

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

Part II Basic Plan Information—enter all requested information

1a Name of plan THE WARREN EMPLOYEES' RETIREMENT PLAN
1b Three-digit plan number (PN) 333
1c Effective date of plan 04/01/1975
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) THE WILLIAM K. WARREN FOUNDATION
6585 SOUTH YALE AVENUE, SUITE 900 TULSA, OK 74136-8373
2b Employer Identification Number (EIN) 73-0609599
2c Plan Sponsor's telephone number 918-492-8100
2d Business code (see instructions) 813000

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for THOMAS COOPER on 10/13/2025.

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

Form 5500 (2024) v. 240311

<p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p style="color: blue;">RETIREMENT COMMITTEE</p> <p style="color: blue;">6585 SOUTH YALE AVENUE, SUITE 900 TULSA, OK 74136-8373</p>	<p>3b Administrator's EIN 73-0999851</p> <p>3c Administrator's telephone number 918-492-8100</p>
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<p>4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:</p> <p>a Sponsor's name</p> <p>c Plan Name</p>	<p>4b EIN</p> <p>4d PN</p>
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5 Total number of participants at the beginning of the plan year	5	128
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	21
a(2) Total number of active participants at the end of the plan year	6a(2)	21
b Retired or separated participants receiving benefits.....	6b	11
c Other retired or separated participants entitled to future benefits	6c	75
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	107
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	20
f Total. Add lines 6d and 6e	6f	127
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A

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

<p>9a Plan funding arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>	<p>9b Plan benefit arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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

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

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

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

Receipt Confirmation Code _____

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

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

A Name of plan <u>THE WARREN EMPLOYEES' RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>THE WILLIAM K. WARREN FOUNDATION</u>	D Employer Identification Number (EIN) <u>73-0609599</u>	
E Type of plan: <input type="checkbox"/> Single <input checked="" type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>29043874</u>
	b Actuarial value	2b	<u>29043874</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>94</u>	<u>17879810</u>
	b For terminated vested participants	<u>13</u>	<u>723667</u>
	c For active participants	<u>21</u>	<u>10112695</u>
	d Total	<u>128</u>	<u>28716172</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.15 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>909521</u>
	b Expected plan-related expenses	6b	<u>203307</u>
	c Target normal cost	6c	<u>1112828</u>

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

SIGN HERE	
Signature of actuary	<u>05/12/2025</u>
<u>BRUCE R. NORDSTROM, FSA</u>	<u>23-05871</u>
Type or print name of actuary	Most recent enrollment number
<u>MARSH & MCLENNAN AGENCY</u>	<u>972-770-1600</u>
Firm name	Telephone number (including area code)
<u>8144 WALNUT HILL LANE, 16TH FLOOR</u> <u>DALLAS, TX 75231</u>	
Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	276112
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	276112
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>13.53</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		2562546
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.23</u> %		119580
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		37358
	c Total available at beginning of current plan year to add to prefunding balance		2719484
	d Portion of (c) to be added to prefunding balance		2719484
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	2719484

Part III Funding Percentages			
14	Funding target attainment percentage	14	91.67 %
15	Adjusted funding target attainment percentage	15	91.67 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	80.00 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls							
18 Contributions made to the plan for the plan year by employer(s) and employees:							
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
			Totals ▶	18(b)		18(c)	

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0
20	Quarterly contributions and liquidity shortfalls:		
	a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items				
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28 Unpaid minimum required contributions for all prior years				28
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 1112828
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	2391782		321757	
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 1434585
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	1434585	1434585	
36 Additional cash requirement (line 34 minus line 35)				36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 0
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

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

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

A Name of plan THE WARREN EMPLOYEES' RETIREMENT PLAN	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 THE WILLIAM K. WARREN FOUNDATION	D Employer Identification Number (EIN) 73-0609599	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

GRANT THORNTON LLP

36-6055558

(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	37500	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)

MARSH & MCLENNAN AGENCY

26-3237576

(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	36915	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)

MERRILL LYNCH

13-5674085

(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	22413	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan THE WARREN EMPLOYEES' RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 THE WILLIAM K. WARREN FOUNDATION	D Employer Identification Number (EIN) 73-0609599

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

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	688973	896368
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1922212	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	23971	17324
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	521376	502255
(2) U.S. Government securities	1c(2)	93409	122639
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	10187637	15091640
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	15739120	13106548
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	29176698	29736774
Liabilities			
g Benefit claims payable.....	1g	53654	61816
h Operating payables.....	1h	0	
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	53654	61816
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	29123044	29674958

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	0	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	177920	
(B) U.S. Government securities.....	2b(1)(B)	3106	
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		181026
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	790685	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		790685
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	1040883	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	269849	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2282443

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1617944	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1617944
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	37500	
(5) Investment advisory and investment management fees	2i(5)	22413	
(6) Bank or trust company trustee/custodial fees	2i(6)	1969	
(7) Actuarial fees	2i(7)	36915	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	13788	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		112585
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1730529

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		551914
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: GRANT THORNTON LLP

(2) EIN: 36-6055558

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 553850.

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

A Name of plan <u>THE WARREN EMPLOYEES' RETIREMENT PLAN</u>	B Three-digit plan number (PN)	<u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE WILLIAM K. WARREN FOUNDATION</u>	D Employer Identification Number (EIN) <u>73-0609599</u>	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

<p>SCHEDULE MEP (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <p>Department of Labor Employee Benefits Security Administration</p>	<p>MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION</p> <p>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)</p> <p>▶ File as an attachment to Form 5500.</p>	<p>OMB No. 1210-0110</p> <p style="text-align: center; font-size: 24pt;">2024</p> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan THE WARREN EMPLOYEES' RETIREMENT PLAN</p>	<p>B Three-digit Plan number (PN)..... ▶</p>	<p>333</p>
<p>C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF RETIREMENT COMMITTEE</p>	<p>D Administrator's EIN 73-0999851</p>	

Part I Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.

