

<p>Form 5500</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>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>RETIREMENT PLAN FOR BARGAINING UNIT EMPLOYEES OF THE MTC OF PXD</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>002</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>PANTEXAS DETERRENCE, LLC</u></p> <p><u>P.O. BOX 30020</u> <u>HWY 60 AND FM 2373</u> <u>AMARILLO, TX 79120-0020</u> <u>AMARILLO, TX 79120-0020</u></p>	<p>1c Effective date of plan <u>06/01/1955</u></p> <p>2b Employer Identification Number (EIN) <u>92-3671850</u></p> <p>2c Plan Sponsor's telephone number <u>806-573-3735</u></p> <p>2d Business code (see instructions) <u>561210</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	TONYA DETTEN, DIRECTOR OF BENEFITS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor PXD BENEFITS & INVESTMENT COMMITTEE P.O. BOX 30020 AMARILLO, TX 79120-0020	3b Administrator's EIN 92-3671850 3c Administrator's telephone number 806-573-3735
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name CONSOLIDATED NUCLEAR SECURITY, LLC c Plan Name RETIREMENT PLAN FOR BARGAINING UNIT EMPLOYEES OF THE	4b EIN 45-4482782 4d PN 002
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5 Total number of participants at the beginning of the plan year	5	2282
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	524
a(2) Total number of active participants at the end of the plan year	6a(2)	485
b Retired or separated participants receiving benefits	6b	999
c Other retired or separated participants entitled to future benefits	6c	598
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	2082
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	171
f Total. Add lines 6d and 6e	6f	2253
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0

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

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

9a 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	9b 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)

a Pension Schedules

(1) **R** (Retirement Plan Information)

(2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

(4) **DCG** (Individual Plan Information) – Number Attached _____

(5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

(1) **H** (Financial Information)

(2) **I** (Financial Information – Small Plan)

(3) **A** (Insurance Information) – Number Attached 1

(4) **C** (Service Provider Information)

(5) **D** (DFE/Participating Plan Information)

(6) **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan RETIREMENT PLAN FOR BARGAINING UNIT EMPLOYEES OF THE MTC OF PXD		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 PANTEXAS DETERRENCE, LLC		D Employer Identification Number (EIN) 92-3671850

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	000639-000648	339	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 0	(b) Total amount of fees paid 0
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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	

Part II	Investment and Annuity Contract Information	
	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.	
4	Current value of plan's interest under this contract in the general account at year end	23240046
5	Current value of plan's interest under this contract in separate accounts at year end.....	
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	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 ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	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	Balance at the end of the previous year	7b 23266300
c	Additions: (1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 979182
	(4) Transferred from separate account	7c(4)
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 979182
d	Total of balance and additions (add lines 7b and 7c(6))	7d 24245482
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 914797
	(2) Administration charge made by carrier.....	7e(2) 90639
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)..... ▶	7e(4)
(5) Total deductions	7e(5) 1005436	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 23240046

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:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier		10a
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.		10b

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. ▶

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

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

A Name of plan <u>RETIREMENT PLAN FOR BARGAINING UNIT EMPLOYEES OF THE MTC OF PXD</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>PANTEXAS DETERRENCE, LLC</u>	D Employer Identification Number (EIN) <u>92-3671850</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I	Basic Information		
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>234941271</u>
	b Actuarial value	2b	<u>258435398</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>1134</u>	<u>151481759</u>
	b For terminated vested participants	<u>624</u>	<u>24662716</u>
	c For active participants	<u>524</u>	<u>86950782</u>
	d Total	<u>2282</u>	<u>263095257</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.15 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>5676526</u>
	b Expected plan-related expenses	6b	<u>2050000</u>
	c Target normal cost	6c	<u>7726526</u>

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

SIGN HERE			
	Signature of actuary	<u>09/30/2025</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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF. **Schedule SB (Form 5500) 2024 v. 240311**

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)		
10	Interest on line 9 using prior year's actual return of <u>4.67</u> %		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		99643
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.28</u> %		5261
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		104904
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	97.61 %
15	Adjusted funding target attainment percentage	15	97.61 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	99.43 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
03/20/2024	2000000	0					
06/13/2024	2000000	0					
10/15/2024	2000000	0					
12/16/2024	1800000	0					
01/13/2025	100000	0					
08/28/2025	800000	0					
Totals ▶			18(b)	8700000	18(c)		

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

a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	8403201

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

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

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

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)			31a 7726526
b Excess assets, if applicable, but not greater than line 31a			31b 0
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	6308990	580150	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			34 8306676
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)			36 8306676
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 8403201
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 96525
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....			38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			39 0
40 Unpaid minimum required contributions for all years			40 0

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

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

A Name of plan RETIREMENT PLAN FOR BARGAINING UNIT EMPLOYEES OF THE MTC OF PXD	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 PANTEXAS DETERRENCE, LLC	D Employer Identification Number (EIN) 92-3671850	

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

THE NORTHERN TRUST COMPANY	50 SOUTH LASALLE STREET CHICAGO, IL 60603-1008
36-1561860	

(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	275528	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)

AETNA LIFE INSURANCE CO

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	90419	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)

NORTHERN TRUST COMPANY

50 SOUTH LASALLE STREET
CHICAGO, IL 60603

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	70316	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)

LEGAL & GENERAL INVESTMENT MGMT INC

71 SOUTH WACKER DRIVE 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	37495	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 STOCKTON LLP

1100 PEACHTREE STREET NE SUITE 280
ATLANTA, GA 30309

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	19801	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.

