

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan... [X] a single-employer plan [ ] a DFE... B This return/report is: [ ] the first return/report [ ] the final return/report... C If the plan is a collectively-bargained plan... D Check box if filing under: [X] Form 5558 [ ] automatic extension... E If this is a retroactively adopted plan...

Part II Basic Plan Information—enter all requested information

1a Name of plan: PXD RETIREMENT PLAN FOR NON-BARGAINING PXD LOCATIO
1b Three-digit plan number (PN): 010
1c Effective date of plan: 01/01/1991
2a Plan sponsor's name: PANTEXAS DETERRENCE, LLC
2b Employer Identification Number (EIN): 92-3671850
2c Plan Sponsor's telephone number: 806-573-3735
2d Business code: 561210

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

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

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

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor  PXD BENEFITS & INVESTMENT COMMITTEE  P.O. BOX 300020 AMARILLO, TX 79120-0020	<b>3b</b> Administrator's EIN 92-3671850  <b>3c</b> Administrator's telephone number 806-573-3735
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<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name CONSOLIDATED NUCLEAR SECURITY, LLC <b>c</b> Plan Name CONSOLIDATED NUCLEAR SECURITY RETIREMENT PLAN FOR	<b>4b</b> EIN 45-4482782  <b>4d</b> PN 010
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	2690
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<b>6</b> 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).		
<b>a(1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>	684
<b>a(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	640
<b>b</b> Retired or separated participants receiving benefits.....	<b>6b</b>	1319
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	478
<b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c.....	<b>6d</b>	2437
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....	<b>6e</b>	218
<b>f</b> Total. Add lines 6d and 6e.....	<b>6f</b>	2655
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>6g(1)</b>	
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6h</b>	

<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	
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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:

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

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>PXD RETIREMENT PLAN FOR NON-BARGAINING PXD LOCATIO</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>010</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>PANTEXAS DETERRENCE, LLC</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>92-3671850</b></p>	

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

(a) Name of insurance carrier  
**AETNA LIFE INSURANCE COMPANY**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-6033492	60054	000639-014280	174	01/01/2024	12/31/2024

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

<b>Part II</b>	<b>Investment and Annuity Contract Information</b>	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
<b>4</b>	Current value of plan's interest under this contract in the general account at year end .....	16513276
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	
<b>6</b>	<b>Contracts With Allocated Funds:</b>	
<b>a</b>	State the basis of premium rates ▶	
<b>b</b>	Premiums paid to carrier .....	<b>6b</b>
<b>c</b>	Premiums due but unpaid at the end of the year .....	<b>6c</b>
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
<b>7</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input checked="" type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
<b>b</b>	Balance at the end of the previous year .....	<b>7b</b> 17399606
<b>c</b>	(1) Contributions deposited during the year .....	<b>7c(1)</b>
	(2) Dividends and credits.....	<b>7c(2)</b>
	(3) Interest credited during the year.....	<b>7c(3)</b> 712319
	(4) Transferred from separate account .....	<b>7c(4)</b>
	(5) Other (specify below)..... ▶	<b>7c(5)</b>
	(6) Total additions .....	<b>7c(6)</b> 712319
<b>d</b>	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b> 18111925
<b>e</b>	<b>Deductions:</b>	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b> 1520514
	(2) Administration charge made by carrier.....	<b>7e(2)</b> 78135
	(3) Transferred to separate account .....	<b>7e(3)</b>
	(4) Other (specify below)..... ▶	<b>7e(4)</b>
(5) Total deductions .....	<b>7e(5)</b> 1598649	
<b>f</b>	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b> 16513276

**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)
- b**  Dental
- c**  Vision
- d**  Life insurance
- e**  Temporary disability (accident and sickness)
- f**  Long-term disability
- g**  Supplemental unemployment
- h**  Prescription drug
- i**  Stop loss (large deductible)
- j**  HMO contract
- k**  PPO contract
- l**  Indemnity contract
- m**  Other (specify) ▶

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>	
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>	
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>	
	(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>	
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>	
	(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>
	(4) Claims charged .....		<b>9b(4)</b>
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions .....	<b>9c(1)(A)</b>	
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>	
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>	
	(D) Other expenses .....	<b>9c(1)(D)</b>	
	(E) Taxes .....	<b>9c(1)(E)</b>	
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>	
	(G) Other retention charges .....	<b>9c(1)(G)</b>	
	(H) Total retention .....		<b>9c(1)(H)</b>
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>
	(2) Claim reserves .....		<b>9d(2)</b>
	(3) Other reserves .....		<b>9d(3)</b>
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? .....  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

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

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

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

<b>A</b> Name of plan <u>PXD RETIREMENT PLAN FOR NON-BARGAINING PXD LOCATIO</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>010</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>PANTEXAS DETERRENCE, LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>92-3671850</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

<b>Part I</b>	<b>Basic Information</b>		
<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>423632440</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>465995684</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>1509</u>	<u>288829426</u>
	<b>b</b> For terminated vested participants .....	<u>497</u>	<u>33226415</u>
	<b>c</b> For active participants .....	<u>684</u>	<u>174029538</u>
	<b>d</b> Total .....	<u>2690</u>	<u>496085379</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.14 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>14328600</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>2480000</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>15887098</u>

**Statement by Enrolled Actuary**

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

<b>SIGN HERE</b>			
	Signature of actuary	<u>09/30/2025</u>	Date
	<u>MARGO A. BURDETTE</u>	<u>23-05676</u>	Most recent enrollment number
	<u>AON CONSULTING, INC.</u>	<u>404-261-3400</u>	Telephone number (including area code)
	<u>MSC 17838 PO BOX 551343</u> <u>ATLANTA, GA 30355</u>		
	Address of the firm		

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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....		
<b>10</b>	Interest on line 9 using prior year's actual return of <u>6.42</u> % .....		
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Present value of excess contributions (line 38a from prior year) .....		104330
<b>b(1)</b>	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.26</u> % .....		5488
<b>b(2)</b>	Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance .....		109818
<b>d</b>	Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	93.48 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	93.48 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	93.88 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>			
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/13/2024	4300000	0	12/31/2024	0	933820
06/13/2024	4300000	0			
10/15/2024	4300000	0			
12/16/2024	3600000	0			
01/13/2025	700000	0			
08/28/2025	2514000	0			
<b>Totals ▶</b>			<b>18(b)</b>	19714000	<b>18(c)</b> style="text-align: right;">933820

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

<b>a</b>	Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0
<b>b</b>	Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b>	Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	19006113

**20** Quarterly contributions and liquidity shortfalls:

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

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

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

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

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>				
<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 63
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

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

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

<b>Part VIII Minimum Required Contribution For Current Year</b>				
<b>31</b> Target normal cost and excess assets (see instructions):				
<b>a</b> Target normal cost (line 6c) .....				<b>31a</b> 15887098
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....				<b>31b</b> 0
<b>32</b> Amortization installments:	Outstanding Balance		Installment	
<b>a</b> Net shortfall amortization installment .....	32484588		3079785	
<b>b</b> Waiver amortization installment.....	0		0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....				<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				<b>34</b> 18966883
	Carryover balance	Prefunding balance	Total balance	
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0	
<b>36</b> Additional cash requirement (line 34 minus line 35) .....				<b>36</b> 18966883
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....				<b>37</b> 19006113
<b>38</b> Present value of excess contributions for current year (see instructions)				
<b>a</b> Total (excess, if any, of line 37 over line 36)				<b>38a</b> 39230
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				<b>38b</b> 0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....				<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....				<b>40</b> 0

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

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

<b>A</b> Name of plan <b>PXD RETIREMENT PLAN FOR NON-BARGAINING PXD LOCATIO</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>010</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>PANTEXAS DETERRENCE, LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>92-3671850</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

<b>THE NORTHERN TRUST COMPANY</b>	<b>50 SOUTH LASALLE STREEET CHICAGO, IL 60603-1008</b>
<b>36-1561860</b>	

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

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

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**(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)

PANTEXAS DETERRENCE, LLC

P.O. BOX 30020  
AMARILLO, TX 79120-0020

92-3671850

(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?
14	PLAN ADMINISTRATOR	365873	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE NORTHERN TRUST COMPANY

50 SOUTH LASALLE STREET  
CHICAGO, IL 60603-1008

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
25	NONE	125356	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)

LEGAL & GENERAL INVESTMENT MGMT INC

71 SOUTH WACKER DR. SUITE 800  
CHICAGO, IL 60606

20-8058531

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	84314	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

AETNA LIFE INSURANCE

151 FARMINGTON AVENUE  
HARTFORD, CT 06156

06-6033492

(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?
12	NONE	78505	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)

KILPATRICK, TOWNSEND & STOCKTON, LL

1100 PEACHTREE ST. SUITE 2800  
ATLANTA, GA 30309-4528

58-0511774

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	19563	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)

ALSTON & BIRD LLP

1201 WEST PEACHTREE ST. SUITE 4900  
ATLANTA, GA 30309

58-0137615

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	15820	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.

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

<b>A</b> Name of plan <u>PXD RETIREMENT PLAN FOR NON-BARGAINING PXD LOCATIO</u>	<b>B</b> Three-digit plan number (PN)	<u>010</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>PANTEXAS DETERRENCE, LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>92-3671850</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>L&amp;G LONG DURATION U.S. CREDIT CIT</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>RELIANCE TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>35-7085469-020</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>19187494</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE ST INVESTMENT FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u>		
<b>c</b> EIN-PN <u>45-6138589-084</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4141434</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>DEFINED BENEFIT PLANS MTIA</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>PANTEXAS DETERRENCE, LLC</u>		
<b>c</b> EIN-PN <u>99-6887808-006</u>	<b>d</b> Entity code <u>M</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>241218340</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PXD, DB/DC SHARED ACCOUNTS MTIA</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>PANTEXAS DETERRENCE, LLC</u>		
<b>c</b> EIN-PN <u>99-6887808-022</u>	<b>d</b> Entity code <u>M</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>69055969</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>PXD RETIREMENT PLAN FOR NON-BARGAINING PXD LOCATIO</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>010</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>PANTEXAS DETERRENCE, LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>92-3671850</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	11800000	3214000
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	2910821	671819
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	68555335	55312109
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	34818529	23328928
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	288088158	310274309
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	17399607	16513276
<b>(15)</b> Other.....	<b>1c(15)</b>		

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	423572450	409314441
<b>Liabilities</b>			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	530806	799633
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	530806	799633
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	423041644	408514808

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	19714000	
(B) Participants.....	2a(1)(B)	933820	
(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)		20647820
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)	2745060	
(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)	635445	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		3380505
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	135267267	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	163349513	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-28082246
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-3008235	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		-3008235

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		267421
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		23100768
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		16306033

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	28116067	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		28116067
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	444378	
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	84314	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	125356	
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>	38533	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	2024221	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		2716802
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		30832869

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-14526836
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: PUGH & COMPANY, P.C. DBA PUGH CPAS

(2) EIN: 62-1142155

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		5000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 559742.