1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

- a association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d other multiple-employer pension plan (Describe) CLOSED MEP (Complete Part II)

Part II Participating Employer Information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer WILLIAM K. WARREN FOUNDATION	2b EIN 73-0609599	2c Percentage of Total Contributions for the Plan Year 39.84	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer WARREN AMERICAN OIL COMPANY	2b EIN 73-0370080	2c Percentage of Total Contributions for the Plan Year 13.66	2d Aggregate Account Balances Attributable to Participating Employer

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e Does the plan include any individuals not participating through an employer or who are individual working owners?	2e	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2f If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	2f	
2g If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	2g	

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

Schedule MEP (2024)
v. 240311

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WILLIAM K. WARREN MEDICAL RESEARCH CENTER, INC.	23-7275389	4.18	
WARREN PROFESSIONAL BUILDING CORPORATION	73-0769415	21.42	
MEDICAL PROFESSIONAL BUILDING SERVICES	73-1153065	20.90	

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part III	Pooled Employer Plan Information
-----------------	---

Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44)..... Yes No

3b If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

ACK ID _____

Financial Statements and Report of
Independent Certified Public
Accountants

The Warren Employees' Retirement Plan

December 31, 2024 and 2023

Contents

	Page
Report of Independent Certified Public Accountants	3
Financial Statements	
Statements of net assets available for benefits - modified cash basis	7
Statements of changes in net assets available for benefits - modified cash basis	8
Notes to financial statements - modified cash basis	9
Supplemental Schedules	
Schedule H, line 4i - schedule of assets (held at end of year)	18
Schedule H, line 4i - schedule of assets (acquired and disposed of within year)	19
Schedule H, line 4j -schedule of reportable transactions	20

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Retirement Committee
The Warren Employees' Retirement Plan

Scope and nature of the ERISA Section 103(a)(3)(C) audit

We have performed audits of the financial statements of The Warren Employees' 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 - modified cash basis as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits - modified cash basis 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 Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note B 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 the modified cash basis of accounting described in Note A.
- 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 (US 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.

Emphasis of matter - Basis of accounting

We draw attention to Note A of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Responsibilities of management for the financial statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note A, and for determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible 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.

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 US 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 US 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 the modified cash basis of accounting described in Note A.

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 the modified cash basis of accounting described in Note A.

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

Other matter - supplemental schedules required by ERISA

The supplemental schedules of assets (held at end of year) as of December 31, 2024, assets (acquired and disposed of within year ended December 31, 2024) and reportable transactions for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such supplementary 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 the auditing procedures applied in the audits of the financial statements and certain additional procedures. These additional procedures included 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 US GAAS. For information

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

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

In our opinion

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

Grant Thornton LLP

Tulsa, Oklahoma
October 13, 2025

The Warren Employees' Retirement Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR
BENEFITS - MODIFIED CASH BASIS

As of December 31,

	<u>2024</u>	<u>2023</u>
ASSETS		
Cash, non-interest bearing	\$ 896,369	\$ 688,974
Investments, at fair value	<u>28,823,081</u>	<u>26,541,542</u>
Total assets	<u>29,719,450</u>	<u>27,230,516</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 29,719,450</u>	<u>\$ 27,230,516</u>

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

The Warren Employees' Retirement Plan

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR
BENEFITS - MODIFIED CASH BASIS**

For the years ended December 31,

	2024	2023
Additions		
Investments		
Net appreciation in fair value of investments	\$ 1,310,731	\$ 2,770,414
Interest income	184,261	174,515
Dividend income	794,097	595,133
Net investment income	2,289,089	3,540,062
Employer contributions	1,922,212	1,930,000
Total additions	4,211,301	5,470,062
Deductions		
Benefits paid	1,609,782	1,661,444
Administrative expenses	112,585	201,219
Total deductions	1,722,367	1,862,663
NET INCREASE	2,488,934	3,607,399
Net assets available for benefits, beginning of year	27,230,516	23,623,117
Net assets available for benefits, end of year	\$ 29,719,450	\$ 27,230,516

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

The Warren Employees' Retirement Plan

NOTES TO FINANCIAL STATEMENTS - MODIFIED CASH BASIS

December 31, 2024 and 2023

NOTE A - DESCRIPTION OF THE PLAN AND ACCOUNTING POLICIES

General

The Warren Employees' Retirement Plan (the "Plan") is a defined benefit plan that was formed April 1, 1975. The Plan provides retirement benefits to employees of The William K. Warren Foundation (the "Foundation"), Warren American Oil Company, Warren Professional Building Corporation, Medical Professional Building Services, Inc. and William K. Warren Medical Research Center, Inc. (collectively, the "Employer") and is considered a multiple employer benefit plan. The following description of the Plan provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

The Plan is administered by the Retirement Committee, which is appointed by the Foundation, the sponsoring employer. The asset custodians of the Plan are UMB Financial Corporation and UBS Financial Services Inc. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Plan Benefits and Vesting Policies

The monthly retirement benefit is equal to 1.60% of the participant's final average monthly compensation multiplied by credited service (as defined by the Plan) plus 0.65% of the final average monthly compensation that is in excess of the monthly covered compensation multiplied by credited service up to 35 years. The average monthly compensation is determined as the average of the highest 36 total months of salary of the 120 months of service prior to retirement. The monthly covered compensation is equal to one-twelfth of covered compensation within the meaning per Section 401(1)(5)(E) of the Internal Revenue Code ("IRC") applicable to each participant based upon the participant's year of birth.

Effective January 1, 2010, no new participants were admitted into the Plan. Employees became eligible upon completing one year of service and attaining 21 years of age. Employees earned one year of service after working 1,000 hours in a given year. Vesting occurs upon the completion of five years of service or upon attaining 65 years of age.

Death and Disability

If a participant dies after one year of vesting service, the participant's eligible beneficiary is entitled to receive a death benefit that is equal to the greater of:

- The present value of the accrued benefit; or
- The smaller of:
 - 30 times the average monthly rate of compensation during the calendar year immediately preceding the calendar year in which death occurs; or
 - 100 times the monthly retirement income the participant would have received had he/she remained in the service of the Employer until his/her normal retirement date and his/her last regular rate of compensation had continued unchanged.