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>RETIREMENT PLAN FOR BARGAINING UNIT EMPLOYEES OF THE MTC OF PXD</u>	B Three-digit plan number (PN)	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>PANTEXAS DETERRENCE, LLC</u>	D Employer Identification Number (EIN) <u>92-3671850</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE ST INVESTMENT FUND</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u>		
c EIN-PN <u>45-6138589-084</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1986419</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DEFINED BENEFIT PLANS MTIA</u>		
b Name of sponsor of entity listed in (a): <u>PANTEXAS DETERRENCE, LLC</u>		
c EIN-PN <u>99-6887808-006</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>116967073</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PXD DB/DC SHARED ACCOUNTS MTIA</u>		
b Name of sponsor of entity listed in (a): <u>PANTEXAS DETERRENCE, LLC</u>		
c EIN-PN <u>99-6887808-022</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>42451582</u>
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)

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)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan RETIREMENT PLAN FOR BARGAINING UNIT EMPLOYEES OF THE MTC OF PXD	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 PANTEXAS DETERRENCE, LLC	D Employer Identification Number (EIN) 92-3671850

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	5200000	900000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1780372	420206
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	50761222	37234877
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	7960169	1986419
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	145919875	159418655
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	23266300	23240046
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	234887938	223200203
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	470260	557135
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	470260	557135
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	234417678	222643068

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	8700000	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		8700000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)	1803011	
(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)	884852	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2687863
(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)	101653169	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	120308263	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-18655094
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-2299938	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-2299938

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		338917
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		14699970
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		5471718

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	15027594	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		15027594
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	365946	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	37495	
(6) Bank or trust company trustee/custodial fees	2i(6)	70316	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	35621	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1709356	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2218734
j Total expenses. Add all expense amounts in column (b) and enter total	2j		17246328

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-11774610
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

(2) EIN: 46-1142155

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
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		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.)

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 559683.

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

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

A Name of plan <u>RETIREMENT PLAN FOR BARGAINING UNIT EMPLOYEES OF THE MTC OF PXD</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PANTEXAS DETERRENCE, LLC</u>	D Employer Identification Number (EIN) <u>92-3671850</u>	

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

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

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

1		0
---	--	---

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 56.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 17.0 %
 High-Yield Debt: 0.0 % Real Assets: 9.0 % Cash or Cash Equivalents: 1.0 % Other: 17.0 %

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 _____.

**RETIREMENT PLAN FOR BARGAINING UNIT
EMPLOYEES OF THE METAL TRADES COUNCIL OF
PANTEXAS DETERRENCE, LLC**

Amarillo, Texas

FINANCIAL STATEMENTS

December 31, 2024 and 2023



**RETIREMENT PLAN FOR BARGAINING UNIT
EMPLOYEES OF THE METAL TRADES COUNCIL OF
PANTEXAS DETERRENCE, LLC**

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INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator of the
Retirement Plan for Bargaining Unit Employees of the
Metal Trades Council of PanTeXas Deterrence, LLC
Amarillo, Texas

Opinion

We have audited the financial statements of the Retirement Plan for Bargaining Unit Employees of the Metal Trades Council of PanTeXas Deterrence (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

**RETIREMENT PLAN FOR BARGAINING UNIT
EMPLOYEES OF THE METAL TRADES COUNCIL OF
PANTEXAS DETERRENCE, LLC**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	As of December 31,	<u>2024</u>	<u>2023</u>
ASSETS			
Investments			
Plan's Interest in the Consolidated Nuclear Security, LLC Master Retirement Plan Trust	\$	0	\$ 145,919,875
Plan's Interest in the PanTeXas Deterrence Master Retirement Trust		159,418,655	0
Investments, at Fair Value		<u>62,461,343</u>	<u>81,987,691</u>
Total Investments		<u>221,879,998</u>	<u>227,907,566</u>
Receivables			
Employer Contributions		900,000	5,200,000
Accrued Income		340,656	724,221
Pending Trades		<u>79,550</u>	<u>1,056,151</u>
Total Receivables		<u>1,320,206</u>	<u>6,980,372</u>
TOTAL ASSETS		<u>223,200,204</u>	<u>234,887,938</u>
LIABILITIES			
Pending Trades		85,636	77,342
Other Payables		<u>471,500</u>	<u>392,918</u>
Total Liabilities		<u>557,136</u>	<u>470,260</u>
NET ASSETS AVAILABLE FOR BENEFITS	\$	<u><u>222,643,068</u></u>	\$ <u><u>234,417,678</u></u>

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

**RETIREMENT PLAN FOR BARGAINING UNIT
EMPLOYEES OF THE METAL TRADES COUNCIL OF
PANTEXAS DETERRENCE, LLC**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	For the Years Ended December 31,	<u>2024</u>	<u>2023</u>
ADDITIONS:			
Investment Income:			
Net Investment Income from the Plan's Interest in the Consolidated Nuclear Security, LLC Master Retirement Plan Trust	\$	18,727,966	\$ 11,529,136
Net Investment Income (Loss) from the Plan's Interest in the PanTeXas Deterrence Master Retirement Trust		(4,027,996)	0
Net Depreciation in Fair Value of Investments		(20,616,114)	(3,693,749)
Dividends and Interest		<u>2,687,863</u>	<u>1,995,539</u>
Net Investment Income (Loss)		(3,228,281)	9,830,926
Contributions:			
Employer		<u>8,700,000</u>	<u>8,300,000</u>
Total Additions		<u>5,471,719</u>	<u>18,130,926</u>
DEDUCTIONS:			
Benefits Paid Directly to Participants		15,027,594	13,043,515
Administrative Expenses		<u>2,218,735</u>	<u>2,194,604</u>
Total Deductions		<u>17,246,329</u>	<u>15,238,119</u>
NET INCREASE (DECREASE)		(11,774,610)	2,892,807
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR		<u>234,417,678</u>	<u>231,524,871</u>
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	\$	<u><u>222,643,068</u></u>	<u><u>\$ 234,417,678</u></u>

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

**RETIREMENT PLAN FOR BARGAINING UNIT
EMPLOYEES OF THE METAL TRADES COUNCIL OF
PANTEXAS DETERRENCE, LLC**

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the Retirement Plan for Bargaining Unit Employees of the Metal Trades Council of PanTeXas Deterrence, LLC (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 noncontributory defined benefit 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 bargaining unit employees of Pantex who are members of the Metal Trades Council of Amarillo, Texas and Vicinity, AFL-CIO collective bargaining unit at the Pantex Plant. The plan also covers any non-bargaining employees employed as a Firefighters, Motor Pump Operators (MPOs) or Firefighter/Paramedics who are responders at the Company's Amarillo, Texas facility. Effective January 1, 2016, the Plan was closed to newly hired and rehired employees, and employees who change or transfer positions in the Company to a position which is covered by the Bargaining Agreement and who were not an active member on December 31, 2015. 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 and determines the appropriateness of the Plan's investment offerings, and monitors investment performance.