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

<b>A</b> Name of plan <u>PXD RETIREMENT PLAN FOR NON-BARGAINING PXD LOCATIO</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>010</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>PANTEXAS DETERRENCE, LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>92-3671850</u>	

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

**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): 06-6033492

**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
---	--	---

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**a** Enter the percentage of plan assets held as:  
 Public Equity: 56.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 14.0 %  
 High-Yield Debt: 0.0 % Real Assets: 8.0 % Cash or Cash Equivalents: 1.0 % Other: 21.0 %

**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 \_\_\_\_\_.

**PANTEXAS DETERRENCE  
RETIREMENT PLAN FOR NON-BARGAINING  
PANTEX LOCATION EMPLOYEES**

**Amarillo, Texas**

**FINANCIAL STATEMENTS**

**December 31, 2024 and 2023**



**PANTEXAS DETERRENCE  
RETIREMENT PLAN FOR NON-BARGAINING  
PANTEX LOCATION EMPLOYEES**

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## INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator of the  
PanTeXas Deterrence Retirement Plan  
for Non-Bargaining Pantex Location Employees  
Amarillo, Texas

### Opinion

We have audited the financial statements of the PanTeXas Deterrence Retirement Plan for Non-Bargaining Pantex Location Employees (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

## Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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.

## Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary information listed in the table of contents as of or for the year ended December 31, 2024 is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

*Pugh & Company, P.C.*

Certified Public Accountants  
Knoxville, Tennessee  
October 14, 2025

**PANTEXAS DETERRENCE RETIREMENT PLAN FOR  
NON-BARGAINING PANTEX LOCATION EMPLOYEES**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

	As of December 31,	<u>2024</u>	<u>2023</u>
<b>ASSETS</b>			
Investments			
Plan's Interest in the Consolidated Nuclear Security, LLC Master Retirement Plan Trust	\$	0	\$ 288,088,158
Plan's Interest in the PanTeXas Deterrence Master Retirement Trust		310,274,309	0
Investments, at Fair Value		<u>95,154,312</u>	<u>120,773,471</u>
Total Investments		<u>405,428,621</u>	<u>408,861,629</u>
Receivables			
Employer Contributions		3,214,000	11,800,000
Accrued Income		550,532	963,155
Pending Trades		<u>121,288</u>	<u>1,947,666</u>
Total Receivables		<u>3,885,820</u>	<u>14,710,821</u>
<b>TOTAL ASSETS</b>		<u>409,314,441</u>	<u>423,572,450</u>
<b>LIABILITIES</b>			
Pending Trades		60,436	57,605
Other Payables		<u>739,197</u>	<u>473,201</u>
<b>Total Liabilities</b>		<u>799,633</u>	<u>530,806</u>
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<b>\$</b>	<u><u>408,514,808</u></u>	<b>\$</b> <u><u>423,041,644</u></u>

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

**PANTEXAS DETERRENCE RETIREMENT PLAN FOR  
NON-BARGAINING PANTEX LOCATION EMPLOYEES**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

	For the Years Ended December 31,	<u>2024</u>	<u>2023</u>
<b>ADDITIONS:</b>			
Investment Income:			
Net Investment Income from the Plan's Interest in the Consolidated Nuclear Security, LLC Master Retirement Plan Trust	\$	33,369,167	\$ 24,729,934
Net Investment Income (Loss) from the Plan's Interest in the PanTeXas Deterrence Master Retirement Trust		(10,268,399)	0
Net Depreciation in Fair Value of Investments		(30,823,429)	(3,719,284)
Interest and Dividends		<u>3,380,505</u>	<u>2,786,982</u>
Net Investment Income (Loss)		<u>(4,342,156)</u>	<u>23,797,632</u>
Contributions:			
Employer		19,714,000	18,200,000
Participants		<u>933,820</u>	<u>976,299</u>
Total Contributions		<u>20,647,820</u>	<u>19,176,299</u>
<b>Total Additions</b>		<u>16,305,664</u>	<u>42,973,931</u>
<b>DEDUCTIONS:</b>			
Benefits Paid Directly to Participants		28,116,068	23,079,136
Administrative Expenses		<u>2,716,432</u>	<u>2,701,074</u>
<b>Total Deductions</b>		<u>30,832,500</u>	<u>25,780,210</u>
<b>NET INCREASE (DECREASE)</b>		(14,526,836)	17,193,721
<b>NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR</b>		<u>423,041,644</u>	<u>405,847,923</u>
<b>NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR</b>	<b>\$</b>	<u><u>408,514,808</u></u>	<b>\$</b> <u><u>423,041,644</u></u>

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

**PANTEXAS DETERRENCE RETIREMENT PLAN FOR  
NON-BARGAINING PANTEX LOCATION EMPLOYEES**

**NOTES TO FINANCIAL STATEMENTS**

**December 31, 2024 and 2023**

**NOTE 1 - DESCRIPTION OF THE PLAN**

The following description of the PanTeXas Deterrence Retirement Plan for Non-Bargaining Pantex Location Employees (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for a complete description of the Plan's provisions. Information about the Plan agreement, the vesting and benefit provisions, administrative expenses, and the Pension Benefit Guaranty Corporation's (PBGC) benefit guarantee is also contained in the Employee Book of Benefits, which is available from the plan administrator.

**General** - The Plan is a defined benefit pension plan sponsored by PanTeXas Deterrence, LLC ("Pantex" or the "Company"). Prior to November 1, 2024, the plan was sponsored by Consolidated Nuclear Security, LLC ("CNS"). The Plan covers all employees of the Company, except employees represented by bargaining agents, and non-bargaining employees who (a) are employed as Security Force Employees, are required to meet the physical fitness and other requirements of the Company, and are required to carry a firearm in the regular course of their employment with the Company, or (b) are employed as Firefighters, Motor Pump Operators (MPOs) or Firefighter/Paramedics who are responders at the Company's Amarillo, Texas facility. Effective February 19, 2012, the Plan was closed to newly hired and rehired employees. Participants in a bargaining Pantex plan immediately prior to becoming an exempt supervisory employee or non-exempt non-bargaining employee may transfer into the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan is administered by the Company's Benefits and Investment Committee (Committee). The Committee has overall responsibility for the operation and administration of the Plan, determines the appropriateness of the Plan's investment offerings, and monitors investment performance.

**Contributions** - Participants accruing benefits under the Plan are required to contribute 1% of their earnings, as defined.

**Vesting** - Employees who do not meet the Plan's vesting requirement of 5 years of company service upon termination are given a refund of all their contributions made plus any applicable interest, as defined.

**Funding Policy** - It is the policy of the National Nuclear Security Administration (NNSA) that the Company makes the required minimum contributions. The Company may only elect to make additional contributions up to the maximum allowed amount as calculated by the Plan actuary, with the approval from NNSA. The Company has met the minimum funding requirements of ERISA for the years ended December 31, 2024 and 2023.

**Pension Benefits** - Employees with 5 or more years of service are entitled to annual pension benefits beginning at normal retirement age (65) equal to 1.30% of the participants' final average earnings multiplied by the number of years of pension service credit (for service on and after October 1, 1991). The Plan permits early retirement at ages 55-64 with ten years of service. Employees may elect to receive their pension benefits in the form of a single life or joint and survivor annuity. If employees terminate before rendering 5 years of service, they forfeit the right to receive the portion of their accumulated plan benefits attributable to the Company's contributions.

**Death Benefits** - If a participant is vested in all or part of his accrued benefit and dies after being married for at least one year, his or her spouse will be entitled to one of the following death benefits. If a participant is actively employed, has attained age 45, and completed at least 10 years of service as of the date of his death, his spouse's pension benefit will be equal to 50% (less 1/2% for each year, if any, that the spouse was more than 5 years younger than the participant) times the accrued benefit the participant had earned up to the date of death. If the spouse does not qualify for the previous surviving spouse's coverage death benefit, and the participant has completed 5 years of service as of the date of his death, their spouse will receive 50% of the participant's accrued pension benefit at the date of death, reduced for early retirement and the joint and survivor benefit form.

## NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

**Administrative Expenses** - Professional fees for the administration of the Plan are paid by the Plan, as are the Pension Benefit Guaranty Corporation (PBGC) premium assessments.

## NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Basis of Accounting** - The accompanying financial statements are prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP).

**Use of Estimates** - The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

**Investment Valuation and Income Recognition** - The PanTeXas Deterrence Master Retirement Trust (Pantex Master Trust) at Northern Trust Company holds substantially all the investments of the Plan in addition to other Pantex-sponsored defined benefit and defined contribution retirement plans. Plan assets not held in the Master Trust are held in a separate trust account at Northern Trust Company.

Prior to December 2024, the Plan participated in the Consolidated Nuclear Security, LLC Master Retirement Plan Trust (CNS Master Trust).

Investments are reported at fair value. Fair value, as defined by the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 820, *Fair Value Measurements and Disclosures* (FASB ASC 820), is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for a discussion of fair value measurements.

The value of the Plan's interest in the Master Trust is based on the beginning of year value of the Plan's interest in the Master Trust plus actual contributions and allocated investment income less actual distributions and allocated administrative expenses. Gains and losses (realized and unrealized) are reported in net appreciation in fair value of investments in the Master Trust.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

**Contributions** - Contributions to the Plan from the Company are recorded in the period that the Plan actuary determines they relate to except that a contribution receivable is recorded to the extent that amounts due are pursuant to formal commitments as well as legal or contractual requirements in existence at the end of the Plan year. Contributions to the Plan from the participants are recorded in the period in which the employee services are performed, and respective contributions are due.

**Payment of Benefits** - Benefits paid directly to participants or their beneficiaries are recorded upon distribution.

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**Accumulated Plan Benefits** - Accumulated plan benefits are those estimated future periodic payments that are attributable under the Plan's provisions to services rendered by employees. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits for retired and terminated employees or their beneficiaries are based on each employee's compensation during the highest five calendar years during the last ten calendar years of credited service. Accumulated plan benefits for active employees are based on their average compensation during the five calendar years preceding the valuation date. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuarial firm and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment. The actuarial cost method used by the Plan is the standard unit credit cost method.

The significant assumptions underlying the January 1, 2024 actuarial valuation were as follows:

Net Investment Return	7.00%
Mortality	Pri-2012 mortality table projected generationally from 2012 using scale MP-2021
Retirement Age	Active Participants: Retirement was discounted in accordance with predetermined scales between the ages of 55 and 70 Terminated Vested: Age 62

The factors that affected the change in the actuarial present value of accumulated plan benefits from the preceding to the current benefit information date are a change in the net investment rate of return from 6.75% to 7.00%. In addition, changes in the salary scale, retirement rates, withdrawal rates, disability rate, retirement age, and payment form election were the result of an assumption study that was completed during 2024.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computation of the actuarial present value of accumulated plan benefits was made as of January 1, 2024. Had the valuation been performed as of December 31, 2023, there would be no material difference.