Participants are eligible to receive disability benefits upon total and permanent disability prior to normal retirement date. Benefits will not commence until the participant has been disabled for six months and has filed a request for disability benefits with the Employer. Prior to normal retirement, disabled participants are entitled to a death benefit identical to the one for active employees. This is determined as if the disabled participant had remained in service until his/her date of death and his/her last rate of pay had continued unchanged.

The Warren Employees' Retirement Plan

NOTES TO FINANCIAL STATEMENTS - MODIFIED CASH BASIS - CONTINUED

December 31, 2024 and 2023

Monthly disability benefits are equal to 50% of final average monthly compensation less 64% of Social Security Disability Income under the Social Security Law in effect as of January 1 immediately preceding the date of commencement of his/her disability retirement income. The net amount of income cannot exceed the benefit payable on his/her normal retirement date calculated assuming that he/she remains disabled until then. Commencing on the participant's retirement date, if he/she is then living and still disabled, the participant's monthly benefit, payable for his/her lifetime, shall be calculated assuming that his/her service and monthly rate of basic compensation as of his/her date of disability continued to his/her normal retirement date.

Basis of Accounting

The Plan's financial statements are presented under a modified cash basis of accounting. Assets are presented at fair value in the statements of net assets available for benefits - modified cash basis; purchases and sales of securities are recorded on a trade-date basis; interest and dividend income is recorded when received rather than when earned; expenses are recorded when paid rather than when incurred; contributions are recorded when received from the Employer, and the net appreciation in fair value of investments is reflected in the statements of changes in net assets available for benefits - modified cash basis. The financial statement disclosures have been prepared in accordance with Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 960, *Plan Accounting - Defined Benefit Pension Plans*.

Use of Estimates

The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Significant estimates and assumptions include the determination of the fair value of the Plan's assets and various estimates and assumptions utilized by the actuary as further described in the Actuarial Methods and Assumptions footnote below. Actual results could differ from those estimates.

Asset Valuation

The Plan's assets are stated at fair value. Certain assets utilize net asset value ("NAV") as a practical expedient to fair value. Plan assets stated at fair value consist of cash, non-interest bearing, money market mutual funds, exchange-traded funds, municipal bonds, and corporate bonds. Plan assets stated at NAV consist of hedge funds. Securities traded on a national securities exchange are valued at the last reported sales price on the last business day of the year, and investments traded in the over-the-counter market and listed securities for which no sale was reported on the last day of the Plan year are valued at the last reported bid price.

Plan Expenses

The members of the Retirement Committee serve without compensation from the Plan. The Plan paid administrative expenses incurred in connection with the operation of the Plan of \$112,585 and \$201,219 for the years ended December 31, 2024 and 2023, respectively.

The Warren Employees' Retirement Plan

NOTES TO FINANCIAL STATEMENTS - MODIFIED CASH BASIS - CONTINUED

December 31, 2024 and 2023

Actuarial Methods and Assumptions

The actuarial present value of accumulated plan benefits is determined by an independent actuary. Accumulated plan benefits are actuarially adjusted to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of December 31, 2023 and 2022 were as follows:

Mortality	Society of Actuaries PRI-2012/MP-2021 in 2023 Society of Actuaries RP-2014/MP-2021 in 2022
Normal retirement	Age 65 and either completed 5 years of vesting service or reached the fifth anniversary of the date that one became a participant of the plan in 2023 and 2022
Assumed rate of return on investments	6% in 2023 and 2022
Cost method	Entry Age Normal in 2023 and 2022

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

Funding Policy

The Employer contributes to the Plan amounts that the Retirement Committee determines to be necessary to provide the benefits under the Plan determined by the application of the actuarial methods and assumptions. The minimum required quarterly contribution to the Plan, as determined by the Plan's actuary, for the 2024 and 2023 plan years was approximately \$480,553 and \$268,907, respectively. The Plan met the minimum required contributions for both years ended 2024 and 2023.

NOTE B - INFORMATION CERTIFIED BY THE CUSTODIANS

The Plan administrator has elected the method of annual reporting permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the trustees have certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate:

- Cash non-interest bearing and investments, at fair value, as shown in the statements of net assets available for benefits - modified cash basis as of December 31, 2024 and 2023;
- Net appreciation in fair value of investments, interest income, and dividend income, as shown in the statements of changes in net assets available for benefits - modified cash basis for the year ended December 31, 2024 and 2023;
- Schedule H, line 4i - schedule of assets (held at end of year) as of December 31, 2024;
- Schedule H, line 4i - schedule of assets (acquired and disposed of within year) for the year ended December 31, 2024;
- Schedule H, line 4j - schedule of reportable transactions for the year ended December 31, 2024.

The Warren Employees' Retirement Plan

NOTES TO FINANCIAL STATEMENTS - MODIFIED CASH BASIS - CONTINUED

December 31, 2024 and 2023

NOTE C - ACCUMULATED PLAN BENEFITS

The actuarial present value of accumulated plan benefits as determined by the Plan's actuary is as follows for the year ended December 31:

	2023
Vested benefits:	
Active and deferred vested participants	\$ 10,061,327
Participants receiving benefits	17,104,942
Total actuarial present value of accumulated plan benefits	\$ 27,166,269

The change in the actuarial present value of accumulated plan benefits by source is as follows at December 31:

	2023
Actuarial present value of accumulated plan benefits, beginning of year	
Increase (decrease) during the year attributable to:	\$ 28,045,792
Increase for interest due to decrease in discount period	1,632,659
Benefits depreciated	(850,738)
Benefits paid	(1,661,444)
Actuarial present value of accumulated plan benefits, end of year	\$ 27,166,269

NOTE D - TERMINATION OF THE PLAN

Although it has not expressed any intention to do so, the Employer has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions set forth by ERISA after notifying the Pension Benefit Guaranty Corporation ("PBGC").