Contributions - Participant contributions are not required or permitted.

Funding Policy - It is the policy of the National Nuclear Security Administration (NNSA) that the Company makes the required minimum contributions, but 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.

Vesting and Pension Benefits - Employees with 5 or more years of service are entitled to annual pension benefits beginning at normal retirement age (65) based on the sum of his or her benefit credits determined as follows. Retirement benefit credits on or after March 1, 1993 will equal 1.30% of the active participants' final average earnings multiplied by years of credited service. For service between June 1, 1985 and March 1, 1993, participants receive retirement benefit credits ranging from 2.00% to 2.45% of the active participants' annual earnings during the Plan year. 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.

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 Plan 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 LLC Master Retirement Plan Trust (Pantex Master Trust) at Northern Trust 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.

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.

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

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.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

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 (Firefighters between 55 and 65) Terminated Vested Participants: 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 changes in the retirement rates and withdrawal rates as a 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 - Plan 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	
	2024	2023	2024	2023
Assets				
Investments at Fair Value				
Common Stock (On Loan \$0 and \$21,296, Respectively)	\$ 0	\$ 199,430	\$ 0	\$ 16,096
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	61,604
Partnerships and Joint Ventures	212,432	304,814	0	28,813
Registered Investment Companies	263,398	497,757	0	35,273
Securities Lending Collateral	35,238	77,352	0	0
Total Investments at Fair Value	2,598,776	3,670,160	0	141,786
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	4,150
Total Assets	2,807,152	4,026,746	0	145,936
Liabilities				
Accrued Expenses	0	254	0	9
Payable for Investments Purchased	1,477	921	0	7
Obligation to Return Securities Lending Collateral	35,238	77,352	0	0
Total Liabilities	36,715	78,527	0	16
Net Assets	\$ 2,770,437	\$ 3,948,219	\$ 0	\$ 145,920

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

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>
Assets		
Investments at Fair Value		
Common / Collective Trusts	\$ 1,124,815	\$ 104,702
Partnerships and Joint Ventures	77,449	28,724
Registered Investment Companies	<u>164,986</u>	<u>25,993</u>
Total Investments at Fair Value	1,367,250	159,419
Fully Benefit Responsive Investment		
Contract at Contract Value	85,431	0
Income Receivable	<u>57</u>	<u>0</u>
Total Assets	<u>1,452,738</u>	<u>159,419</u>
Liabilities		
Payable for Investments Purchased	<u>4</u>	<u>0</u>
Total Liabilities	<u>4</u>	<u>0</u>
Net Assets	<u>\$ 1,452,734</u>	<u>\$ 159,419</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>
Additions	
Net Appreciation (Depreciation) in Fair Value of Investments	\$ (48,944)
Interest and Dividends	<u>52</u>
Total Additions	(48,892)
Deductions	
Investment and Administrative Expenses	<u>6</u>
Net Investment Income (Loss)	(48,898)
Transfers, Net	<u>1,501,632</u>
Increase in Net Assets	1,452,734
Net Assets, Beginning of Year	<u>0</u>
Net Assets, End of Year	<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, while 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
<u>As of December 31, 2024</u>				
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	<u>\$ 263,398</u>	<u>\$ 138,585</u>	<u>\$ 0</u>	<u>401,983</u>
Investments Measured at NAV ⁽¹⁾				<u>2,196,793</u>
Total Investments at Fair Value				<u>\$ 2,598,776</u>
<u>As of December 31, 2023</u>				
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	<u>\$ 697,187</u>	<u>\$ 213,842</u>	<u>\$ 0</u>	<u>911,029</u>
Investments Measured at NAV ⁽¹⁾				<u>2,759,131</u>
Total Investments at Fair Value				<u>\$ 3,670,160</u>

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

⁽¹⁾ See footnote 1 to the previous table.

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

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

	Assets at Fair Value			
	Level 1	Level 2	Level 3	Total
<u>As of December 31, 2024</u>				
Government Securities	\$ 0	\$ 37,234,878	\$ 0	\$ 37,234,878
IPG Contract	0	0	23,240,046	23,240,046
Total Investments in Fair Value Hierarchy	<u>\$ 0</u>	<u>\$ 37,234,878</u>	<u>\$ 23,240,046</u>	<u>60,474,924</u>
Investments Measured at NAV ⁽¹⁾				1,986,419
Total Investments at Fair Value				<u>\$ 62,461,343</u>
<u>As of December 31, 2023</u>				
Government Securities	\$ 0	\$ 50,761,222	\$ 0	\$ 50,761,222
IPG Contract	0	0	23,266,300	23,266,300
Total Investments in Fair Value Hierarchy	<u>\$ 0</u>	<u>\$ 50,761,222</u>	<u>\$ 23,266,300</u>	<u>74,027,522</u>
Investments Measured at NAV ⁽¹⁾				7,960,169
Total Investments at Fair Value				<u>\$ 81,987,691</u>

⁽¹⁾ 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
IPG Contract:		
Balance, Beginning of Year	\$ 23,266,300	\$ 23,403,779
Participant Distributions	(914,797)	(1,023,900)
Prior Period Interest Rate Changes	0	(6,853)
Fixed Income Interest	979,182	985,221
Service Charge	(90,639)	(91,947)
Balance, End of Year	<u>\$ 23,240,046</u>	<u>\$ 23,266,300</u>

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

The following table represents the 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	\$ 23,240,046	\$ 23,266,300	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 plan'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):

CNS Master Trust Fair Value Estimated Using NAV Per Share						
	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Restrictions	Redemption Notice Period	
<u>December 31, 2024</u>						
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>				
<u>December 31, 2023</u>						
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
December 31, 2024					
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 table sets 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
December 31, 2024					
Common / Collective Trusts:					
Short Term Fixed Income	\$ 1,986,419	None	Immediate	None	None
December 31, 2023					
Common / Collective Trusts:					
Short Term Fixed Income	\$ 7,960,169	None	Immediate	None	None