**Expenses** - The Plan's expenses are paid either by the Plan or the Company, as provided by the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment-related expenses are included in net appreciation in fair value of investments.

**Subsequent Events** - Management has evaluated subsequent events through October 14, 2025, which is the date the financial statements were available to be issued and has determined that there are no subsequent events that require disclosure.

**NOTE 3 - MASTER TRUST INVESTMENTS AND RELATED INVESTMENT INCOME**

The following table presents the net assets of the CNS Master Trust and the Plan's interest in the CNS Master Trust as of December 31, 2024 and 2023 (in thousands of dollars):

	Total CNS Master Trust		Plan's Interest in CNS Master Trust	
	2024	2023	2024	2023
<b>Assets</b>				
Investments at Fair Value				
Common Stock (On Loan \$0 and \$21,296, Respectively)	\$ 0	\$ 199,430	\$ 0	\$ 29,507
Corporate Bonds (On Loan \$2,511 and \$4,767, Respectively)	46,684	64,441	0	0
Government Securities (On Loan \$31,973 and \$49,319, Respectively)	56,663	72,049	0	0
Common / Collective Trusts	1,984,361	2,454,317	0	155,345
Partnerships and Joint Ventures	212,432	304,814	0	40,368
Registered Investment Companies	263,398	497,757	0	55,290
Securities Lending Collateral	35,238	77,352	0	0
<b>Total Investments at Fair Value</b>	<b>2,598,776</b>	<b>3,670,160</b>	<b>0</b>	<b>280,510</b>
Fully Benefit Responsive Investment Contract at Contract Value	205,891	307,850	0	0
Income Receivable	1,166	2,320	0	0
Receivable for Investments Sold	1,319	46,416	0	7,615
<b>Total Assets</b>	<b>2,807,152</b>	<b>4,026,746</b>	<b>0</b>	<b>288,125</b>
<b>Liabilities</b>				
Accrued Expenses	0	254	0	20
Payable for Investments Purchased	1,477	921	0	17
Obligation to Return Securities Lending Collateral	35,238	77,352	0	0
<b>Total Liabilities</b>	<b>36,715</b>	<b>78,527</b>	<b>0</b>	<b>37</b>
<b>Net Assets</b>	<b>\$ 2,770,437</b>	<b>\$ 3,948,219</b>	<b>\$ 0</b>	<b>\$ 288,088</b>

The following table summarizes the changes in net assets of the CNS Master Trust for the years ended December 31, 2024 and 2023 (in thousands of dollars):

	Total CNS Master Trust	
	2024	2023
<b>Additions</b>		
Net Appreciation in Fair Value of Investments	\$ 449,422	\$ 423,136
Interest and Dividends	7,228	7,521
<b>Total Additions</b>	<b>456,650</b>	<b>430,657</b>
<b>Deductions</b>		
Investment and Administrative Expenses	3,402	4,161
<b>Net Investment Income</b>	<b>453,248</b>	<b>426,496</b>
<b>Net Transfers</b>	<b>(1,631,030)</b>	<b>(236,646)</b>
<b>Increase (Decrease) In Net Assets</b>	<b>(1,177,782)</b>	<b>189,850</b>
<b>Net Assets, Beginning of Year</b>	<b>3,948,219</b>	<b>3,758,369</b>
<b>Net Assets, End of Year</b>	<b>\$ 2,770,437</b>	<b>\$ 3,948,219</b>

**NOTE 3 - MASTER TRUST INVESTMENTS AND RELATED INVESTMENT INCOME (Continued)**

In December 2024, the defined benefit and defined contribution plans sponsored by the Company transferred all their net assets out of the CNS Master Trust and into the Pantex Master Trust. The total amount of the transfer was approximately \$1.7 billion.

The following table presents the net assets of the Pantex Master Trust and the Plan's interest in the Pantex Master Trust as of December 31, 2024 (in thousands of dollars):

	Total Pantex Master Trust	Plan's Interest in Pantex Master Trust
	<u>2024</u>	<u>2024</u>
<b>Assets</b>		
Investments at Fair Value		
Common / Collective Trusts	\$ 1,124,815	\$ 228,611
Partnerships and Joint Ventures	77,449	39,526
Registered Investment Companies	164,986	42,137
Total Investments at Fair Value	<u>1,367,250</u>	<u>310,274</u>
Fully Benefit Responsive Investment Contract at Contract Value	85,431	0
Income Receivable	57	0
<b>Total Assets</b>	<u>1,452,738</u>	<u>310,274</u>
<b>Liabilities</b>		
Payable for Investments Purchased	4	0
<b>Total Liabilities</b>	<u>4</u>	<u>0</u>
<b>Net Assets</b>	<u>\$ 1,452,734</u>	<u>\$ 310,274</u>

The following table summarizes the changes in net assets of the Pantex Master Trust for the years ended December 31, 2024 (in thousands of dollars):

	Total Pantex Master Trust
	<u>2024</u>
<b>Additions</b>	
Net Appreciation (Depreciation) in Fair Value of Investments	\$ (48,944)
Interest and Dividends	52
<b>Total Additions</b>	<u>(48,892)</u>
<b>Deductions</b>	
Investment and Administrative Expenses	6
<b>Net Investment Income (Loss)</b>	<u>(48,898)</u>
<b>Net Transfers</b>	<u>1,501,632</u>
<b>Increase in Net Assets</b>	1,452,734
<b>Net Assets, Beginning of Year</b>	<u>0</u>
<b>Net Assets, End of Year</b>	<u>\$ 1,452,734</u>

The Plan holds a divided interest in the Master Trust fund or funds in which it participates. Investment income and administrative expenses relating to the Master Trust are allocated to the individual Plans based upon each individual Plan's ownership interest in the fund or funds in which it participates. These allocated expenses are netted against the net investment income from the Plan's interest in the Master Trusts.

#### NOTE 4 - FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in an active market for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2: Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets, quoted prices for identical assets and liabilities in inactive markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument.
- Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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

**Cash and Cash Equivalents, Interest-Bearing** - Valued at amortized cost which approximates fair value due to the short-term nature of cash equivalents. Cash and cash equivalents consist of overnight sweep accounts, money market funds, certificates of deposit, and commercial paper.

**Corporate Bonds** - Certain corporate bonds are valued at the closing price reported in the active market in which the bond is traded. Other corporate bonds are valued based on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

**Government Securities** - Valued at the closing price reported on the active market on which the individual securities are traded.

**Partnerships and Joint Ventures** - Value is provided by the partnership or joint venture. The fair value of the Plan's investment in these funds has been estimated using the net asset value (NAV) of the Plan's ownership interest in the partners' capital account. The value of these partnerships or joint ventures is based on the fair value of the underlying fund investments. Marketable investments are valued based on observable inputs such as quoted market prices. Non-marketable investments are valued based on observable and unobservable inputs to determine the value that might reasonably be expected to be received in the normal course of business.

**Common / Collective Trusts** - Valued at the underlying NAV of units reported using audited financial statements of the collective trust and changes in such amounts through the Plan's year end. These funds publish their daily NAV and transact at that price.

**Common Stocks** - Valued at the closing price reported on the active market on which the individual securities are traded.

**Registered Investment Companies (Mutual Funds)** - Valued at the daily closing price as reported by the fund. The funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The funds held by the Plan are deemed to be actively traded.

**NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)**

**Immediate Participation Guaranteed (IPG) Contract** - Valued using a present value technique where the discount rate used is the yield to worst on the U.S. corporate investment grade index and a discount period of 7.5 years.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the investments in the CNS Master Trust as well as investments measured at NAV practical expedient as of December 31, 2024 and 2023 (in thousands of dollars):

	Assets at Fair Value			
	Level 1	Level 2	Level 3	Total
<b>As of December 31, 2024</b>				
Registered Investment Companies	\$ 263,398	\$ 0	\$ 0	\$ 263,398
Corporate Bonds	0	46,684	0	46,684
Government Securities	0	56,663	0	56,663
Securities Lending Collateral:				
Cash and Cash Equivalents, Interest-Bearing	0	24,769	0	24,769
Government Securities	0	10,469	0	10,469
Total Investments in Fair Value Hierarchy	\$ 263,398	\$ 138,585	\$ 0	401,983
Investments Measured at NAV <sup>(1)</sup>				2,196,793
Total Investments at Fair Value				\$ 2,598,776
<b>As of December 31, 2023</b>				
Registered Investment Companies	\$ 497,757	\$ 0	\$ 0	\$ 497,757
Common Stocks	199,430	0	0	199,430
Corporate Bonds	0	64,441	0	64,441
Government Securities	0	72,049	0	72,049
Securities Lending Collateral:				
Cash and Cash Equivalents, Interest-Bearing	0	48,999	0	48,999
Government Securities	0	28,353	0	28,353
Total Investments in Fair Value Hierarchy	\$ 697,187	\$ 213,842	\$ 0	911,029
Investments Measured at NAV <sup>(1)</sup>				2,759,131
Total Investments at Fair Value				\$ 3,670,160

(1) Certain investments that are measured at fair value using net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

The following table sets forth by level, within the fair value hierarchy, the investments in the Pantex Master Trust as well as investments measured at NAV practical expedient as of December 31, 2024 (in thousands of dollars):

	Assets at Fair Value			
	Level 1	Level 2	Level 3	Total
<b>As of December 31, 2024</b>				
Registered Investment Companies	\$ 164,986	\$ 0	\$ 0	\$ 164,986
Total Investments in Fair Value Hierarchy	\$ 164,986	\$ 0	\$ 0	164,986
Investments Measured at NAV <sup>(1)</sup>				1,202,264
Total Investments at Fair Value				\$ 1,367,250

(1) See footnote 1 to the previous table.

**NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)**

The following table sets forth the Plan's other investments at fair value by level, within the fair value hierarchy, as well as the Plan's investments measured at NAV practical expedient as of December 31, 2024 and 2023:

	Assets at Fair Value			
	Level 1	Level 2	Level 3	Total
<b>As of December 31, 2024</b>				
Government Securities	\$ 0	\$ 55,312,109	\$ 0	\$ 55,312,109
IPG Contract	0	0	16,513,275	16,513,275
Total Investments in Fair Value Hierarchy	\$ 0	\$ 55,312,109	\$ 16,513,275	71,825,384
Investments Measured at NAV <sup>(1)</sup>				23,328,928
Total Investments at Fair Value				\$ 95,154,312
<b>As of December 31, 2023</b>				
Government Securities	\$ 0	\$ 68,555,335	\$ 0	\$ 68,555,335
IPG Contract	0	0	17,399,606	17,399,606
Total Investments in Fair Value Hierarchy	\$ 0	\$ 68,555,335	\$ 17,399,606	85,954,941
Investments Measured at NAV <sup>(1)</sup>				34,818,530
Total Investments at Fair Value				\$ 120,773,471

<sup>(1)</sup> See footnote 1 to the previous table.