In the event the Plan is terminated, participants become 100% vested in the present value of their accrued benefit. Upon termination, the net assets of the Plan will be allocated in accordance with the following priorities:

- a) Portion of each participant's accrued benefit derived from voluntary employer contributions;
- b) Equally among retired participants and their beneficiaries to whom payment commenced at least three years prior to termination and participants who could have retired and received payment of their benefits at least three years prior to the date of termination;
- c) All benefits guaranteed and insured by the PBGC up to the applicable limitations;
- d) All other vested benefits not insured by the PBGC;
- e) All non-vested benefits; and
- f) Returns of any excess funds to the Employer are reallocated to the participants in a nondiscriminatory manner, if authorized by the Employer, only after satisfaction of all liabilities, fixed and contingent.

The Warren Employees' Retirement Plan

NOTES TO FINANCIAL STATEMENTS - MODIFIED CASH BASIS - CONTINUED

December 31, 2024 and 2023

Should the Plan terminate at some future time, whether all participants receive their benefits will depend on the sufficiency of the Plan's net assets at that time to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

NOTE E - TAX STATUS

The Internal Revenue Service ("IRS") has determined and informed the Employer by a letter dated May 21, 2019 that the Plan and related trust are designed in accordance with applicable sections of the IRC. The Plan administrator and the Plan's legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America ("U.S. GAAP") require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2024 and 2023, there are no uncertain 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.

NOTE F - FAIR VALUE MEASUREMENTS

The Plan has categorized its financial assets and liabilities, based on the priority of inputs to the valuation technique, into a three-level fair value hierarchy. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). In determining fair value, the Plan may use various valuation approaches including, without limitation, market and/or income approaches.

Financial assets and liabilities recorded on the statements of net assets available for benefits - modified cash basis are categorized based on the inputs to the valuation techniques as follows:

- Level 1 - Financial assets and liabilities for which values are based on unadjusted quoted prices for identical assets or liabilities in an active market that management has the ability to access;
- Level 2 - Financial assets and liabilities for which values are based on quoted prices in markets that are not active or model inputs that are observable either directly or indirectly for substantially the full term of the asset or liability; and
- Level 3 - Financial assets and liabilities for which values are based on prices or valuation techniques that require inputs that are both unobservable and significant to the overall fair value measurement. These inputs reflect management's own assumptions about the assumptions a market participant would use in pricing the asset or liability.

When the inputs used to measure fair value fall within different levels of the hierarchy in a liquid environment, the level within which the fair value measurement is categorized is based on the lowest level input that is significant to the fair value measurement in its entirety.

The Warren Employees' Retirement Plan

NOTES TO FINANCIAL STATEMENTS - MODIFIED CASH BASIS - CONTINUED

December 31, 2024 and 2023

The following tables present by level within the fair value hierarchy the components of Plan assets measured at fair value on a recurring basis at December 31:

	2024			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Money Market Mutual Fund	\$ 502,255	\$ -	\$ -	\$ 502,255
Exchange Traded Fund	26,748,226	-	-	26,748,226
Corporate and Municipal Bonds	-	1,572,600	-	1,572,600
Total Plan assets at fair value	\$ 27,250,481	\$ 1,572,600	\$ -	\$ 28,823,081

	2023			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Money Market Mutual Fund	\$ 521,376	\$ -	\$ -	\$ 521,376
Exchange Traded Fund	24,132,818	-	-	241,132,818
Corporate and Municipal Bonds	-	1,887,348	-	1,887,348
Total Plan assets at fair value	\$ 24,654,195	\$ 1,887,348	\$ -	\$ 26,541,542

There were no transfers between Level 1 and Level 2 investments during the year ended December 31, 2024 or 2023.

The following is a description of the valuation methods used for the Plan's assets and liabilities measured at fair value in the above tables:

Money market mutual fund and exchange-traded fund: The fair values of these securities are based on observable market quotes for identical assets and are valued at the last reported bid price reported by the active market in which the individual securities are traded.

Municipal and corporate bonds: The fair values of these securities are based on quoted prices in markets that are not active or model inputs that are observable either directly or indirectly for substantially the full term of the asset or liability.

The Warren Employees' Retirement Plan

NOTES TO FINANCIAL STATEMENTS - MODIFIED CASH BASIS - CONTINUED

December 31, 2024 and 2023

NOTE G - INVESTMENTS

The Plan provides for investments in various securities which, in general, are exposed to various risks, such as interest rate, credit and overall market volatility risks. 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 such changes could materially affect the amounts reported in the statements of net assets available for benefits - modified cash basis.

NOTE H - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of employer contributions per the accompanying statements of net assets available for benefits - modified cash basis to Form 5500 at December 31:

	2024	2023
Net assets available for benefits per the financial statements	\$ 29,719,450	\$ 27,230,516
Interest recorded on an accrual basis on Form 5500	17,324	23,971
Benefits payable recorded on an accrual basis on Form 5500	(61,816)	(53,654)
Operating payable recorded on an accrual basis on Form 5500	-	-
Net assets available for benefits per Form 5500	\$ 29,674,958	\$ 27,200,833

The following is a reconciliation of the net change during the year of net assets available for benefits per the statements of changes in net assets available for benefits - modified cash basis to Form 5500 for the years ended December 31:

	2024	2023
Net change during the year per the financial statements	\$ 2,488,934	\$ 3,607,399
Change in interest recorded on an accrual basis on Form 5500	(6,646)	6,507
Change in benefits payable recorded on an accrual basis on Form 5500	(8,162)	(8,162)
Change in contribution receivable recorded on an accrual basis on Form 5500	(1,922,212)	-
Net assets change during the year per Form 5500	\$ 551,914	\$ 3,605,744

Amounts contributed to the Plan by the Employer are recorded when received for financial statement purposes as described in Note A. On Form 5500, amounts contributed by the Employer are recorded in the Plan year to which they relate.