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 fund 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 \$979,182 and \$978,368, 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 \$914,797 and \$1,023,900, 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 IPG contract. 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 \$23,240,046 and \$23,266,300, respectively. At December 31, 2024 and 2023, the reserved portion of the contract was \$9,237,840 and \$10,467,700, respectively, and the unallocated portion was \$14,002,206 and \$12,798,600, 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 \$150.9 million and \$158.3 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 \$(16.0) million and \$(3.3) 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	\$ 131,244,853
Other Participants	<u>88,063,617</u>
Total Vested Benefits	219,308,470
Non-Vested Benefits	<u>1,410,854</u>
Total Actuarial Present Value of Accumulated Plan Benefits	<u>\$ 220,719,324</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>213,082,847</u>
Increase (Decrease) Attributable to:	
Benefits Accumulated and Actuarial Experience	6,079,150
Interest Accumulation	14,466,997
Change in Actuarial Assumptions	133,845
Benefits Paid	<u>(13,043,515)</u>
Net Decrease	<u>7,636,477</u>
Actuarial Present Value of Accumulated Plan Benefits, At End of Year	\$ <u><u>220,719,324</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 \$1,986,419 and \$7,960,169, 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 \$2,218,735 and \$2,194,604, 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 February 10, 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
Retirement Plan for Bargaining Unit Employees of the Metal Trades
Council of PanTexas Deterrence, LLC
EIN: 92-3671850 PN: 002

Schedule SB, Part V — Summary of Plan Provisions

Effective Date	Restatement effective January 1, 2014.
Eligibility for Participation	<p>A bargaining unit employee of the Metal Trades Council and effective February 17, 2003, any non-bargaining employee employed as a firefighter, MPO, or firefighter/paramedic who is a responder at the Pantex Plant who has completed 1,000 hours during an employment year. For plan years prior to January 1, 2002, the employee must also have been at least age 21.</p> <p>After January 1, 2016, no new employees may join the plan as active participants.</p>
Normal Retirement	
Eligibility	Age 65.
Benefit	<p>A monthly amount equal to (1) plus (2):</p> <p>(1) For service on and after March 1, 1993, 1.3% of final average earnings multiplied by years of credited service.</p> <p>(2) Accrued benefit from the prior plan.</p>
Early Retirement	
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. Effective February 17, 2003, there is no reduction for firefighters.
Late Retirement	
Benefit	Greater of the additional accrual to late retirement date or the normal retirement benefit increased by the percentage defined by Table L in the plan document.
Vested Termination	
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
Retirement Plan for Bargaining Unit Employees of the Metal Trades
Council of PanTexas Deterrence, LLC
EIN: 92-3671850 PN: 002

Disability

Eligibility

No disability benefits will be payable to participants who become disabled on and after June 1, 1996. Participants disabled on or after June 1, 1986 and prior to June 1, 1996 will continue to receive benefits based on the pre-June 1, 1996 plan provisions.

Surviving Spouse Coverage

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 45% of the accrued benefit increased by 1% for each year the participant is over 45, to a maximum of 50%.

REA Spouse Coverage

Eligibility

Five years of vesting service or age 55, and not eligible for the Surviving Spouse's Coverage above.

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;
66 $\frac{2}{3}$ % joint and survivor annuity;
75% joint and survivor annuity;
100% joint and survivor annuity;
10, 15, or 20 year certain and continuous 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
Retirement Plan for Bargaining Unit Employees of the Metal Trades
Council of PanTexas Deterrence, LLC
EIN: 92-3671850 PN: 002

Definitions

Credited Service Service earned on or after March 1, 1993 shall mean a 12-month period during which the participant completes 1,000 hours of service and 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 March 1, 1993, participants were required to contribute to the prior plan. On and after March 1, 1993, participant contributions will not be required or permitted. 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.

**RETIREMENT PLAN FOR BARGAINING UNIT EMPLOYEES OF
THE METAL TRADES COUNCIL OF PANTEXAS DETERRANCE, LLC
EIN - 92-3671850 PLAN - #002
FORM 5500 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
<i>Non-Interest Bearing Cash - USD</i>						
USD - United States dollar	- 400,093.810	1.000000	-400,093.81	-400,093.81	0.00	0.00
USD - United States dollar	0.000	1.000000	0.00	0.00	0.00	0.00
Total - all currencies			-400,093.81	-400,093.81	0.00	0.00
Total Non-Interest Bearing Cash - USD			-400,093.81	-400,093.81	0.00	0.00

Receivable Income - USD

Income	0.000	0.000000	333,319.08	333,319.08	0.00	0.00
Total - all currencies			333,319.08	333,319.08	0.00	0.00
Total Receivable Income - USD			333,319.08	333,319.08	0.00	0.00

Receivables - Other - USD

Pending trade sales: United States dollar	0.000	0.000000	79,550.12	79,550.12	0.00	0.00
Total - all currencies			79,550.12	79,550.12	0.00	0.00
Total Receivables - Other - USD			79,550.12	79,550.12	0.00	0.00

U.S. Government Securities

United States - USD

UNITED STATES OF AMER TREAS BONDS 4.25% 05-15-2039 SBYQLTZ2	4,200,000.000	94.933594	3,987,210.95	4,090,073.90	-93,848.00	-196,710.95
UNITED STATES OF AMER TREAS BONDS 3.625% 05-15-2053 SBQYLTM5	80,000.000	81.429688	65,143.75	65,255.62	-4,994.38	-5,106.25
UNITED STATES TREAS BDS DTD 00218 3.875%DUE 08-15-2040 REG SBSTJLVZ5	100,000.000	90.078125	90,078.13	86,976.60	-7,960.90	-4,859.37
UNITED STATES TREAS BDS 2.875 DUE DUE 05-15-2043 SB8W8CX4	210,000.000	75.828125	159,239.06	176,607.90	8,411.02	-8,957.82
UNITED STATES TREAS BDS 4.375% DUE 11-15-2039 SBYQLV23	3,000,000.000	95.933594	2,878,007.82	3,095,079.12	71,875.98	-145,195.32
UNITED STATES TREAS BDS 4.625% 05-15-2044 SBPZRNR8	6,470,000.000	97.046875	6,278,932.81	6,800,920.99	182,313.18	-339,675.00

See Independent Auditor's Report.

