S	41,191	15.780	0	650,000	645,669	4,331
SUB-TOTAL OF SALES # 2						
SUB-TOTAL						
ISSUE: 922040100 - VANGUARD INSTL INDEX FD #94						
03/22/24 R	648	430.640	0	278,864	278,864	
06/28/24 R	379	449.240	0	170,050	170,050	
09/27/24 R	321	472.110	0	151,689	151,689	
12/30/24 R	1,258	480.910	0	605,053	605,053	
SUB-TOTAL OF REINVS # 4						
02/27/24 S	3,930	419.800	0	1,650,000	769,708	880,292
05/07/24 S	1,872	427.270	0	800,000	369,308	430,692
08/22/24 S	4,029	459.160	0	1,850,000	798,323	1,051,677
11/20/24 S	11,790	487.700	0	5,750,000	2,346,185	3,403,815
SUB-TOTAL OF SALES # 4						
SUB-TOTAL						
GRAND TOTAL						

Form 5500, Schedule H, Line 4j - Schedule of Reportable Transactions

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE / BY ISSUE THROUGH DECEMBER 31, 2024 ELBIT SYSTEMS EFW ACCOUNT NUMBER 10137700  
 FOR THE PERIOD JANUARY 1, 2024

DATE BOUGHT/SOLD	SERIES / BY ISSUE	UNIT PRICE	EXPENSE INCURRED	SHARES/PAR VALUE	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
------------------	-------------------	------------	------------------	------------------	----------------	------------------	--------------------

FOOTNOTES

\* = SINGLE TRANSACTION IS 5% REPORTABLE  
 B = BUY TRANSACTION  
 S = SELL TRANSACTION  
 R = REINVESTMENT TRANSACTION  
**\*\* = a party-in-interest as defined by ERISA**

Form 5500, Schedule H, Line 4j - Schedule of Reportable Transactions

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(iv) REPORTABLE TRANSACTIONS - SINGLE / BY BROKER THROUGH DECEMBER 31, 2024 ELBIT SYSTEMS EFW ACCOUNT NUMBER 10137700

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
-----	-----	-----	-----	-----	-----	-----

\*\*\* NO TRANSACTIONS QUALIFIED \*\*\*

**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.

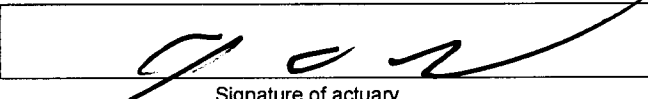
<b>A</b> Name of plan EFW INC. CONSOLIDATED RETIREMENT PLAN		<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ELBITAMERICA, INC.		<b>D</b> Employer Identification Number (EIN) 51-0345236	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>	138,524,434	
<b>b</b> Actuarial value .....	<b>2b</b>	138,524,434	
<b>3</b> Funding target/participant count breakdown			
	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	432	66,635,482	66,635,482
<b>b</b> For terminated vested participants .....	162	24,634,537	24,634,537
<b>c</b> For active participants .....	252	49,763,918	49,796,620
<b>d</b> Total .....	846	141,033,937	141,066,639
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>			
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</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 .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>	5.14%	
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	0	
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	856,315	
<b>c</b> Target normal cost .....	<b>6c</b>	856,315	

**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.

<b>SIGN HERE</b>		<u>August 21, 2025</u>
	Signature of actuary	Date
JEFFREY C. LITER	Type or print name of actuary	2306544
	Firm name	Most recent enrollment number
THE ANGELL PENSION GROUP, INC.		401-438-9250
	Address of the firm	Telephone number (including area code)
88 BOYD AVENUE		
EAST PROVIDENCE RI 02914		

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: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
------------------------	------------------------	------------------------	---

**b** Applicable month (enter code)..... **21b** 4

**22** Weighted average retirement age ..... **22** 67

**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** 856,315

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

**32** Amortization installments:

	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	2,542,556	307,309
<b>b</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** 1,163,624

	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35).....			1,163,624
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			1,752,836