**Changes in Fair Value of Level 3 Investments** - The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another.

We evaluate the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2024 and 2023, there were no transfers in or out of Level 3.

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 investments for the years ended December 31, 2024 and 2023:

	2024	2023
<b>IPG Contract:</b>		
Balance, Beginning of Year	\$ 17,399,606	\$ 18,413,245
Participant Distributions	(1,520,514)	(1,681,284)
Prior Period Interest Rate Changes	0	(5,521)
Fixed Income Interest	712,319	753,913
Service Charge	(78,136)	(80,747)
<b>Balance, End of Year</b>	<b>\$ 16,513,275</b>	<b>\$ 17,399,606</b>

**Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements -**

The following table represents the Plan's Level 3 investments at fair value, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs as of December 31, 2024.

Instrument	2024	2023	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values
IPG Contract	\$ 16,513,275	\$ 17,399,606	Present Value	Discount Rate	5.15% - 5.36%

**NOTE 5 - NET ASSET VALUE PER SHARE**

Under the guidance of FASB ASC 820 Subtopic No. 10, entities are permitted, as a practical expedient, to estimate the fair value of investments within its scope using the NAV per share of the investment as of the reporting entities' measurement dates. The guidance also requires additional disclosures to better enable users of the financial statements to understand the nature and risks of the reporting entity's investments that fall under these rules.

The following tables set forth a summary of the CNS Master Trust's investments with a reported NAV as of December 31, 2024 and 2023 (in thousands of dollars):

<u>CNS Master Trust Fair Value Estimated Using NAV Per Share</u>					
	<u>Fair Value</u>	<u>Unfunded Commitment</u>	<u>Redemption Frequency</u>	<u>Redemption Restrictions</u>	<u>Redemption Notice Period</u>
<b><u>December 31, 2024</u></b>					
Partnerships and Joint Ventures:					
Multi-Sector	\$ 71,581	\$ 0	Quarterly	Yes	60 Days
Real Estate	140,851	0	Quarterly	Yes	45 Days
Common / Collective Trusts:					
Domestic Equity	1,474,374	0	Immediate	None	None
International Equity	223,550	0	Immediate	None	None
Real Estate	111,166	0	Immediate	None	None
Short Term Bond	9,093	0	Immediate	None	None
International Bond	71,339	0	Immediate	None	None
Domestic Bond	94,839	0	Immediate	None	None
	<u>\$ 2,196,793</u>	<u>\$ 0</u>			
<b><u>December 31, 2023</u></b>					
Partnerships and Joint Ventures:					
Multi-Sector	\$ 107,394	\$ 0	Quarterly	Yes	60 Days
Real Estate	197,420	0	Quarterly	Yes	45 Days
Common / Collective Trusts:					
Domestic Equity	1,670,992	0	Immediate	None	None
International Equity	281,654	0	Immediate	None	None
Real Estate	182,115	0	Immediate	None	None
Short Term Bond	38,272	0	Immediate	None	None
International Bond	91,228	0	Immediate	None	None
Domestic Bond	190,056	0	Immediate	None	None
	<u>\$ 2,759,131</u>	<u>\$ 0</u>			

**NOTE 5 - NET ASSET VALUE PER SHARE (Continued)**

The following tables set forth a summary of the Pantex Master Trust's investments with a reported NAV as of December 31, 2024 (in thousands of dollars):

	Pantex Master Trust Fair Value Estimated Using NAV Per Share				
	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Restrictions	Redemption Notice Period
<b>December 31, 2024</b>					
Partnerships and Joint Ventures:					
Multi-Sector	\$ 25,271	\$ 0	Quarterly	Yes	60 Days
Real Estate	52,178	0	Quarterly	Yes	45 Days
Common / Collective Trusts:					
Domestic Equity	852,855	0	Immediate	None	None
International Equity	139,807	0	Immediate	None	None
Real Estate	43,735	0	Immediate	None	None
Short Term Bond	1,707	0	Immediate	None	None
International Bond	26,884	0	Immediate	None	None
Domestic Bond	59,827	0	Immediate	None	None
	<u>\$ 1,202,264</u>	<u>\$ 0</u>			

The following tables set forth a summary of the Plan's other investments with a reported NAV as of December 31, 2024 and 2023:

	The Plan's Fair Value Estimated Using NAV Per Share				
	Fair Value	Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
<b>December 31, 2024</b>					
Common / Collective Trusts:					
Domestic Bond	\$ 19,187,494	\$ 0	Immediate	None	5 Days
Short Term Bond	4,141,434	0	Immediate	None	None
	<u>\$ 23,328,928</u>	<u>\$ 0</u>			
<b>December 31, 2023</b>					
Common / Collective Trusts:					
Domestic Bond	\$ 19,527,625	\$ 0	Immediate	None	5 Days
Short Term Bond	15,290,905	0	Immediate	None	None
	<u>\$ 34,818,530</u>	<u>\$ 0</u>			

**NOTE 6 - FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACTS**

The Pantex defined contribution plans participate in the Invesco Stable Value Fund (the Fund) held by the Pantex Master Trust. The Fund entered into synthetic investment contracts with financial institutions and insurance companies which meet the fully benefit-responsive investment contract (FBRIC) criteria and therefore, are reported at contract value. Contract value is the relevant measure for FBRICs because this is the amount received by participants if they were to initiate permitted transactions under the terms of the defined contribution plans. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses. The Plan does not directly participate in the Fund, however the Fund is held by the Pantex Master Trust as reported in Note 3.

## **NOTE 7 - CONTRACT WITH INSURANCE COMPANY**

The Plan is a party to an Immediate Participation Guaranteed (IPG) Contract with the Aetna Life Insurance Company (Aetna). Aetna maintains an unallocated fund for the payments made to the IPG contract in its general account. The value of the IPG contract at any time is equal to Contract holder payments, plus other receipts and interest credited, less any withdrawals and payments.

The Contract holder makes payments to the IPG contract in amounts equal to the greater of (a) an amount mutually agreed to between the Contract holder and Aetna, and (b) 150% of the total amount paid to the IPG contract during the preceding calendar year. Aetna maintains the contributions in its general account which earns interest at a minimum guaranteed rate of 3.5%. For the years ended December 31, 2024 and 2023, the Plan's net interest income from the IPG contract, that was included in the statements of changes in net assets available for benefits, was \$712,319 and \$748,392, respectively.

Benefit payments are withdrawn by Aetna from the IPG contract and distributed directly to the retiring participants or their beneficiaries. For the years ended December 31, 2024 and 2023, the amounts withdrawn from the IPG contract and paid directly to the participants by the Contract holder that was included in the statements of changes in net assets available for benefits were \$1,520,514 and \$1,681,284, respectively.

The balance of the IPG contract is divided between (a) an amount reserved for the purchase of annuities should the contract be terminated, and (b) an unallocated amount that may be withdrawn from the Fund. As of December 31, 2024 and 2023, the Plan's net assets in the IPG contract, included in the statements of net assets available for benefits, were \$16,513,275 and \$17,399,606, respectively. At December 31, 2024 and 2023, the reserved portion of the contract was \$10,676,700 and \$12,110,526, respectively, and the unallocated portion was \$5,836,575 and \$5,289,080, respectively.

## **NOTE 8 - SECURITIES LENDING**

The CNS Master Trust is authorized to engage in the lending of certain investments under the terms of a Securities Lending Authorization Agreement. Securities lending is an investment management enhancement that utilizes certain existing securities of the CNS Master Trust to earn additional income. Securities lending involves the loaning of securities to approved banks and broker/dealers. In return for the loaned securities, the trustee, prior to or simultaneous with delivery of the loaned securities to the borrower, receives collateral in the form of cash or fixed income securities as a safeguard against possible default of any borrower on the return of the loan under terms that permit the CNS Master Trust to repledge or sell the securities.

The CNS Master Trust has the right under the Securities Lending Authorization Agreement to recover the securities from the borrower on demand. If the borrower fails to deliver the securities on a timely basis, the CNS Master Trust could experience delays or losses on recovery. Additionally, the CNS Master Trust is subject to the risk of loss from investments that it makes with the cash received as collateral. The CNS Master Trust manages credit exposure arising from these lending transactions by entering into collateral agreements with third party borrowers that provide the CNS Master Trust, in the event of default (such as bankruptcy or a borrower's failure to pay or perform), the right to net a third party borrower's rights and obligations under such agreement and liquidate and set off collateral against the net amount owed by the counterparty.

Each loan is initially collateralized at a minimum of 102% of the market value of the loaned securities. The collateral is marked to market on a daily basis. In the event the counterparty is unable to meet its contractual obligation under the securities lending arrangement, the CNS Master Trust may incur losses equal to the amount by which the market value of the securities differ from the amount of collateral held. The CNS Master Trust mitigates credit risk associated with securities lending arrangements by monitoring the fair value of the securities loaned on a daily basis, with additional collateral obtained or refunded as necessary. The maturity of the interest bearing cash collateral is one year or less. The maturity of the non-cash collateral fixed income securities is up to 30 years.

**NOTE 8 - SECURITIES LENDING (Continued)**

The CNS Master Trust maintains full ownership rights to the securities loaned and accordingly, classifies loaned securities as investments. Because the securities received as collateral may be repledged or sold, the CNS Master Trust recognizes the amount of collateral received and a corresponding obligation to return such collateral on the statement of net assets. The fair value of securities on loan was \$34,484,554 and \$75,382,037 and the fair value of collateral was \$35,237,640 and \$77,352,264, respectively, at December 31, 2024 and 2023. Securities lending income earned by the CNS Master Trust is recorded on the accrual basis and was \$115,243 and \$121,960 for the years ended December 31, 2024 and 2023, respectively.

**NOTE 9 - DERIVATIVES**

The Plan and the CNS Master Trust enter into futures contracts in the normal course of their investing activities to manage market risk associated with the Plan and CNS Master Trust's fixed income investments and to achieve overall investment portfolio objectives. These contracts involve elements of market risk in excess of amounts recognized in the statement of net assets available for benefits. The credit risk associated with these contracts is minimal because they are traded on organized exchanges and settled daily.

During 2024 and 2023, the Plan and CNS Master Trust were parties to futures contracts held for trading purposes for U.S. Treasury notes and bonds. Upon entering into a futures contract, the Plan or CNS Master Trust is required to deposit either in cash or securities an amount (initial margin) equal to a certain percentage of the nominal value of the contract. Subsequent payments are then made or received by the Plan or CNS Master Trust, depending on the daily fluctuation in the value of the underlying contracts.

At December 31, 2024 and 2023, the Plan had futures contracts to purchase U.S. Treasury note and bond contracts with notional amounts of \$239.7 million and \$237.0 million, respectively. At December 31, 2024 and 2023, the CNS Master Trust had futures contracts to purchase U.S. Treasury note and bond contracts with notional amounts of \$36.2 million and \$30.6 million, respectively, and sell U.S. Treasury note and bond contracts with notional amounts of \$16.0 and \$19.8 million, respectively.