**RETIREMENT PLAN FOR BARGAINING UNIT EMPLOYEES OF
THE METAL TRADES COUNCIL OF PANTEXAS DETERRANCE, LLC
EIN - 92-3671850 PLAN - #002
FORM 5500 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>						
United States - USD						
UNITED STATES TREAS BDS 4.625% 11-15-2044 SBTPH0B9	15,245,000.000	97.062500	14,797,178.13	15,357,800.17	-270,706.86	-831,328.90
US TREAS SEC 4.5 DUE 08-15-2039 REG SBYQLV34	1,900,000.000	97.425781	1,851,089.84	1,803,069.60	-139,086.65	-91,066.41
US TREASURY N/B 4.25% 08-15-2054 SBR2NN95	7,700,000.000	91.484375	7,044,296.88	7,448,853.00	155,402.62	-249,153.50
WI TREASURY SEC 3.875% 05-15-2043 SBLB3TM9	95,000.000	88.105469	83,700.20	92,979.51	4,674.04	-4,605.27
Total United States - USD			37,234,877.57	39,017,616.41	-93,919.95	-1,876,658.79
Total U.S. Government Securities			37,234,877.57	39,017,616.41	-93,919.95	-1,876,658.79

Value of Interest in Common/Collective Trusts

United States - USD						
NT COLLECTIVE SHORT TERM INVT FD C66586U452	1,986,419.440	1.000000	1,986,419.44	1,986,419.40	0.00	0.04
Total United States - USD			1,986,419.44	1,986,419.40	0.00	0.04
Total Value of Interest in Common/Collective Trusts			1,986,419.44	1,986,419.40	0.00	0.04

Value of Interest in Master Trusts

United States - USD						
MFO PXD UNIT AB C3Z9999004	814,547.480	15.332602	12,489,132.32	9,659,492.00	-3,237,781.40	-408,141.08
MFO PXD UNIT E C3Z9999046	432,480.400	21.200086	9,168,621.67	5,362,344.01	-4,349,317.56	-543,039.90
MFO PXD UNIT F C3Z9999053	335,361.500	21.738231	7,290,165.76	3,374,814.75	-4,378,218.39	-462,867.38
MFO PXD UNIT I C3Z9999079	951,993.340	14.184618	13,503,661.87	9,842,935.98	-4,259,046.89	-598,321.00
MFO PXD UNIT K C3Z9999095	443,782.780	24.143156	10,714,316.89	5,232,975.02	-5,990,459.87	-509,118.00
MFO PXD UNIT M C3Z9999103	1,034,404.500	12.560543	12,992,682.20	9,790,944.79	-3,024,176.58	177,560.83
MFO PXD UNIT O C3Z9999111	706,150.950	13.316835	9,403,695.69	7,101,061.34	-2,283,054.06	19,580.29
MFO PXD UNIT P C3Z9999129	613,970.370	13.971960	8,578,369.45	6,424,252.42	-2,234,981.09	-80,864.06

See Independent Auditor's Report.

**RETIREMENT PLAN FOR BARGAINING UNIT EMPLOYEES OF
THE METAL TRADES COUNCIL OF PANTEXAS DETERRANCE, LLC
EIN - 92-3671850 PLAN - #002
FORM 5500 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>						
United States - USD						
MFO PXD UNIT Q C3Z9999137	1,281,662.990	11.619910	14,892,808.59	13,851,570.10	-946,172.31	95,066.18
MFO PXD UNIT S C3Z9999301	0.010	10.516994	0.11	0.00	0.00	0.11
MFO PXD UNIT X C3Z9999160	465,074.810	10.775765	5,011,536.86	4,650,819.63	-718,587.53	-357,870.30
MFO PXD UNIT Y C3Z9999335	1,058,561.560	14.296366	15,133,583.50	11,572,994.00	-3,528,906.61	31,682.89
MFO PXD UNIT Z C3Z9999293	1,689,809.460	23.813383	40,240,079.87	31,545,618.96	-10,086,125.21	-1,391,664.30
Total United States - USD			159,418,654.78	118,409,823.00	-45,036,827.50	-4,027,995.72
Total Value of Interest in Master Trusts			159,418,654.78	118,409,823.00	-45,036,827.50	-4,027,995.72

Value of Funds Held in Insurance Company General Accounts

United States - USD						
GAC AETNA CONTRACT #000639 RATE 4.81% EVERGREEN (ALLOCATED GENERAL) C999502GJ0	23,240,045.730	100.000000	23,240,045.73	23,240,044.95	0.00	0.78
Total United States - USD			23,240,045.73	23,240,044.95	0.00	0.78
Total Value of Funds Held in Insurance Company General Accounts			23,240,045.73	23,240,044.95	0.00	0.78

Other

United States - USD						
FUT MAR 25 CBT UL T-BONDS C999599GH0	- 591.000	118.906250	-70,273,593.75	-75,478,610.65	0.00	5,205,016.90
FUT MAR 25 CBT UL T-BONDS C999599GH0	591.000	118.906250	70,273,593.75	75,478,610.65	0.00	-5,205,016.90
FUT MAR 25 CBT ULT TNOTE C999599GH0	- 209.000	111.312500	-23,264,312.50	-24,012,140.63	0.00	747,828.13
FUT MAR 25 CBT ULT TNOTE C999599GH0	209.000	111.312500	23,264,312.50	24,012,140.63	0.00	-747,828.13
FUT MAR 25 CBT 5Y T-NOTE C999599GH0	130.000	106.304688	13,819,609.38	13,984,570.31	0.00	-164,960.93
FUT MAR 25 CBT 5Y T-NOTE C999599GH0	- 130.000	106.304688	-13,819,609.38	-13,984,570.31	0.00	164,960.93
FUT MAR 25 U.S. T-BONDS C999599GH0	222.000	113.843750	25,273,312.50	26,590,500.00	0.00	-1,317,187.50

See Independent Auditor's Report.