NOTE I - RISKS AND UNCERTAINTIES

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

The Warren Employees' Retirement Plan

NOTES TO FINANCIAL STATEMENTS - MODIFIED CASH BASIS - CONTINUED

December 31, 2024 and 2023

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported, based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

NOTE J - RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Plan holds cash, non-interest bearing and investments, at fair value which are managed by UMB Financial Corporation and UBS Financial Services Inc., the asset custodians of the Plan. Therefore, these qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules.

NOTE K - SUBSEQUENT EVENTS

Plan management has evaluated subsequent events through October 13, 2025, the date the financial statements were available to be issued. No subsequent events were identified requiring additional recognition or disclosure in the accompanying financial statements.

SUPPLEMENTAL SCHEDULES

The Warren Employees' Retirement Plan

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

December 31, 2024

EIN: 73-0609599, Plan #: 333

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Date	Cost	Current Value
UMB Financial Corporation*	Money Market Mutual Fund		502,255	502,255
iShares Barclays TIPS Bond Fund	Exchange-Traded Fund		134,903	122,639
iShares Core MSCI EAFE ETF	Exchange-Traded Fund		1,969,685	2,163,359
iShares Core MSCI Emerging Markets	Exchange-Traded Fund		753,666	724,657
SPDR Gold Trust	Exchange-Traded Fund		109,476	137,530
Vanguard Mega Cap 300 Value	Exchange-Traded Fund		1,566,621	2,286,228
Vanguard Mega Cap Growth ETF	Exchange-Traded Fund		1,400,413	2,436,151
Vanguard Mid Cap ETF	Exchange-Traded Fund		2,125,571	2,940,031
Vanguard Small Cap Value	Exchange-Traded Fund		1,303,651	1,727,373
FlexShares Global Upstream	Exchange-Traded Fund		158,907	144,458
iShares S&P Global Infrastructure Idx Fd	Exchange-Traded Fund		251,841	295,378
Vanguard REIT VIPERs ETF	Exchange-Traded Fund		248,027	251,384
Vanguard Long-Term Bond ETF	Exchange-Traded Fund		10,979,956	9,374,363
Vanguard Total Bond Market ETF	Exchange-Traded Fund		4,439,007	4,144,677
PrairieLands Public Facilities DTC	Municipal Bonds	Matures: 12/1/2035; 6.95%	508,491	333,385
Textron Financial Corp	Corporate Bonds	Matures: 2/15/2067; Var %	1,262,170	1,239,215
Total Investments, at fair value			<u>\$ 27,714,640</u>	<u>\$ 28,823,081</u>

* Denotes party-in-interest.

The Warren Employees' Retirement Plan

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(ACQUIRED AND DISPOSED OF WITHIN YEAR)

For the year ended December 31, 2024

EIN: 73-0609599, PLAN #: 333

<u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	<u>Investment</u>	<u>Cost of Acquisitions</u>	<u>Proceeds of Dispositions</u>	<u>Net Gain (Loss)</u>
FlexShares Global Upstream	Exchange-Traded Fund	\$ 235,427	\$ 231,328	\$ (4,099)
iShares Barclays TIPS Bond Fund	Exchange-Traded Fund	26,020	23,732	(2,287)
iShares S&P Global Infrastructure Idx Fd	Exchange-Traded Fund	56,778	61,659	4,881
SPDR Gold Trust	Exchange-Traded Fund	28,455	33,171	4,715
Vanguard Mega Cap 300 Value	Exchange-Traded Fund	671,226	920,461	249,235
Vanguard REIT VIPERs ETF	Exchange-Traded Fund	41,673	39,918	(1,755)
Vanquard Mid Cap ETF	Exchange-Traded Fund	789,807	1,020,383	230,575
Vanquard Small Cap ETF	Exchange-Traded Fund	507,177	631,249	124,072

The Warren Employees' Retirement Plan
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year ended December 31, 2024
EIN: 73-0609599, PLAN #: 333

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(f) Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Category (i) - Single transactions in excess of 5% of plan assets:							
VANGUARD	Vanguard Long-Term Bond ETF	\$ 4,050,644	\$ -	\$ -	\$ 4,050,644	\$ 4,050,644	\$ -

Note: Column e is not applicable and has been omitted from this schedule.

There were no categories ii, iii, or iv reportable transactions during the year ended December 31, 2024.

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

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

A Name of plan The Warren Employees' Retirement Plan	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF The William K. Warren Foundation	D Employer Identification Number (EIN) 73-0609599	
E Type of plan: <input type="checkbox"/> Single <input checked="" type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	29,043,874
	b Actuarial value	2b	29,043,874
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	94	17,879,810
	b For terminated vested participants	13	723,667
	c For active participants	21	10,112,695
	d Total	128	28,716,172
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.15 %
6	Target normal cost		
	a Present value of current plan year accruals	6a	909,521
	b Expected plan-related expenses	6b	203,307
	c Target normal cost	6c	1,112,828

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

SIGN HERE		
	Signature of actuary	Date
	Bruce R. Nordstrom, FSA	05/12/2025
	Type or print name of actuary	23-05871
	Marsh & McLennan Agency	Most recent enrollment number
	Firm name	(972) 770-1600
	8144 Walnut Hill Lane, 16th Floor	Telephone number (including area code)
	Dallas TX 75231	
	Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	276,112
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	276,112
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>13.53</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		2,562,546
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.23</u> %		119,580
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		37,358
	c Total available at beginning of current plan year to add to prefunding balance		2,719,484
	d Portion of (c) to be added to prefunding balance		2,719,484
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	2,719,484

Part III Funding Percentages			
14	Funding target attainment percentage	14	91.67%
15	Adjusted funding target attainment percentage	15	91.67%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	80.00%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls							
18 Contributions made to the plan for the plan year by employer(s) and employees:							
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
Totals ▶			18(b)		18(c)		

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:			
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0
20 Quarterly contributions and liquidity shortfalls:			
a	Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c	If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items				
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				27

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

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)				31a 1,112,828
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	2,391,782		321,757	
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 1,434,585
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	1,434,585	1,434,585	
36 Additional cash requirement (line 34 minus line 35)				36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 0
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