Notional amounts do not quantify risk or represent assets or liabilities of the plan but are used in the calculation of cash settlements under the contracts. The fair value of futures contracts in the Statements of Net Assets Available for Benefits is zero at December 31, 2024 and 2023 because changes in the value of the contracts are settled by cash payments daily. Changes in fair value are accounted for as net appreciation (depreciation) in fair value of investments.

Net realized and unrealized gains (losses) on derivatives contracts entered into during the years ended December 31, 2024 and 2023 of approximately \$(23.5) million and \$(4.2) million, respectively, are recorded in net appreciation in fair value of investments of the Plan.

**NOTE 10 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS**

As of December 31, 2023, the actuarial present value of accumulated plan benefits was as follows:

Vested Benefits:	
Participants Currently Receiving Payments	\$ 249,718,163
Other Participants	<u>162,794,064</u>
Total Vested Benefits	412,512,227
Non-Vested Benefits	<u>2,200,127</u>
Total Actuarial Present Value of Accumulated Plan Benefits	<u><u>\$ 414,712,354</u></u>

**NOTE 11 - CHANGES IN ACCUMULATED PLAN BENEFITS**

The changes in the actuarial present value of accumulated plan benefits for the year ended December 31, 2023 was as follows:

Actuarial Present Value of Accumulated Plan Benefits, At Beginning of Year	\$ <u>405,058,395</u>
Increase (Decrease) Attributable to:	
Interest Accumulation	26,575,239
Benefits Accumulated and Actuarial Experience	15,855,119
Change in Actuarial Assumptions	(9,697,263)
Benefits Paid	<u>(23,079,136)</u>
Net Decrease	<u>9,653,959</u>
Actuarial Present Value of Accumulated Plan Benefits, At End of Year	\$ <u><u>414,712,354</u></u>

**NOTE 12 - RISKS AND UNCERTAINTIES**

The Plan invests in various investment securities. The underlying investment securities are exposed to various risks, such as interest rate, market and credit risks. 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.

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

**NOTE 13 - PARTY-IN-INTEREST TRANSACTIONS**

Parties-in-interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering service to the Plan, the Company, and certain others. The Plan and the CNS and Pantex Master Trusts invest in a common/commingled trust fund managed by Northern Trust. The amount of the Plan's investment in the common/commingled trust funds at December 31, 2024 and 2023 was \$4,141,434 and \$15,290,904, respectively. The amount of the CNS Master Trust's investment in the common/commingled trust fund at December 31, 2024 and 2023 was \$9,092,805 and \$38,271,833, respectively. The amount of the Pantex Master Trust's investment in the common/commingled trust fund at December 31, 2024 was \$1,707,724. Northern Trust is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions; however, they are exempt from prohibited transaction rules under ERISA.

For the years ended December 31, 2024 and 2023, the Plan paid \$2,716,432 and \$2,701,074, respectively, the CNS Master Trust paid approximately \$3,402,000 and \$4,161,000, respectively, and the Pantex Master Trust paid approximately \$6,000 in expenses related to plan operations and investment activity to various service providers. These transactions are considered to be party-in-interest transactions.

#### **NOTE 14 - PLAN TERMINATION**

Each participant of the Plan and otherwise eligible persons shall become fully vested in their proportionate interest upon termination of the Plan or complete discontinuance of contributions. Vested benefits under the Plan are guaranteed at the limitation level in effect on the date of the Plan's termination. The available plan assets will be disposed of through the purchase of annuities, for the exclusive benefit of participants and their beneficiaries, in the order of priorities as indicated:

- a. The accrued benefit attributable to participant contributions.
- b. With respect to participants or beneficiaries who have been receiving (or who were eligible to elect to receive) plan benefits in the form of annuities during the entire three year period ending on the Plan termination date, the amount of accrued benefit based on the Plan provisions which were in effect during the five year period ending on the Plan termination date and under which such benefit would be the least, but, for participants or beneficiaries who have been receiving benefits during such three year period, not more than the lowest benefits in pay status during such period.
- c. Other benefits that are or would be guaranteed by the Pension Benefit Guaranty Corporation if such guaranteed amounts are determined without regard to provisions of Section 4022(b)(5) and 4022(b)(6) of ERISA.
- d. All other accrued annuity benefits as to which an allocation has not been made pursuant to the above priorities.
- e. All other benefits under the Plan.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

#### **NOTE 15 - PLAN TAX STATUS**

The Plan obtained its latest determination letter on January 7, 2016, in which the Internal Revenue Service (IRS) states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the relevant taxing authority. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

#### **NOTE 16 - CONTINGENCIES**

The Plan is subject to various claims and lawsuits which arise in the ordinary course of plan operations, primarily related to participant benefits. It is the opinion of Plan management that the disposition or ultimate resolution of such claims and lawsuits will not have a material adverse effect on the financial position of the Plan.

In previous years, Plan management became aware of certain Plan compliance issues that will result in corrective distributions to current beneficiaries. Plan management is working with ERISA counsel and an independent actuarial firm to determine the total impact and the necessary corrective actions. At this time, Plan management estimates that the total impact to the Plan will be minor.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
PanTexas Deterrence, LLC Retirement Plan for Non-Bargaining  
Pantex Location Employees  
EIN: 92-3671850 PN: 010

## Schedule SB, Part V — Summary of Plan Provisions

<b>Effective Date</b>	Restatement effective January 1, 2014.
<b>Eligibility for Participation</b>	<p>A non-bargaining employee over the age of 21 who has completed one year of service in which at least 1,000 hours are worked during a plan year.</p> <p>Effective February 20, 2012, no new employees may join the plan as active participants.</p>
<b>Normal Retirement</b>	
Eligibility	Age 65.
Benefit	<p>A monthly amount equal to (1) plus (2):</p> <p>(1) For service on and after October 1, 1991, 1.3% of final average earnings multiplied by years of credited service.</p> <p>(2) Accrued benefit from the prior plan.</p> <p>Benefit accruals were frozen February 19, 2012 for participants that were not vested as of that date.</p>
<b>Early Retirement</b>	
Eligibility	Age 55 and 10 years of service.
Benefit	A monthly benefit equal to the normal retirement benefit reduced by 2.5% for each year early retirement precedes age 65.
<b>Late Retirement</b>	
Benefit	Greater of the additional accrual to late retirement date or the normal retirement benefit increased by ½% for each month after normal retirement date.
<b>Vested Termination</b>	
Eligibility	Five years of vesting service (or age 65).
Benefit	The accrued benefit at the date of termination. Reduced payments may begin any time after eligibility for early retirement based on the same reductions as early retirement from active status.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
PanTexas Deterrence, LLC Retirement Plan for Non-Bargaining  
Pantex Location Employees  
EIN: 92-3671850 PN: 010

**Disability**

Eligibility No disability benefits will be payable to participants who become disabled on and after September 1, 1996. Participants disabled prior to September 1, 1996 will continue to receive benefits based on the pre-September 1, 1996 plan provisions.

**Surviving Spouse Coverage I**

Eligibility Age 45; 10 years of vesting service and dies while in active service.

Benefit A monthly benefit payable to the surviving spouse beginning immediately equal to 50% of the accrued benefit reduced by ½% for each year the spouse is more than five years younger than the participant, but not below 40%.

**Surviving Spouse Coverage II**

Eligibility Five years of vesting service and not eligible for the Surviving Spouse's Coverage I.

Benefit A monthly benefit payable to the surviving spouse beginning at the employee's earliest retirement age equal to 50% of the amount payable if the participant had retired early with a 50% joint and survivor benefit.

**Return of Employee Contributions**

The participant is guaranteed to receive benefits equal to their employee contributions plus interest.

**Normal Form of Annuity**

Single life annuity or if married a joint and survivor annuity.

**Optional Forms of Annuity**

Single life annuity;  
50% joint and survivor annuity;  
66⅔% joint and survivor annuity;  
75% joint and survivor annuity;  
100% joint and survivor annuity;  
Level income annuity.

**Actuarial Equivalence**

Optional payment form conversion basis is determined based on 2.50% and the 1951 Group Annuity Mortality Table with a six-year setback for participant and a one-year setback for the joint payee.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
PanTexas Deterrence, LLC Retirement Plan for Non-Bargaining  
Pantex Location Employees  
EIN: 92-3671850 PN: 010

**Definitions**

Credited Service Service earned on or after January 1, 1982 shall mean a 12-month period during which the participant is employed in the eligible class.

Final Average Earnings The average of the participant's earnings during the five consecutive plan years which gives the highest average out of the last 10 plan years prior to termination or retirement.

**Participant Contributions**

Prior to October 1, 1991, participants were required to contribute to the prior plan. Between January 1, 1992 and December 31, 2014, participant contributions are not required or permitted. Effective January 1, 2015, participant contributions will again be required at 2% of pay, decreasing to 1% as of January 1, 2016 and later. Contributions will be credited with interest equal to 120% of the Federal Mid-Term rate on the first day of the plan year.

**Plan Changes Since the Prior Year**

The funding valuation reflects the following plan changes:

- The limitation on compensation under IRC Section 401(a)(17) increased from \$330,000 to \$345,000.
- The maximum benefit limitation under IRC Section 415 increased from \$265,000 to \$275,000.

**Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan**

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Due to a site separation that occurred on November 1, 2024, PanTexas Deterrence, LLC ("PXD") has assumed sponsorship of the Pantex Plans. As a result, the plan sponsor name has changed to PanTexas Deterrence, LLC, and the EIN has changed to 92-3671850.