**RETIREMENT PLAN FOR BARGAINING UNIT EMPLOYEES OF
THE METAL TRADES COUNCIL OF PANTEXAS DETERRANCE, LLC
EIN - 92-3671850 PLAN - #002
FORM 5500 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>						
United States - USD						
FUT MAR 25 U.S. T-BONDS C999599GH0	- 222.000	113.843750	-25,273,312.50	-26,590,500.00	0.00	1,317,187.50
FUT MAR 25 US 2YR T-NOTE C999599GH0	- 38.000	102.804688	-7,813,156.25	-7,836,312.50	0.00	23,156.25
FUT MAR 25 US 2YR T-NOTE C999599GH0	38.000	102.804688	7,813,156.25	7,836,312.50	0.00	-23,156.25
FUT MAR 25 10 YR T-NOTES C999599GH0	- 96.000	108.750000	-10,440,000.00	-10,675,500.00	0.00	235,500.00
FUT MAR 25 10 YR T-NOTES C999599GH0	96.000	108.750000	10,440,000.00	10,675,500.00	0.00	-235,500.00
Total United States - USD			0.00	0.00	0.00	0.00
Total Other			0.00	0.00	0.00	0.00
<i>Other Liabilities</i>						
Pending trade purchases: United States dollar	0.000	0.000000	-85,635.56	-85,635.56	0.00	0.00
Total - all currencies			-85,635.56	-85,635.56	0.00	0.00
Other Payables: United States dollar	0.000	0.000000	-71,405.78	-71,405.78	0.00	0.00
Total - all currencies			-71,405.78	-71,405.78	0.00	0.00
Total Other Liabilities			-157,041.34	-157,041.34	0.00	0.00
Total			221,735,731.57	182,509,637.81	-45,130,747.45	-5,904,653.69

See Independent Auditor's Report.

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Plan for Bargaining Unit Employees of the Metal Trades
 Council of PanTexas Deterrence, LLC
 EIN: 92-3671850 PN: 002

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			6	1						
35-39			30 \$91,271	13	1					
40-44			15	23 \$88,934	10	5				
45-49			12	31 \$92,749	20 \$95,898	22 \$91,411	2			
50-54			5	21 \$88,514	25 \$90,942	21 \$92,614	8			
55-59			4	17	18	15	16	4		
60-64			13	19	17	21 \$89,164	16	16	13	1
65-69			3	8	9	9	9	11	5	5
70+					2			1		1

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Schedule SB Attachment (Form 5500) —2024 Plan Year
 Retirement Plan for Bargaining Unit Employees of the Metal Trades
 Council of PanTexas Deterrence, LLC
 EIN: 92-3671850 PN: 002

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

Interest Rates for Minimum Funding Purposes	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%
Interest Rates for Maximum Tax Purposes	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%
Salary Increases	
Minimum Funding Target Normal Cost	3.00%
Maximum Tax Expected Benefit Increase	3.00%
Optional Payment Form Election Percentage	100% life annuity
Interest on Employee Contributions	Accumulation receives interest at an assumed rate of 3.00% per year
Retirement Age	
Active Participants	See Tables 1–2
Terminated Vested Participants	Age 62
Mortality Rates	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b)
Withdrawal Rates	See Table 3
Disability Rates	None
Decrement Timing	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
Retirement Plan for Bargaining Unit Employees of the Metal Trades
Council of PanTexas Deterrence, LLC
EIN: 92-3671850 PN: 002

Surviving Spouse Benefit	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.
Valuation Compensation	2023 pensionable earnings rolled forward one year with the salary increase assumption.
Benefit and Compensation Limits	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.
Valuation of Plan Assets	<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>
Expected Return on Assets	
2022 Plan Year	6.00%, limited to 5.92%
2023 Plan Year	7.00%, limited to 5.74%
2024 Plan Year	7.00%, limited to 5.59%
Trust Expenses Included in Target Normal Cost	Actual prior year administrative expenses rounded to the nearest \$5,000 (\$2,050,000 for 2024).
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2024

Schedule SB Attachment (Form 5500) –2024 Plan Year
Retirement Plan for Bargaining Unit Employees of the Metal Trades
Council of PanTexas Deterrence, LLC
EIN: 92-3671850 PN: 002

Table 1

Retirement Rates – Non-Firefighters

Age	Rate
55	8.00%
56	4.00%
57	4.00%
58	4.00%
59	4.00%
60	10.00%
61	10.00%
62	15.00%
63	15.00%
64	15.00%
65	20.00%
66	40.00%
67	40.00%
68	40.00%
69	40.00%
70+	100.00%

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Plan for Bargaining Unit Employees of the Metal Trades
 Council of PanTexas Deterrence, LLC
 EIN: 92-3671850 PN: 002

Table 2

Retirement Rates – Firefighters

Age	Rate
55	10.00%
56	10.00%
57	10.00%
58	15.00%
59	15.00%
60	20.00%
61	30.00%
62	30.00%
63	40.00%
64	80.00%
65+	100.00%

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Plan for Bargaining Unit Employees of the Metal Trades
 Council of PanTexas Deterrence, LLC
 EIN: 92-3671850 PN: 002

Table 3

Withdrawal Rates

Age	Rate	Age	Rate
20	15.00%	45	3.00%
21	15.00%	46	3.00%
22	15.00%	47	3.00%
23	15.00%	48	3.00%
24	15.00%	49	3.00%
25	15.00%	50	3.00%
26	15.00%	51	3.00%
27	15.00%	52	3.00%
28	15.00%	53	3.00%
29	15.00%	54	3.00%
30	15.00%	55	3.00%
31	15.00%	56	3.00%
32	15.00%	57	3.00%
33	15.00%	58	3.00%
34	15.00%	59	3.00%
35	8.00%	60	3.00%
36	8.00%	61	3.00%
37	8.00%	62	3.00%
38	8.00%	63	3.00%
39	8.00%	64	3.00%
40	5.00%	65+	0.00%
41	5.00%		
42	5.00%		
43	5.00%		
44	5.00%		

Schedule SB Attachment (Form 5500) –2024 Plan Year
Retirement Plan for Bargaining Unit Employees of the Metal Trades
Council of PanTexas Deterrence, LLC
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Schedule SB, line 32 – Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 1,379,549	January 1, 2023	14	\$ 131,668
Shortfall	\$ 4,929,441	January 1, 2024	15	\$ 448,482

Schedule SB Attachment (Form 5500) —2024 Plan Year
Retirement Plan for Bargaining Unit Employees of the Metal Trades
Council of PanTexas Deterrence, LLC
EIN: 92-3671850 PN: 002

Schedule SB, line 24 — Change in Actuarial Assumptions

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

- A change in the retirement rates for non-firefighters 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 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
 Retirement Plan for Bargaining Unit Employees of the Metal Trades
 Council of PanTexas Deterrence, LLC
 EIN: 92-3671850 PN: 002

Schedule SB, line 19 – Discounted Employer Contributions

Year applied for contributions: 2024

Date	Amount	Days to Discount to 1/1/2024 at 5.15%	Interest Adjusted Contribution
March 20, 2024	\$ 2,000,000	79	\$ 1,978,438
June 13, 2024	2,000,000	164	1,955,499
October 15, 2024	2,000,000	288	1,922,510
December 16, 2024	1,800,000	350	1,715,602
January 13, 2025	100,000	378	94,945
August 28, 2025	800,000	605	736,207
Total Contribution	\$ 8,700,000		\$ 8,403,201

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Plan for Bargaining Unit Employees of the Metal Trades
 Council of PanTexas Deterrence, LLC
 EIN: 92-3671850 PN: 002

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.