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

Plan: The Warren Employees' Retirement Plan

EIN/PN: 73-0609599 / 333

Schedule SB, line 22 - Weighted Average Retirement Age

Age	Lx	Rx	Dx	Lx+1	Age x Dx
55	1,000.00	4%	40.00	960.00	2,200.00
56	960.00	3%	28.80	931.20	1,612.80
57	931.20	3%	27.94	903.26	1,592.58
58	903.26	3%	27.10	876.16	1,571.80
59	876.16	3%	26.28	849.88	1,550.52
60	849.88	6%	50.99	798.89	3,059.40
61	798.89	8%	59.92	738.97	3,655.12
62	738.97	25%	184.74	554.23	11,453.88
63	554.23	15%	83.13	471.10	5,237.19
64	471.10	15%	70.67	400.44	4,522.88
65	400.44	50%	200.22	200.22	13,014.30
66	200.22	15%	30.03	170.19	1,981.98
67	170.19	15%	25.53	144.66	1,710.51
68	144.66	15%	21.70	122.96	1,475.60
69	122.96	15%	18.44	104.52	1,272.36
70	104.52	100%	104.52	0.00	7,316.40
Total					63,227.32

Avg. Age at Ret (Total/1,000 Lives) = 63.23

Plan: The Warren Employees' Retirement Plan
EIN/PN: 73-0609599 / 333

Schedule SB, line 32 - Schedule of Amortization Bases

Type of Base	Valuation Date	Present Value of Remaining Installments	Number of Years Remaining	Amortization Installment
Shortfall	01/01/2024	-3,097,383	15	-283,088
Shortfall	01/01/2023	3,669,997	14	351,747
Shortfall	01/01/2022	-382,691	13	-38,653
Shortfall	01/01/2021	-453,052	12	-48,500
Shortfall	01/01/2020	-1,619,623	11	-185,012
Shortfall	01/01/2019	4,274,534	10	525,263
Total		2,391,782		321,757

Plan: The Warren Employees' Retirement Plan
EIN/PN: 73-0609599 / 333
Attachment to 2024 Schedule SB of Form 5500

Schedule SB, Part VI, Line 26 – Schedule of Active Participants

Age	Years of Credited Service										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Up	
0 - 24	0	0	0	0	0	0	0	0	0	0	0
25 - 29	0	0	0	0	0	0	0	0	0	0	0
30 - 34	0	0	0	0	0	0	0	0	0	0	0
35 - 39	0	0	0	0	0	0	0	0	0	0	0
40 - 44	0	0	0	0	1	0	0	0	0	0	1
45 - 49	0	0	0	0	1	1	0	0	0	0	2
50 - 54	0	0	0	0	1	1	1	0	0	0	3
55 - 59	0	0	0	0	0	4	3	0	2	0	9
60 - 64	0	0	0	0	1	2	1	2	0	0	6
65 & Up	0	0	0	0	1	0	0	0	0	0	1
TOTAL	0	0	0	0	5	8	5	2	2	0	22

Average compensation amounts above are omitted for cells that have 20 or fewer participants (as per Form 5500 Schedule SB instructions).

Plan: The Warren Employees' Retirement Plan
EIN/PN: 73-0609599 / 333
Attachment to 2024 Schedule SB of Form 5500

Schedule SB, Part V – Summary of Plan Provisions

<u>Effective Date of Plan and Plan Year</u>	<p>The plan provisions used were based on the provisions of the latest restated plan document effective December 31, 2012, and include the latest plan amendment that was executed in December 2013.</p> <p>The plan is a multiple-employer plan and the plan year is the calendar year.</p>
<u>Sponsoring Employers</u>	<p>William K. Warren Foundation, Warren American Oil Company, Warren Professional Building Corporation, William K. Warren Medical Research Center, Inc., and Medical Professional Building Services, Inc.</p>
<u>Participation Requirements</u>	<p>All employees are eligible to participate in the plan after the completion of 1,000 hours with in a twelve-month period (minimum age 21).</p> <p>No participation is allowed for employees not yet already a plan participant by January 1, 2010.</p>
<u>Type of Plan</u>	<p>Self-administered, trustee defined benefit pension plan.</p>
<u>Contributions to the Plan</u>	<p>Employer contributions to the trust will be made in such amounts and at such times as are required to maintain the plan and trust in compliance with ERISA and IRC Section 412.</p> <p>Participant contributions are not required or permitted.</p>
<u>Credited Service</u>	<p>Credited service is the period of employment used in determining the amount of pension benefits. A year of service is the computed period of twelve consecutive months in which at least 1,000 hours are worked.</p>
<u>Vesting Service</u>	<p>Vesting service is the period of employment used in determining eligibility for benefits. The participant's number of years of service prior to January 1, 1976, plus the number of calendar years commencing January 1, 1976, in which credited service is at least 1,000 hours.</p> <p>To be 100% vested an employee must have at least five years of vesting service.</p>
<u>Final Average Monthly Compensation</u>	<p>The monthly average of the 36 consecutive months' compensation out of the last 120 months that gives the highest average.</p>
<u>Plan Compensation</u>	<p>W-2 compensation plus amounts used to purchase 403(b) annuities. If applicable, compensation in excess of statutory maximum compensation limits is not considered.</p>
<u>Covered Compensation</u>	<p>The average of the 35 years of Social Security maximum taxable wage base ending with the year of Social Security retirement age.</p>

Plan: The Warren Employees' Retirement Plan

EIN/PN: 73-0609599 / 333

Attachment to 2024 Schedule SB of Form 5500

Normal Retirement Benefit

Eligibility is the first day of the month coincident with or next following attainment of age 65. The monthly benefit, payable for life only, is equal to:

Formula A: 1.60% of final average monthly compensation times credited service, plus

Formula B: 0.65% of final average monthly compensation in excess of covered compensation times credited service up to 35 years.

Late Retirement

If retirement occurs after the normal retirement date, the late retirement benefit will be equal to the greater of:

1. The normal retirement benefit calculated using credited service and final average monthly compensation as of the late retirement date; or
2. The income provided by the single-sum value of the retirement income payable as of normal retirement date as if employment had then terminate, accumulated with interest to actual retirement.