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

**a** Total (excess, if any, of line 37 over line 36)..... **38a** 589,212

**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

**EFW Inc. Consolidated Retirement Plan**

**EIN: 51-0345236; Plan Number: 001**

**2024 Schedule SB, line 22 - Description of Weighted Average Retirement Age**

(1)	(2)	(3)	(4)	(5)
Age	Absolute Retirement Rate	Cumulative Probability of Not Having Retired	Probability of Employee Age 55 Retiring at Age(x)	(1) x (4)
55	1.00%	99.00%	1.00%	0.55
56	1.00%	98.01%	0.99%	0.55
57	1.00%	97.03%	0.98%	0.56
58	1.00%	96.06%	0.97%	0.56
59	1.00%	95.10%	0.96%	0.57
60	1.00%	94.15%	0.95%	0.57
61	1.00%	93.21%	0.94%	0.57
62	7.00%	86.68%	6.52%	4.05
63	14.00%	74.55%	12.14%	7.65
64	5.00%	70.82%	3.73%	2.39
65	15.00%	60.20%	10.62%	6.90
66	17.00%	49.96%	10.23%	6.75
67	20.00%	39.97%	9.99%	6.70
68	25.00%	29.98%	9.99%	6.79
69	11.00%	26.68%	3.30%	2.28
70	6.00%	25.08%	1.60%	1.12
71	15.00%	21.32%	3.76%	2.67
72	50.00%	10.66%	10.66%	7.67
73	17.00%	8.85%	1.81%	1.32
74	20.00%	7.08%	1.77%	1.31
75	100.00%	0.00%	7.08%	5.31
<b>TOTALS:</b>			<b>100.00%</b>	<b>66.84</b>

\*

\* Average Assumed Retirement Age

## Appendix A

### Summary of Plan Provisions

*Plan Effective Date:* February 15, 1993

*Eligibility Requirements:* Age: 21  
Service: 1 year

*Years of Eligibility Service:* A 12-consecutive-month computation period in which an Employee is credited with 1,000 or more hours of service. The Computation period commences on the employee's date of hire.

*Year of Benefit Service:* A non-collectively bargained participant will be credited with a Year of Benefit Service for each year of employment. A collectively bargained participant will earn 1/12th of a Year of Benefit Service for each 150 hours of service during a calendar year.

Years of Benefit Service are credited for all years of employment once an employee meets the plan's eligibility requirements and joins the plan.

*Year of Vesting Service:* A 12-consecutive-month computation period in which an Employee is credited with 1,000 or more hours of service. The Computation period commences on January 1.

*Plan Entry Date:* An eligible employee will enter the plan immediately upon completion of the eligibility requirements. Effective January 1, 2010, non-collectively bargained Employees hired on or after January 1, 2010 are not permitted to enter the plan.

*Normal Retirement Date:* The first day of the month following a participant's 65th birthday.

*Compensation:* The total compensation paid for the plan year, including deferrals under any 401(k) or Section 125 plans.

For plan years beginning after 12/31/93, no more than \$150,000 Of compensation will be considered for plan purposes. This limit of \$150,000 is subject to adjustment by the Secretary of the Treasury or his delegate. The adjusted limit for 1997, 1998 and 1999 is \$160,000. The adjusted limit for 2000 is \$170,000. Effective in 2002, the limit is \$200,000. This limit of \$200,000 is subject to adjustment by the Secretary of the Treasury or his delegate. Effective January 1, 2020, the limit is \$285,000.

*Normal Retirement*

*Benefit:* The annual normal retirement benefit is equal to (1) plus (2) plus (3) plus (4):

(1) for years of service prior to 1994 - the annual accrued benefit under the Prior Plans as of December 31, 1993;

(2) for each year of service from 1994 to 1996 - 1.4% of compensation up to the Social Security taxable wage base plus 1.7% of compensation in excess of the Social Security taxable wage base;

(3) for each year of service subsequent to 1996 - 1.7% of compensation up to the Social Security taxable wage base plus 2.0% of compensation in excess of the Social Security taxable wage base;

(4) for collectively bargained participants, for each plan year after 2002, instead of (3) above, an annual accrual of \$720 for each full year of benefit service. This annual accrual is prorated for partial years of benefit service.

For collectively bargained participants employed on December 1, 2008, the annual accrual under item (4) above was increased to \$780 for each plan year after 2002.

Effective December 31, 2018, all benefit accruals were frozen for non-collectively bargained participants.

Effective December 31, 2020, all benefit accruals were frozen for collectively bargained participants.

*Normal Form of Benefit:* Life Annuity

*Accrued Benefit:* The amount to which a participant would be entitled under the benefit formula based upon the participant's Years of Benefit Service and the plan provisions in effect as of the date of determination.

*Top-Heavy Minimum*

*Accrued Benefit:* All non-key employees will receive a minimum benefit equal to 2% of 5-year average compensation for each Year of Benefit Service in which the plan is top-heavy (up to a maximum of 10 years).