Non-Firefighters				Firefighters			
(a)	(b)	(c)	(d)	(a)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) × (b) × (c)	Age	Rate	Weight	Product (a) × (b) × (c)
55.5	8.00%	1.0000	4.44	55.5	10.00%	1.0000	5.55
56.5	4.00%	0.9200	2.08	56.5	10.00%	0.9000	5.09
57.5	4.00%	0.8832	2.03	57.5	10.00%	0.8100	4.66
58.5	4.00%	0.8479	1.98	58.5	15.00%	0.7290	6.40
59.5	4.00%	0.8140	1.94	59.5	15.00%	0.6197	5.53
60.5	10.00%	0.7814	4.73	60.5	20.00%	0.5267	6.37
61.5	10.00%	0.7033	4.33	61.5	30.00%	0.4214	7.77
62.5	15.00%	0.6329	5.93	62.5	30.00%	0.2950	5.53
63.5	15.00%	0.5380	5.12	63.5	40.00%	0.2065	5.24
64.5	15.00%	0.4573	4.42	64.5	80.00%	0.1239	6.39
65.5	20.00%	0.3887	5.09	65	100.00%	0.0248	1.61
66.5	40.00%	0.3110	8.27			Weighted Average	60.14
67.5	40.00%	0.1866	5.04				
68.5	40.00%	0.1119	3.07				
69.5	40.00%	0.0672	1.87				
70.5	100.00%	0.0403	2.84				
		Weighted Average	63.18				

Overall weighted average is 63.04 based on 25 active firefighters, 499 active non-firefighters and a total count of 524 active participants

Schedule SB Attachment (Form 5500) –2024 Plan Year
Retirement Plan for Bargaining Unit Employees of the Metal Trades
Council of PanTexas Deterrence, LLC
EIN: 92-3671850 PN: 002

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	717,960	786,722	14,563,242	16,067,924
2025	1,834,477	832,841	13,279,541	15,946,859
2026	2,774,343	860,176	13,022,606	16,657,125
2027	3,577,646	902,213	12,740,875	17,220,734
2028	4,272,665	938,528	12,453,672	17,664,865
2029	4,805,119	1,035,550	12,152,453	17,993,122
2030	5,256,095	1,118,797	11,835,120	18,210,012
2031	5,619,384	1,152,072	11,468,962	18,240,418
2032	5,920,835	1,236,064	11,089,173	18,246,072
2033	6,172,458	1,322,275	10,717,131	18,211,864
2034	6,401,936	1,419,852	10,293,714	18,115,502
2035	6,581,601	1,473,552	9,871,899	17,927,052
2036	6,749,241	1,517,284	9,424,949	17,691,474
2037	6,872,775	1,601,088	8,954,716	17,428,579
2038	6,991,604	1,663,730	8,457,407	17,112,741
2039	7,107,650	1,767,768	7,968,681	16,844,099
2040	7,199,720	1,831,345	7,473,801	16,504,866
2041	7,218,168	1,888,292	6,968,201	16,074,661
2042	7,197,183	1,901,970	6,455,463	15,554,616
2043	7,192,503	1,946,180	5,939,763	15,078,446
2044	7,089,923	1,989,034	5,425,690	14,504,647
2045	6,982,106	1,997,828	4,918,103	13,898,037
2046	6,837,398	2,034,262	4,421,972	13,293,632
2047	6,675,631	2,042,133	3,942,148	12,659,912
2048	6,460,092	2,018,502	3,483,216	11,961,810
2049	6,244,253	2,043,537	3,049,342	11,337,132
2050	5,971,238	1,996,737	2,644,114	10,612,089
2051	5,709,314	1,958,262	2,270,397	9,937,973
2052	5,407,773	1,919,995	1,930,184	9,257,952
2053	5,106,830	1,862,191	1,624,566	8,593,587
2054	4,802,784	1,799,703	1,353,708	7,956,195
2055	4,504,230	1,737,814	1,116,891	7,358,935
2056	4,198,359	1,680,228	912,635	6,791,222
2057	3,901,880	1,608,662	738,801	6,249,343
2058	3,618,856	1,527,090	592,781	5,738,727
2059	3,343,348	1,445,436	471,682	5,260,466
2060	3,079,538	1,363,838	372,481	4,815,857
2061	2,828,565	1,282,473	292,169	4,403,207
2062	2,590,030	1,201,562	227,861	4,019,453
2063	2,363,762	1,121,354	176,882	3,661,998
2064	2,149,035	1,042,125	136,828	3,327,988
2065	1,945,722	964,179	105,591	3,015,492
2066	1,753,499	887,834	81,376	2,722,709
2067	1,572,171	813,413	62,675	2,448,259

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Plan for Bargaining Unit Employees of the Metal Trades
 Council of PanTexas Deterrence, LLC
 EIN: 92-3671850 PN: 002

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2068	1,401,744	741,233	48,259	2,191,236
2069	1,242,327	671,594	37,147	1,951,068
2070	1,094,054	604,768	28,570	1,727,392
2071	957,048	541,021	21,936	1,520,005
2072	831,379	480,597	16,794	1,328,770
2073	717,013	423,711	12,800	1,153,524