Early Retirement Benefit

At or after age 55, provided the employee has completed at least 10 years of vesting service. The monthly annuity, payable at the employee's normal retirement date, is equal to the benefit as defined above. The participant may elect to start receiving benefits as early as his early retirement date. The monthly pension is reduced by Factor #1 for Formula A and Factor #2 for Formula B.

<u>Age</u>	<u>Factor #1</u>	<u>Factor #2</u>
65	100.0%	100.0%
64	95.0%	93.3%
63	90.0%	86.7%
62	85.0%	80.0%
61	80.0%	73.3%
60	75.0%	66.7%
59	70.0%	63.3%
58	65.0%	60.0%
57	60.0%	56.7%
56	55.0%	53.3%
55	50.0%	50.0%

Termination Benefit

At any age, a participant will receive a monthly pension benefit commencing on his normal retirement date equal to his vested accrued benefit.

Disability Benefit

Eligibility: Total and permanent disability of participant prior to normal retirement date.

Monthly Benefit Before Normal Retirement: 50% of final average monthly compensation less 64% of Social Security Disability Income under the Social Security Law in effect as of January 1st immediately preceding the date of commencement of his disability retirement income. The net amount of income cannot exceed the benefit payable on his normal retirement date calculated assuming that he remains disabled until then.

Plan: The Warren Employees' Retirement Plan

EIN/PN: 73-0609599 / 333

Attachment to 2024 Schedule SB of Form 5500

Monthly Benefit After Normal Retirement Date: Commencing on the participant's normal retirement date, if he is then living and still disabled, the normal retirement benefit, payable for his lifetime, shall be calculated assuming that his service and his monthly rate of basic compensation as of his date of disability continued to his normal retirement date.

Waiting Period: Benefits will not commence until the employee has been disabled for six months and has filed a request for disability benefits with the employer.

Death of Disabled Participant Prior to Normal Retirement: Prior to normal retirement, disabled participants are entitled to a death benefit identical to the one for active employees. This is determined as if the disabled participant had remained in service until his date of death and his last rate of pay had continued unchanged.

Pre-Retirement Death Benefit

If a participant dies after 1 year of vesting service, his eligible beneficiary is entitled to receive a death benefit payable for 10 years certain and life thereafter that can be provided by the greater of a or b below:

- a. The present value of the accrued benefit.
- b. The smaller of (1) or (2) below:
 1. 30 times average monthly rate of compensation during the calendar year immediately preceding the calendar year in which death occurs.
 2. 100 times the monthly retirement income the participant would have received had he remained in the service of the employer until his normal retirement date and his last regular rate of compensation had continued unchanged.

Optional Forms of Benefits

The Employee may elect to receive his benefit in any one of the following actuarially equivalent forms of payment.

- Joint and Survivor benefit – a reduced payment for the life of the participant, with specified percentage of the benefit continuing to the spouse after the death of the participant.
- Life Annuity with Payments Guaranteed – a reduced payment for the life of the participant, with a specified number of payments guaranteed to be paid.

Automatic Cash Out

Upon termination of service, if the lump sum value of the accrued benefit is less than \$5,000, the lump sum amount is paid as soon as practical after termination.

Expenses

Paid by the trust if not paid by the employers.

Changes Since Last Year

None.

Plan: The Warren Employees' Retirement Plan

EIN/PN: 73-0609599 / 333

Attachment to 2024 Schedule SB of Form 5500

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

Actuarial Assumptions

Mortality: The IRS-prescribed Combined Static Mortality Table for Small Plans, as applicable for valuation dates in 2024, has been used.

Interest Rate for Target Funding Liability purposes: Prescribed segment rates (4.75% for the first 5 years, 4.96% for the next 15 years, and 5.59% for the rest of the period) have been used.

Salary Increases: 3.0% per year.

Social Security Index Increases: Wage Base: 3.0% per year compounded annually.

Marriage Assumptions: 80% of participants who are eligible for pre-retirement death benefits are assumed to have an eligible spouse. Males are assumed to be 3 years older than their female spouses.

Withdrawal and Disability Rates: Graduated rates (see table below for sample rates).

Attained Age	Withdrawal Rates		Disability Rates
	Males	Females	
20	7.4%	7.4%	0.03%
25	4.9%	4.9%	0.04%
30	3.4%	3.4%	0.06%
35	2.4%	2.4%	0.10%
40	1.3%	1.3%	0.16%
45	0.7%	0.7%	0.26%
50	0.0%	0.0%	0.45%
55	0.0%	0.0%	0.85%
60	0.0%	0.0%	1.20%

Retirement Rates: Graduated rates as follows:

Attained Age	Males	Females
55	4.0%	4.0%
56 to 59	3.0%	3.0%
60	6.0%	6.0%
61	7.5%	7.5%
62	25.0%	25.0%
63 to 64	15.0%	15.0%
65	50.0%	50.0%
66 to 69	15.0%	15.0%
70	100.0%	100.0%

Assumed Age of Commencement for Deferred Vested Benefits: Age 65.

Form of Payment: All participants are assumed to elect payment in the form of a lifetime only annuity.

Loading for Expenses: Expenses paid from the trust each year are assumed to be 0.7% of the actuarial value of plan assets. This is the approximate average of the expenses paid from the trust over the last three years.

Recognition of IRC Section 415 Limitations: The benefit limitations under IRC Section 415(b) have been reflected in the determination of plan costs.

Plan: The Warren Employees' Retirement Plan
EIN/PN: 73-0609599 / 333
Attachment to 2024 Schedule SB of Form 5500

Changes since Last Year: None other than the prescribed changes in mortality rates and interest rates above.

Asset Valuation Method

The actuarial value of assets is equal to market value of assets as of the first day of the plan year, plus any appropriate receivable employer contributions applicable to the prior plan year.

Valuation Procedures

We used employee data as supplied by the plan sponsor. This information would customarily not be verified by a plan's actuary. We have reviewed the information for internal consistency and we have no reason to doubt its substantial accuracy.