**PANTEXAS DETERRENCE RETIREMENT PLAN FOR  
NON-BARGAINING PANTEX LOCATION EMPLOYEES  
EIN - 92-3671850 PLAN - #010  
SCHEDULE H, PART IV LINE 4i - SCHEDULE OF ASSETS HELD AT YEAR END  
As of December 31, 2024**

Security Description / Asset ID	Shares/Par Value	Market Price	Market Value	ERISA Cost	Unrealized Gain/Loss on Security Movements	Unrealized Gain/Loss
<b><i>Non-Interest Bearing Cash - USD</i></b>						
USD - United States dollar	- 624,625.070	1.000000	-624,625.07	-624,625.07	0.00	0.00
USD - United States dollar	0.000	1.000000	0.00	0.00	0.00	0.00
<b>Total - all currencies</b>			<b>-624,625.07</b>	<b>-624,625.07</b>	<b>0.00</b>	<b>0.00</b>
<b>Total Non-Interest Bearing Cash - USD</b>			<b>-624,625.07</b>	<b>-624,625.07</b>	<b>0.00</b>	<b>0.00</b>

***Receivable Income - USD***

Income	0.000	0.000000	538,938.17	538,938.17	0.00	0.00
<b>Total - all currencies</b>			<b>538,938.17</b>	<b>538,938.17</b>	<b>0.00</b>	<b>0.00</b>
<b>Total Receivable Income - USD</b>			<b>538,938.17</b>	<b>538,938.17</b>	<b>0.00</b>	<b>0.00</b>

***Receivables - Other - USD***

Pending trade sales: United States dollar	0.000	0.000000	121,287.57	121,287.57	0.00	0.00
<b>Total - all currencies</b>			<b>121,287.57</b>	<b>121,287.57</b>	<b>0.00</b>	<b>0.00</b>
<b>Total Receivables - Other - USD</b>			<b>121,287.57</b>	<b>121,287.57</b>	<b>0.00</b>	<b>0.00</b>

***U.S. Government Securities***

**United States - USD**

UNITED STATES TREAS BDS DTD 00206 4.5% DUE 05-15-2038 REG SBSTJVV1	7,000,000.000	98.480469	6,893,632.83	7,002,201.50	-190,025.08	-298,593.75
UNITED STATES TREAS BDS DTD 00218 3.875%DUE 08-15-2040 REG SBSTJVZ5	3,700,000.000	90.078125	3,332,890.63	3,218,134.20	-294,553.30	-179,796.87
UNITED STATES TREAS BDS 4.625% 05-15-2044 SBPZRNR8	9,465,000.000	97.046875	9,185,486.72	9,402,822.32	-279,576.90	-496,912.50
UNITED STATES TREAS BDS 4.625% 11-15-2044 SBTPH0B9	22,990,000.000	97.062500	22,314,668.75	23,160,107.24	-408,234.95	-1,253,673.44
US TREAS BDS DTD 02-15-2011 4.75% DUE 02-15-2041 REG SBZ56WF6	0.000	0.000000	0.00	0.00	-239,373.57	-239,373.57

See Independent Auditor's Report.

**PANTEXAS DETERRENCE RETIREMENT PLAN FOR  
NON-BARGAINING PANTEX LOCATION EMPLOYEES  
EIN - 92-3671850 PLAN - #010  
SCHEDULE H, PART IV LINE 4i - SCHEDULE OF ASSETS HELD AT YEAR END (Continued)  
As of December 31, 2024**

Security Description / Asset ID	Shares/Par Value	Market Price	Market Value	ERISA Cost	Unrealized Gain/Loss on Security Movements	Unrealized Gain/Loss
<i>U.S. Government Securities</i>						
<b>United States - USD</b>						
US TREASURY N/B 4.25% 08-15-2054 SBR2NN95	14,850,000.000	91.484375	13,585,429.69	14,175,378.93	-171,251.00	-761,200.24
<b>Total United States - USD</b>			<b>55,312,108.62</b>	<b>56,958,644.19</b>	<b>-1,583,014.80</b>	<b>-3,229,550.37</b>
<b>Total U.S. Government Securities</b>			<b>55,312,108.62</b>	<b>56,958,644.19</b>	<b>-1,583,014.80</b>	<b>-3,229,550.37</b>

*Value of Interest in Common/Collective Trusts*

<b>United States - USD</b>						
CF L&G LONG DURATION US CREDIT CIT FUND C5D9995231	157,468.147	121.850000	19,187,493.71	20,850,357.37	821,983.75	-840,879.91
NT COLLECTIVE SHORT TERM INVT FD C66586U452	4,141,434.470	1.000000	4,141,434.47	4,141,434.41	0.00	0.06
<b>Total United States - USD</b>			<b>23,328,928.18</b>	<b>24,991,791.78</b>	<b>821,983.75</b>	<b>-840,879.85</b>
<b>Total Value of Interest in Common/Collective Trusts</b>			<b>23,328,928.18</b>	<b>24,991,791.78</b>	<b>821,983.75</b>	<b>-840,879.85</b>

*Value of Interest in Master Trusts*

<b>United States - USD</b>						
MFO PXD UNIT AB C3Z9999004	1,343,029.220	15.332602	20,592,132.50	15,926,610.04	-5,338,467.24	-672,944.78
MFO PXD UNIT E C3Z9999046	679,588.070	21.200086	14,407,325.53	8,344,541.39	-6,916,102.56	-853,318.42
MFO PXD UNIT F C3Z9999053	575,536.290	21.738231	12,511,140.82	5,713,971.35	-7,591,527.30	-794,357.83
MFO PXD UNIT I C3Z9999079	1,518,924.920	14.184618	21,545,369.76	15,652,207.84	-6,847,795.45	-954,633.53
MFO PXD UNIT K C3Z9999095	770,109.100	24.143156	18,592,864.14	9,160,516.79	-10,315,834.74	-883,487.39
MFO PXD UNIT M C3Z9999103	1,545,284.880	12.560543	19,409,617.18	15,385,384.16	-3,758,977.02	265,256.00
MFO PXD UNIT O C3Z9999111	1,008,736.090	13.316835	13,433,172.07	10,360,677.76	-3,044,523.94	27,970.37
MFO PXD UNIT P C3Z9999129	976,000.830	13.971960	13,636,644.56	10,213,134.58	-3,552,055.98	-128,546.00
MFO PXD UNIT Q C3Z9999137	2,042,921.570	11.619910	23,738,564.78	22,059,254.80	-1,527,778.20	151,531.78
MFO PXD UNIT S C3Z9999301	4,904,960.250	10.516994	51,585,437.52	51,426,491.25	-3,375,118.78	-3,216,172.51

See Independent Auditor's Report.

**PANTEXAS DETERRENCE RETIREMENT PLAN FOR  
NON-BARGAINING PANTEX LOCATION EMPLOYEES  
EIN - 92-3671850 PLAN - #010  
SCHEDULE H, PART IV LINE 4i - SCHEDULE OF ASSETS HELD AT YEAR END (Continued)  
As of December 31, 2024**

Security Description / Asset ID	Shares/Par Value	Market Price	Market Value	ERISA Cost	Unrealized Gain/Loss on Security Movements	Unrealized Gain/Loss
<i>Value of Interest in Master Trusts</i>						
<b>United States - USD</b>						
MFO PXD UNIT X C3Z9999160	848,946.010	10.775765	9,148,042.70	8,489,590.78	-1,311,707.27	-653,255.35
MFO PXD UNIT Y C3Z9999335	1,170,989.420	14.296366	16,740,893.33	12,645,876.00	-4,059,969.47	35,047.86
MFO PXD UNIT Z C3Z9999293	3,146,680.330	23.813383	74,933,103.88	54,169,560.75	-23,355,032.37	-2,591,489.24
<b>Total United States - USD</b>			<b>310,274,308.77</b>	<b>239,547,817.49</b>	<b>-80,994,890.32</b>	<b>-10,268,399.04</b>
<b>Total Value of Interest in Master Trusts</b>			<b>310,274,308.77</b>	<b>239,547,817.49</b>	<b>-80,994,890.32</b>	<b>-10,268,399.04</b>

*Value of Funds Held in Insurance Company General Accounts*

<b>United States - USD</b>						
GAC AETNA CONTRACT #000639 RATE 5.26% EVERGREEN (ALLOCATED GENERAL) C999502GL5	16,513,275.560	100.000000	16,513,275.56	16,513,275.56	0.00	0.00
<b>Total United States - USD</b>			<b>16,513,275.56</b>	<b>16,513,275.56</b>	<b>0.00</b>	<b>0.00</b>
<b>Total Value of Funds Held in Insurance Company General Accounts</b>			<b>16,513,275.56</b>	<b>16,513,275.56</b>	<b>0.00</b>	<b>0.00</b>

*Other*

<b>United States - USD</b>						
FUT MAR 25 CBT UL T-BONDS C999599GH0	- 852.000	118.906250	-101,308,125.00	-108,974,484.08	0.00	7,666,359.08
FUT MAR 25 CBT UL T-BONDS C999599GH0	852.000	118.906250	101,308,125.00	108,974,484.08	0.00	-7,666,359.08
FUT MAR 25 CBT UL T-NOTE C999599GH0	- 375.000	111.312500	-41,742,187.50	-43,083,984.38	0.00	1,341,796.88
FUT MAR 25 CBT UL T-NOTE C999599GH0	375.000	111.312500	41,742,187.50	43,083,984.38	0.00	-1,341,796.88
FUT MAR 25 CBT 5Y T-NOTE C999599GH0	199.000	106.304688	21,154,632.81	21,412,710.94	0.00	-258,078.13
FUT MAR 25 CBT 5Y T-NOTE C999599GH0	- 199.000	106.304688	-21,154,632.81	-21,412,710.94	0.00	258,078.13
FUT MAR 25 U.S. T-BONDS C999599GH0	398.000	113.843750	45,309,812.50	47,558,312.50	0.00	-2,248,500.00
FUT MAR 25 U.S. T-BONDS C999599GH0	- 398.000	113.843750	-45,309,812.50	-47,558,312.50	0.00	2,248,500.00
FUT MAR 25 US 2YR T-NOTE C999599GH0	- 52.000	102.804688	-10,691,687.50	-10,723,375.00	0.00	31,687.50

See Independent Auditor's Report.

**PANTEXAS DETERRENCE RETIREMENT PLAN FOR  
NON-BARGAINING PANTEX LOCATION EMPLOYEES  
EIN - 92-3671850 PLAN - #010  
SCHEDULE H, PART IV LINE 4i - SCHEDULE OF ASSETS HELD AT YEAR END (Continued)  
As of December 31, 2024**

Security Description / Asset ID	Shares/Par Value	Market Price	Market Value	ERISA Cost	Unrealized Gain/Loss on Security Movements	Unrealized Gain/Loss
<i>Other</i>						
<b>United States - USD</b>						
FUT MAR 25 US 2YR T-NOTE C999599GH0	52.000	102.804688	10,691,687.50	10,723,375.00	0.00	-31,687.50
FUT MAR 25 10 YR T-NOTES C999599GH0	- 179.000	108.750000	-19,466,250.00	-19,905,359.38	0.00	439,109.38
FUT MAR 25 10 YR T-NOTES C999599GH0	179.000	108.750000	19,466,250.00	19,905,359.38	0.00	-439,109.38
<b>Total United States - USD</b>			<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Total Other</b>			<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<i>Other Liabilities</i>						
Pending trade purchases: United States dollar	0.000	0.000000	-60,435.83	-60,435.83	0.00	0.00
<b>Total - all currencies</b>			<b>-60,435.83</b>	<b>-60,435.83</b>	<b>0.00</b>	<b>0.00</b>
Other Payables: United States dollar	0.000	0.000000	-114,571.97	-114,571.97	0.00	0.00
<b>Total - all currencies</b>			<b>-114,571.97</b>	<b>-114,571.97</b>	<b>0.00</b>	<b>0.00</b>
<b>Total Other Liabilities</b>			<b>-175,007.80</b>	<b>-175,007.80</b>	<b>0.00</b>	<b>0.00</b>
<b>Total</b>			<b>405,289,214.00</b>	<b>337,872,121.89</b>	<b>-81,755,921.37</b>	<b>-14,338,829.26</b>

See Independent Auditor's Report.