**RETIREMENT PLAN FOR BARGAINING UNIT EMPLOYEES OF
THE METAL TRADES COUNCIL OF PANTEXAS DETERRANCE, LLC
EIN - 92-3671850 PLAN - #002
FORM 5500 SCHEDULE H, PART IV, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
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	13	21,994,182.26			0.00	21,994,182.26	21,994,182.26
	Total dispositions	10		20,007,762.82		0.00	20,007,762.82	20,007,762.82
US TREASURY N/B 4.25% 08-15-2054 SEDOL: BR2NN95	Total acquisitions	4	14,628,832.69			0.00	14,628,832.69	14,628,832.69
	Total dispositions	4		9,925,441.97		0.00	10,287,569.81	9,925,441.97

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 229,217,678.13

**RETIREMENT PLAN FOR BARGAINING UNIT EMPLOYEES OF
THE METAL TRADES COUNCIL OF PANTEXAS DETERRANCE, LLC
EIN - 92-3671850 PLAN - #002
FORM 5500 SCHEDULE H, PART IV, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS (Continued)
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
Value of Interest in Common/Collective Trusts									
United States - USD									
NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452	18,076,545.740	26 Nov 24	1.0000			0.00	18,076,545.74	18,076,545.74	0.00
NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452	-14,526,098.730	2 Dec 24		1.0000		0.00	14,526,098.73	14,526,098.73	0.00
Value of Interest in Master Trusts									
United States - USD									
MFO CNS LCV UNIT AC CUSIP: 6GT999DS6	-857,680.410	14 Jun 24		15.4600		0.00	8,576,804.08	13,261,276.10	4,684,472.02
MFO CNS UNIT A CUSIP: 10M999M38	575,824.690	14 Jun 24	23.0300			0.00	13,261,276.10	13,261,276.10	0.00
MFO CNS UNIT A CUSIP: 10M999M38	-1,069,613.830	26 Jun 24		23.2800		0.00	19,018,548.00	24,902,836.61	5,884,288.61
MFO CNS UNIT Z CUSIP: 1S1589991	1,130,451.270	26 Jun 24	22.0300			0.00	24,902,836.61	24,902,836.61	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 229,217,678.13

**RETIREMENT PLAN FOR BARGAINING UNIT EMPLOYEES OF
THE METAL TRADES COUNCIL OF PANTEXAS DETERRANCE, LLC
EIN - 92-3671850 PLAN - #002
FORM 5500 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	13,261,276.10			0.00	13,261,276.10	13,261.276.10
	Total dispositions	1		24,902,836.61		0.00	19,018,548.00	24,902.836.61
MFO CNS UNIT Z CUSIP: 1S1589991	Total acquisitions	3	26,908,689.68			0.00	26,908,689.68	26,908.689.68
	Total dispositions	1		5,853.07		0.00	4,487.08	5.853.07
NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452	Total acquisitions	146	161,827,404.45			0.00	161,827,404.45	161,827.404.45
	Total dispositions	152		169,787,573.43		0.00	169,787,573.43	169,787.573.43
UNITED STATES OF AMER TREAS BONDS DTD 4.125% 08-15-2053 SEDOL: BRT3QH7	Total dispositions	7		12,670,386.78		0.00	12,836,554.05	12,670.386.78
UNITED STATES OF AMER TREAS BONDS 4.125 % 08-15-2044 SEDOL: BSLSLK5	Total acquisitions	3	15,936,502.87			0.00	15,936,502.87	15,936.502.87
	Total dispositions	2		15,132,589.52		0.00	15,936,502.87	15,132.589.52
UNITED STATES OF AMER TREAS BONDS 4.25% 02-15-2054 SEDOL: BS2G1C0	Total acquisitions	8	9,741,865.11			0.00	9,741,865.11	9,741.865.11
	Total dispositions	7		10,327,518.70		0.00	9,741,865.11	10,327.518.70
UNITED STATES TREAS BDS DTD 00300 4.75% 11-15-2053 SEDOL: BRBS4M1	Total acquisitions	7	11,110,619.19			0.00	11,110,619.19	11,110.619.19
	Total dispositions	8		10,952,617.82		0.00	11,110,619.19	10,952.617.82
UNITED STATES TREAS BDS DTD 00305 4.75% 05-15-2054 SEDOL: BQSB5H8	Total acquisitions	8	12,074,360.38			0.00	12,074,360.38	12,074.360.38
	Total dispositions	2		12,244,378.66		0.00	12,074,360.38	12,244.378.66
UNITED STATES TREAS BDS 4.625% 05-15-20 44 SEDOL: BPZRN8	Total acquisitions	5	16,527,286.17			0.00	16,527,286.17	16,527.286.17
	Total dispositions	3		9,877,816.33		0.00	9,726,365.18	9,877.816.33
UNITED STATES TREAS BDS 4.625% 11-15-204 4 SEDOL: BTPH0B9	Total acquisitions	2	15,357,800.17			0.00	15,357,800.17	15,357.800.17
US TREAS SEC 4.5 DUE 08-15-2039 REG SEDOL: BYQLV34	Total dispositions	5		12,096,576.93		0.00	11,482,706.40	12,096.576.93

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 229,217,678.13

See Independent Auditor's Report.

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

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

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

A Name of plan Retirement Plan for Bargaining Unit Employees of the Metal Trades Council of PanTexas Deterrence, LLC		B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF PanTexas Deterrence, LLC		D Employer Identification Number (EIN) 92-3671850	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value.....	2a	234,941,271	
b Actuarial value.....	2b	258,435,398	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	1,134	151,481,759	151,481,759
b For terminated vested participants.....	624	24,662,716	24,662,716
c For active participants.....	524	86,950,782	88,599,913
d Total.....	2,282	263,095,257	264,744,388
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5	5.15%	
6 Target normal cost			
a Present value of current plan year accruals.....	6a	5,676,526	
b Expected plan-related expenses.....	6b	2,050,000	
c Target normal cost.....	6c	7,726,526	

Statement by Enrolled Actuary

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

SIGN HERE	MARGO A. BURDETTE <i>mab</i>	09/30/2025
	Signature of actuary	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

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

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

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

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

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

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....			31a 7,726,526
b Excess assets, if applicable, but not greater than line 31a			31b 0
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	6,308,990		580,150
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....			34 8,306,676
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35).....			36 8,306,676
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			37 8,403,201
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 96,525
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances			38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....			39 0
40 Unpaid minimum required contributions for all years			40 0

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