No actuarial accrued liability is included for participants who terminated non-vested prior to the valuation date.

The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.

The limitations of IRC Section 415(b) have been incorporated into our calculations.

Benefits were calculated based on actual compensation where available, with the valuation salary scale used to develop compensation for other years. However, no past, present, or future compensation in excess of IRC Section 401(a)(17) compensation limits were considered in the calculation of pension benefits.

Funding Methodology

The funding methodology prescribed by ERISA is consistent with the plan accumulating adequate assets to make benefit payments when due, assuming that all actuarial assumptions will be realized and that the contributions will be made when due. In this valuation, we are determining market-consistent present values, which may be volatile as economic circumstances change. This may incent the plan sponsor to choose an asset allocation that reduces said volatility.

The Warren Employees' Retirement Plan

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

December 31, 2024

EIN: 73-0609599, Plan #: 333

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Date	Cost	Current Value
UMB Financial Corporation*	Money Market Mutual Fund		502,255	502,255
iShares Barclays TIPS Bond Fund	Exchange-Traded Fund		134,903	122,639
iShares Core MSCI EAFE ETF	Exchange-Traded Fund		1,969,685	2,163,359
iShares Core MSCI Emerging Markets	Exchange-Traded Fund		753,666	724,657
SPDR Gold Trust	Exchange-Traded Fund		109,476	137,530
Vanguard Mega Cap 300 Value	Exchange-Traded Fund		1,566,621	2,286,228
Vanguard Mega Cap Growth ETF	Exchange-Traded Fund		1,400,413	2,436,151
Vanguard Mid Cap ETF	Exchange-Traded Fund		2,125,571	2,940,031
Vanguard Small Cap Value	Exchange-Traded Fund		1,303,651	1,727,373
FlexShares Global Upstream	Exchange-Traded Fund		158,907	144,458
iShares S&P Global Infrastructure Idx Fd	Exchange-Traded Fund		251,841	295,378
Vanguard REIT VIPERs ETF	Exchange-Traded Fund		248,027	251,384
Vanguard Long-Term Bond ETF	Exchange-Traded Fund		10,979,956	9,374,363
Vanguard Total Bond Market ETF	Exchange-Traded Fund		4,439,007	4,144,677
PrairieLands Public Facilities DTC	Municipal Bonds	Matures: 12/1/2035; 6.95%	508,491	333,385
Textron Financial Corp	Corporate Bonds	Matures: 2/15/2067; Var %	1,262,170	1,239,215
Total Investments, at fair value			<u>\$ 27,714,640</u>	<u>\$ 28,823,081</u>

* Denotes party-in-interest.

The Warren Employees' Retirement Plan

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(ACQUIRED AND DISPOSED OF WITHIN YEAR)

For the year ended December 31, 2024

EIN: 73-0609599, PLAN #: 333

<u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	<u>Investment</u>	<u>Cost of Acquisitions</u>	<u>Proceeds of Dispositions</u>	<u>Net Gain (Loss)</u>
FlexShares Global Upstream	Exchange-Traded Fund	\$ 235,427	\$ 231,328	\$ (4,099)
iShares Barclays TIPS Bond Fund	Exchange-Traded Fund	26,020	23,732	(2,287)
iShares S&P Global Infrastructure Idx Fd	Exchange-Traded Fund	56,778	61,659	4,881
SPDR Gold Trust	Exchange-Traded Fund	28,455	33,171	4,715
Vanguard Mega Cap 300 Value	Exchange-Traded Fund	671,226	920,461	249,235
Vanguard REIT VIPERs ETF	Exchange-Traded Fund	41,673	39,918	(1,755)
Vanquard Mid Cap ETF	Exchange-Traded Fund	789,807	1,020,383	230,575
Vanquard Small Cap ETF	Exchange-Traded Fund	507,177	631,249	124,072

The Warren Employees' Retirement Plan
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year ended December 31, 2024
EIN: 73-0609599, PLAN #: 333

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(f) Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Category (i) - Single transactions in excess of 5% of plan assets:							
VANGUARD	Vanguard Long-Term Bond ETF	\$ 4,050,644	\$ -	\$ -	\$ 4,050,644	\$ 4,050,644	\$ -

Note: Column e is not applicable and has been omitted from this schedule.

There were no categories ii, iii, or iv reportable transactions during the year ended December 31, 2024.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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


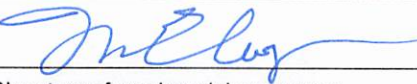
- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 a single-employer plan a DFE (specify) _____
- B** This return/report is: the first return/report the final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

Part II Basic Plan Information—enter all requested information

1a Name of plan The Warren Employees' Retirement Plan		1b Three-digit plan number (PN) ▶	333
		1c Effective date of plan	04/01/1975
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) The William K. Warren Foundation		2b Employer Identification Number (EIN)	73-0609599
6585 South Yale Avenue, Suite 900		2c Plan Sponsor's telephone number	(918) 492-8100
Tulsa OK 74136-8373		2d Business code (see instructions)	813000

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

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

SIGN HERE		<u>10/14/25</u>	Thomas Cooper
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>10/14/25</u>	Thomas Cooper
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

<p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p>Retirement Committee</p> <p>6585 South Yale Avenue, Suite 900</p> <p>Tulsa OK 74136-8373</p>	<p>3b Administrator's EIN 73-0999851</p> <p>3c Administrator's telephone number (918) 492-8100</p>
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<p>4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:</p> <p>a Sponsor's name</p> <p>c Plan Name</p>	<p>4b EIN</p> <p>4d PN</p>
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5 Total number of participants at the beginning of the plan year	5	128
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	21
a(2) Total number of active participants at the end of the plan year	6a(2)	21
b Retired or separated participants receiving benefits	6b	11
c Other retired or separated participants entitled to future benefits	6c	75
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	107
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	20
f Total. Add lines 6d and 6e	6f	127
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1A

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

<p>9a Plan funding arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>	<p>9b Plan benefit arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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