Schedule SB Attachment (Form 5500) –2024 Plan Year  
PanTexas Deterrence, LLC Retirement Plan for Non-Bargaining  
Pantex Location Employees  
EIN: 92-3671850 PN: 010

Schedule SB, line 26a – Schedule of Active Participant Data  
as of January 1, 2024

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34	1	7	2							
35-39	5	17	3	17	5					
40-44	7	26 \$117,982	3	22 \$96,291	23 \$148,644	3				
45-49	2	11		17	38 \$154,240	19	1			
50-54	4	15	1	17	35 \$162,184	20 \$157,205	13	9		
55-59	4	5	1	18	43 \$140,304	27 \$171,017	28 \$187,107	19		
60-64	2	5		13	25 \$140,222	21 \$144,048	32 \$157,668	31 \$153,586	4	
65-69		3		3	8	11	14	13	8	
70+					2			1		

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Schedule SB Attachment (Form 5500) —2024 Plan Year  
PanTexas Deterrence, LLC Retirement Plan for Non-Bargaining  
Pantex Location Employees  
EIN: 92-3671850 PN: 010

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

<b>Interest Rates for Minimum Funding Purposes</b>	Based on segment rates with a four-month lookback (as of September 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	4.87%
3rd Segment Rate	5.59%
<b>Interest Rates for Maximum Tax Purposes</b>	Based on segment rates with a four-month lookback (as of September 2023), without regard to interest rate stabilization
1st Segment Rate	3.62%
2nd Segment Rate	4.46%
3rd Segment Rate	4.52%
<b>Salary Increases</b>	
Minimum Funding Target Normal Cost	See Table 1
Maximum Tax Expected Benefit Increase	See Table 1
<b>Optional Payment Form Election Percentage</b>	100% life annuity
<b>Interest on Employee Contributions</b>	Accumulation receives interest at an assumed rate of 3.00% per year
<b>Retirement Age</b>	
Active Participants	See Table 2
Terminated Vested Participants	Age 62
<b>Mortality Rates</b>	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b).
<b>Withdrawal Rates</b>	See Table 3
<b>Disability Rates</b>	None
<b>Decrement Timing</b>	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)

Schedule SB Attachment (Form 5500) —2024 Plan Year  
PanTexas Deterrence, LLC Retirement Plan for Non-Bargaining  
Pantex Location Employees  
EIN: 92-3671850 PN: 010

<b>Surviving Spouse Benefit</b>	It is assumed that 85% of males and 65% of females have an eligible spouse, and that males are two years older than their spouses.
<b>Valuation Compensation</b>	2023 pensionable earnings rolled forward one year with the salary increase assumption.
<b>Benefit and Compensation Limits</b>	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the IRC section 401(a)(17) compensation limit of \$345,000.
<b>Valuation of Plan Assets</b>	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
<b>Expected Return on Assets</b>	
2022 Plan Year	5.50%
2023 Plan Year	6.75%, limited to 5.74%
2024 Plan Year	7.00%, limited to 5.59%
<b>Trust Expenses Included in Target Normal Cost</b>	Actual prior year administrative expenses rounded to the nearest \$5,000 (\$2,480,000 for 2024).
<b>Actuarial Method</b>	Standard unit credit cost method
<b>Valuation Date</b>	January 1, 2024

Schedule SB Attachment (Form 5500) –2024 Plan Year  
PanTexas Deterrence, LLC Retirement Plan for Non-Bargaining  
Pantex Location Employees  
EIN: 92-3671850 PN: 010

Table 1

**Salary Merit Increase Rates**

Age	Rate	Age	Rate
15	9.50%	45	4.50%
16	9.50%	46	4.50%
17	9.50%	47	4.50%
18	9.50%	48	4.50%
19	9.50%	49	4.50%
20	9.50%	50	4.00%
21	9.50%	51	4.00%
22	9.50%	52	4.00%
23	9.50%	53	4.00%
24	9.50%	54	4.00%
25	9.50%	55	3.50%
26	9.50%	56	3.50%
27	9.50%	57	3.50%
28	9.50%	58	3.50%
29	9.50%	59	3.50%
30	9.50%	60	3.00%
31	9.50%	61	3.00%
32	9.50%	62	3.00%
33	9.50%	63	3.00%
34	9.50%	64	3.00%
35	7.50%	65	2.00%
36	7.50%	66	2.00%
37	7.50%	67	2.00%
38	7.50%	68	2.00%
39	7.50%	69	2.00%
40	6.00%	70	0.00%
41	6.00%		
42	6.00%		
43	6.00%		
44	6.00%		

Schedule SB Attachment (Form 5500) –2024 Plan Year  
 PanTexas Deterrence, LLC Retirement Plan for Non-Bargaining  
 Pantex Location Employees  
 EIN: 92-3671850 PN: 010

Table 2

**Retirement Rates**

<b>Age</b>	<b>Rate</b>
55	8.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	8.00%
61	8.00%
62	15.00%
63	15.00%
64	15.00%
65	25.00%
66	25.00%
67	25.00%
68	15.00%
69	15.00%
70+	100.00%

Schedule SB Attachment (Form 5500) –2024 Plan Year  
PanTexas Deterrence, LLC Retirement Plan for Non-Bargaining  
Pantex Location Employees  
EIN: 92-3671850 PN: 010

Table 3

**Withdrawal Rates**

Age	Rate	Age	Rate
20	7.00%	45	4.00%
21	7.00%	46	4.00%
22	7.00%	47	4.00%
23	7.00%	48	4.00%
24	7.00%	49	4.00%
25	7.00%	50	3.00%
26	7.00%	51	3.00%
27	7.00%	52	3.00%
28	7.00%	53	3.00%
29	7.00%	54	3.00%
30	7.00%	55+	0.00%
31	7.00%		
32	7.00%		
33	7.00%		
34	7.00%		
35	7.00%		
36	7.00%		
37	7.00%		
38	7.00%		
39	7.00%		
40	4.00%		
41	4.00%		
42	4.00%		
43	4.00%		
44	4.00%		

Schedule SB Attachment (Form 5500) –2024 Plan Year  
PanTexas Deterrence, LLC Retirement Plan for Non-Bargaining  
Pantex Location Employees  
EIN: 92-3671850 PN: 010

Schedule SB, line 32 – Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 27,860,589	January 1, 2023	14	\$ 2,659,092
Shortfall	\$ 4,623,999	January 1, 2024	15	\$ 420,693

Schedule SB Attachment (Form 5500) —2024 Plan Year  
PanTexas Deterrence, LLC Retirement Plan for Non-Bargaining  
Pantex Location Employees  
EIN: 92-3671850 PN: 010

## Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following non-prescribed assumption changes:

- A change in the unlimited expected rate of return on assets from 6.75% to 7.00%.
- A change in the salary scale to better reflect anticipated future experience as the result of an assumption study
- A change in the retirement rates to better reflect anticipated future experience as the result of an assumption study
- A change in the withdrawal rates to better reflect anticipated future experience as the result of an assumption study
- A change in the retirement age assumption for terminated vested participants from an average age of 61 to an average age of 62.
- A change in the percent married assumption from 95% for males and females to 85% for males and 65% for females.

These changes were made to better reflect the anticipated plan experience. These assumption changes did not reduce the funding shortfall by more than the thresholds stated in Internal Revenue Code Section 430(h)(5); as such, approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500) –2024 Plan Year  
PanTexas Deterrence, LLC Retirement Plan for Non-Bargaining  
Pantex Location Employees  
EIN: 92-3671850 PN: 010

Schedule SB, line 19 – Discounted Employer Contributions

Year applied for contributions: 2024

<b>Date</b>	<b>Amount</b>	<b>Days to Discount to 1/1/2024 at 5.14%</b>	<b>Interest Adjusted Contribution</b>
March 13, 2024	\$ 4,300,000	72	\$ 4,257,810
June 13, 2024	4,300,000	164	4,204,501
October 15, 2024	4,300,000	288	4,133,706
December 16, 2024	3,600,000	350	3,431,517
January 13, 2025	700,000	378	664,683
August 28, 2025	2,514,000	605	2,313,896
<b>Total Contribution</b>	<b>\$ 19,714,000</b>		<b>\$ 19,006,113</b>

Schedule SB Attachment (Form 5500) –2024 Plan Year  
PanTexas Deterrence, LLC Retirement Plan for Non-Bargaining  
Pantex Location Employees  
EIN: 92-3671850 PN: 010

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	8.00%	1.0000	4.44
56.5	5.00%	0.9200	2.60
57.5	5.00%	0.8740	2.51
58.5	5.00%	0.8303	2.43
59.5	5.00%	0.7888	2.35
60.5	8.00%	0.7493	3.63
61.5	8.00%	0.6894	3.39
62.5	15.00%	0.6342	5.95
63.5	15.00%	0.5391	5.14
64.5	15.00%	0.4582	4.43
65.5	25.00%	0.3895	6.38
66.5	25.00%	0.2921	4.86
67.5	25.00%	0.2191	3.70
68.5	15.00%	0.1643	1.69
69.5	15.00%	0.1397	1.46
70	100.00%	0.1187	8.31
Weighted Average			63.27

Schedule SB Attachment (Form 5500) –2024 Plan Year  
PanTexas Deterrence, LLC Retirement Plan for Non-Bargaining  
Pantex Location Employees  
EIN: 92-3671850 PN: 010

Schedule SB, line 26b – Schedule of Projection of Expected  
Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	1,076,934	468,813	27,309,775	28,855,522
2025	2,818,066	550,017	24,955,835	28,323,918
2026	4,499,939	725,760	24,506,436	29,732,135
2027	6,153,300	845,265	24,019,524	31,018,089
2028	7,497,060	989,444	23,484,996	31,971,500
2029	8,839,259	1,119,050	22,910,643	32,868,952
2030	10,009,697	1,295,771	22,314,793	33,620,261
2031	11,116,521	1,601,201	21,682,353	34,400,075
2032	12,034,958	2,137,090	21,008,323	35,180,371
2033	12,789,914	2,302,299	20,308,392	35,400,605
2034	13,471,490	2,445,989	19,558,782	35,476,261
2035	14,079,584	2,599,684	18,791,857	35,471,125
2036	14,469,978	2,762,780	17,990,710	35,223,468
2037	14,790,344	2,858,272	17,145,252	34,793,868
2038	15,071,443	2,877,338	16,287,144	34,235,925
2039	15,282,631	2,931,405	15,373,266	33,587,302
2040	15,424,507	2,949,974	14,455,307	32,829,788
2041	15,376,507	2,929,375	13,523,877	31,829,759
2042	15,279,887	2,924,294	12,530,235	30,734,416
2043	15,115,135	2,985,425	11,553,251	29,653,811
2044	14,825,457	2,982,995	10,623,647	28,432,099
2045	14,477,791	2,947,872	9,707,793	27,133,456
2046	14,144,428	2,895,288	8,810,801	25,850,517
2047	13,689,823	2,839,894	7,939,535	24,469,252
2048	13,187,679	2,782,567	7,100,652	23,070,898
2049	12,629,591	2,707,967	6,300,412	21,637,970
2050	12,021,561	2,616,163	5,544,397	20,182,121
2051	11,378,380	2,506,337	4,837,418	18,722,135
2052	10,712,056	2,392,001	4,183,276	17,287,333
2053	10,019,629	2,273,554	3,584,683	15,877,866
2054	9,342,710	2,151,523	3,043,156	14,537,389
2055	8,655,807	2,026,534	2,558,908	13,241,249
2056	7,972,729	1,899,304	2,130,972	12,003,005
2057	7,309,449	1,770,583	1,757,326	10,837,358
2058	6,666,568	1,641,148	1,435,048	9,742,764
2059	6,049,480	1,511,863	1,160,470	8,721,813
2060	5,462,792	1,383,747	929,387	7,775,926
2061	4,908,278	1,257,960	737,252	6,903,490
2062	4,389,104	1,135,672	579,417	6,104,193
2063	3,906,699	1,017,977	451,306	5,375,982
2064	3,460,944	905,906	348,546	4,715,396
2065	3,051,832	800,326	267,070	4,119,228
2066	2,678,333	701,912	203,185	3,583,430
2067	2,338,934	611,126	153,643	3,103,703