*Early Retirement:* A participant who has attained age 55 with 5 Years of Service may retire and receive an early retirement benefit. The amount of the early retirement benefit equals the Accrued Benefit, reduced 0.25% for each month that retirement precedes the Normal Retirement Date. Benefits accrued as of December 31, 1993 are reduced in accordance with the Prior Plans if this would result in a greater early retirement benefit.

A collectively bargained participant may retire early with an unreduced benefit if the participant retires after attaining age 62 and completing 10 Years of Service.

*Late Retirement:* Participants who continue employment after their Normal Retirement Date are eligible for a late retirement benefit upon termination of employment equal to the Accrued Benefit determined on the participant's actual retirement date.

*Death Benefit:* Minimum qualified pre-retirement survivor benefit.

*Vesting:* Based on Years of Service, subject to the following schedule:

<u>Years of Service</u>	<u>Vested Percentage</u>
Less than 5 years	0%
5 years or more	100%

Notwithstanding the above vesting schedule, a participant will become 100% vested upon reaching the Normal Retirement Date.

Participants who terminate with a vested benefit prior to becoming eligible for Early Retirement may commence payments as early as age 55. In this case, the benefit payable at the Normal Retirement Date is reduced actuarially to the actual benefit commencement date.

*Optional Forms of Benefit:* Life annuity, life annuity with 60 or 120 months guaranteed, joint and 50%, 66 2/3%, 75%, or 100% survivor annuity, joint and 50%, 66 2/3%, 75%, or 100% survivor annuity with pop-up feature, Social Security level income annuity.

**EFW INC. CONSOLIDATED RETIREMENT PLAN**

**FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**December 31, 2024**

**EIN: 51-0345236**

**Plan #: 001**

<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>	<b>(e)</b>
<b>Identity of issuer, borrower, lessor, or similar party</b>	<b>Description of investment including maturity date, rate of interest, collateral, par, or maturity value</b>	<b>Cost</b>	<b>Current Value</b>	
Vanguard	Vanguard Institutional Index Fund	\$ 18,681,457	\$ 44,104,578	
Loomis, Sayles & Company	Loomis Investment Grade Fixed Income Fund Class I	24,572,909	21,194,876	
Harbor	Harbor Core Bond Fund	21,121,352	21,063,572	
Vanguard	Vanguard Developed Markets Index Fund Admiral Class #127	18,721,878	18,352,444	
* Elbit Systems, Ltd.	Elbit Systems, Ltd.	1,658,312	10,013,116	
DWS Group	DWS RREEF Real Assets Fund Class Institutional	5,412,161	6,052,393	
Conestoga	Conestoga Small Cap Fund Class Institutional	4,401,889	5,379,711	
Hotchkis & Wiley	Hotchkis & Wiley Small Cap Diversified Value Fund	5,028,392	5,292,492	
Blackrock	Blackrock Strategic Income Opportunities Portfolio Class K	5,472,461	5,184,450	
Brandywineglobal	Brandywineglobal Global Opportunities Bond Fund Class IS	6,142,979	4,796,144	
GQG	GQG Partners Emerging Markets Equity Fund Class Institutional	2,384,401	2,742,876	
Pimco	Pimco RAE Emerging Markets Fund Class Institutional	2,539,261	2,705,444	
* Principal	Principal Government Money Market Fund	747,085	747,085	
Total investments		<u>\$ 116,884,537</u>	<u>\$ 147,629,181</u>	

\* Represents a party in interest to the Plan as defined by ERISA.

See accompanying notes to financial statements.

**SECTION V**  
**AMORTIZATION BASES UNDER SECTION 430 OF THE IRS CODE**

**Shortfall Amortization Bases**

<b><u>Description</u></b>	<b><u>Date Base Established</u></b>	<b><u>Initial Base</u></b>	<b><u>Initial Years</u></b>	<b><u>Remaining Years</u></b>	<b><u>Present Value of Remaining Payments</u></b>	<b><u>Amortization Amount</u></b>
2024 Shortfall	01/01/2024	\$ -14,485,841	15	15	\$ -14,485,490	\$ -1,317,895
2023 Shortfall	01/01/2023	17,746,135	15	14	17,028,046	1,625,204
Subtotal - Shortfall Bases					\$ 2,542,556	\$ 307,309
<b>Total Amortization Bases</b>					<b>\$ 2,542,556</b>	<b>\$ 307,309</b>