Schedule SB Attachment (Form 5500) –2024 Plan Year  
PanTexas Deterrence, LLC Retirement Plan for Non-Bargaining  
Pantex Location Employees  
EIN: 92-3671850 PN: 010

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2068	2,031,809	528,166	115,639	2,675,614
2069	1,755,107	453,028	86,787	2,294,922
2070	1,506,960	385,537	65,099	1,957,596
2071	1,285,473	325,416	48,933	1,659,822
2072	1,088,831	272,313	36,962	1,398,106
2073	915,226	225,799	28,137	1,169,162

**PANTEXAS DETERRENCE RETIREMENT PLAN FOR  
NON-BARGAINING PANTEX LOCATION EMPLOYEES  
EIN - 92-3671850 PLAN - #010  
SCHEDULE H, PART IV LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS  
For the Year Ended December 31, 2024**

*Single Transaction in Excess of 5%*

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
<b>Value of Interest in Common/Collective Trusts</b>									
<b>United States - USD</b>									
NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452	27,358,940.690	26 Nov 24	1.0000			0.00	27,358,940.69	27,358,940.69	0.00
NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452	-21,867,289.490	2 Dec 24		1.0000		0.00	21,867,289.49	21,867,289.49	0.00
<b>Value of Interest in Master Trusts</b>									
<b>United States - USD</b>									
MFO CNS UNIT A CUSIP: 10M999M38	-1,599,215.990	26 Jun 24		23.2800		0.00	28,152,008.03	37,233,077.17	9,081,069.14
MFO CNS UNIT Z CUSIP: 1S1589991	1,690,176.110	26 Jun 24	22.0300			0.00	37,233,077.17	37,233,077.17	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 411,241,643.86

**PANTEXAS DETERRENCE RETIREMENT PLAN FOR  
NON-BARGAINING PANTEX LOCATION EMPLOYEES  
EIN - 92-3671850 PLAN - #010  
SCHEDULE H, PART IV LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS (Continued)  
For the Year Ended December 31, 2024**

*Series of Transactions by Issue in Excess of 5%*

Security Description / Asset ID		Number of Transactions	Transaction Aggregate		Lease Rental	Expenses Incurred	Cost of Asset	Current Value of Asset on Transaction
			Acquisition Price	Disposition Price				
MFO CNS UNIT A CUSIP: 10M999M38	Total acquisitions	1	19,437,096.18			0.00	19,437,096.18	19,437,096.18
	Total dispositions	1		37,233,077.17		0.00	28,152,008.03	37,233,077.17
MFO CNS UNIT Z CUSIP: 1S1589991	Total acquisitions	3	42,243,976.47			0.00	42,243,976.47	42,243,976.47
	Total dispositions	1		10,899.30		0.00	7,705.18	10,899.30
NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452	Total acquisitions	165	248,195,954.55			0.00	248,195,954.55	248,195,954.55
	Total dispositions	151		263,486,858.90		0.00	263,486,858.90	263,486,858.90
UNITED STATES OF AMER TREAS BONDS 4.125 % 08-15-2044 SEDOL: BLSLKL5	Total acquisitions	3	26,319,378.54			0.00	26,319,378.54	26,319,378.54
	Total dispositions	3		25,146,246.41		0.00	26,319,378.54	25,146,246.41
UNITED STATES OF AMER TREAS BONDS 4.25% 02-15-2054 SEDOL: BS2G1C0	Total acquisitions	8	13,109,489.68			0.00	13,109,489.68	13,109,489.68
	Total dispositions	7		13,642,982.05		0.00	13,109,489.68	13,642,982.05
UNITED STATES OF AMER TREAS BONDS 4.5% 02-15-2044 SEDOL: BPG5RX5	Total acquisitions	3	12,080,017.56			0.00	12,080,017.56	12,080,017.56
	Total dispositions	2		11,706,221.88		0.00	12,080,017.56	11,706,221.88
UNITED STATES TREAS BDS DTD 00300 4.75% 11-15-2053 SEDOL: BRBS4M1	Total acquisitions	7	14,051,733.23			0.00	14,051,733.23	14,051,733.23
	Total dispositions	8		13,845,163.00		0.00	14,051,733.23	13,845,163.00
UNITED STATES TREAS BDS DTD 00305 4.75% 05-15-2054 SEDOL: BQSB5H8	Total acquisitions	8	16,315,024.56			0.00	16,315,024.56	16,315,024.56
	Total dispositions	11		15,614,114.00		0.00	16,315,024.56	15,614,114.00
UNITED STATES TREAS BDS 4.625% 05-15-20 44 SEDOL: BPZRNR8	Total acquisitions	3	18,810,611.80			0.00	18,810,611.80	18,810,611.80
	Total dispositions	1		9,989,370.79		0.00	9,407,789.48	9,989,370.79
UNITED STATES TREAS BDS 4.625% 11-15-204 4 SEDOL: BTPH0B9	Total acquisitions	2	23,160,107.24			0.00	23,160,107.24	23,160,107.24

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 411,241,643.86

See Independent Auditor's Report.

**PANTEXAS DETERRENCE RETIREMENT PLAN FOR  
NON-BARGAINING PANTEX LOCATION EMPLOYEES  
EIN - 92-3671850 PLAN - #010  
SCHEDULE H, PART IV LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS (Continued)  
For the Year Ended December 31, 2024**

*Series of Transactions by Issue in Excess of 5%*

Security Description / Asset ID		Number of Transactions	Transaction Aggregate		Lease Rental	Expenses Incurred	Cost of Asset	Current Value of Asset on Transaction
			Acquisition Price	Disposition Price				
NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452	Total acquisitions	15	32,337,484.13			0.00	32,337,484.13	32,337,484.13
	Total dispositions	9		28,196,049.66		0.00	28,196,049.66	28,196,049.66
US TREASURY N/B 4.25% 08-15-2054 SEDOL: BR2NN95	Total acquisitions	2	20,351,731.32			0.00	20,351,731.32	20,351,731.32
	Total dispositions	2		10,859,148.91		0.00	11,073,023.27	10,859,148.91

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 411,241,643.86

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

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

<b>A</b> Name of plan PanTexas Deterrence Retirement Plan for Non-Bargaining Pantex Location Employees	<b>B</b> Three-digit plan number (PN) ▶	010
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF PanTexas Deterrence, LLC	<b>D</b> Employer Identification Number (EIN) 92-3671850	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	423,632,440
	<b>b</b> Actuarial value .....	<b>2b</b>	465,995,684
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	1,509	288,829,426
	<b>b</b> For terminated vested participants .....	497	33,226,415
	<b>c</b> For active participants .....	684	174,029,538
	<b>d</b> Total .....	2,690	496,085,379
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	5.14%
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	14,328,600
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	2,480,000
	<b>c</b> Target normal cost .....	<b>6c</b>	15,887,098

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

<b>SIGN HERE</b>	MARGO A. BURDETTE <i>maab</i>	
	Signature of actuary	09/30/2025
		Date
	MARGO A. BURDETTE	2305676
	Type or print name of actuary	Most recent enrollment number
	AON CONSULTING, INC.	404-261-3400
	Firm name	Telephone number (including area code)
	MSC 17838 PO BOX 551343	
	ATLANTA GA 30355	
	Address of the firm	

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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>6.42%</u> .....	0	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Present value of excess contributions (line 38a from prior year) .....		104,330
<b>b(1)</b>	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.26%</u> .....		5,488
<b>b(2)</b>	Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance .....		109,818
<b>d</b>	Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	93.48%
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	93.48%
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	93.88%
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

**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
03/13/2024	4,300,000	0			
06/13/2024	4,300,000	0			
10/15/2024	4,300,000	0			
12/16/2024	3,600,000	0			
01/13/2025	700,000	0			
08/28/2025	2,514,000	0			
12/31/2024	0	933,820			
			<b>Totals ▶</b>	<b>18(b)</b> 19,714,000	<b>18(c)</b> 933,820

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

<b>a</b>	Contributions allocated toward unpaid minimum required contributions from prior years. ....	<b>19a</b>	0
<b>b</b>	Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b>	Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	19,006,113

**20** Quarterly contributions and liquidity shortfalls:

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

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

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

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

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>				
<b>21</b>	Discount rate:			
<b>a</b>	Segment rates:	1st segment: 4.75%	2nd segment: 4.87%	3rd segment: 5.59% <input type="checkbox"/> N/A, full yield curve used
<b>b</b>	Applicable month (enter code).....			<b>21b</b> 4
<b>22</b>	Weighted average retirement age .....			<b>22</b> 63
<b>23</b>	Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

<b>Part VIII Minimum Required Contribution For Current Year</b>				
<b>31</b>	Target normal cost and excess assets (see instructions):			
<b>a</b>	Target normal cost (line 6c).....			<b>31a</b> 15,887,098
<b>b</b>	Excess assets, if applicable, but not greater than line 31a .....			<b>31b</b> 0
<b>32</b>	Amortization installments:		Outstanding Balance	Installment
<b>a</b>	Net shortfall amortization installment .....		32,484,588	3,079,785
<b>b</b>	Waiver amortization installment .....		0	0
<b>33</b>	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....			<b>33</b>
<b>34</b>	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....			<b>34</b> 18,966,883
<b>35</b>	Balances elected for use to offset funding requirement .....	0	0	0
<b>36</b>	Additional cash requirement (line 34 minus line 35).....			<b>36</b> 18,966,883
<b>37</b>	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			<b>37</b> 19,006,113
<b>38</b>	Present value of excess contributions for current year (see instructions)			
<b>a</b>	Total (excess, if any, of line 37 over line 36)			<b>38a</b> 39,230
<b>b</b>	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....			<b>38b</b> 0
<b>39</b>	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....			<b>39</b> 0
<b>40</b>	Unpaid minimum required contributions for all years .....			<b>40</b> 0

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