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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
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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: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input checked="" type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div></div> |
| B                                                                                          | This return/report is: <div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div>                                                                                                 |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                          |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                            |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                      |

|         |                                                                                                                                                                                                                                                                                                                                                                                       |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                                                                |
| 1a      | Name of plan<br>PXD RETIREMENT PLAN FOR BARGAINING UNIT MEMBERS OF THE PGU                                                                                                                                                                                                                                                                                                            |
| 1b      | Three-digit plan number (PN) ▶ 008                                                                                                                                                                                                                                                                                                                                                    |
| 1c      | Effective date of plan<br>06/01/1955                                                                                                                                                                                                                                                                                                                                                  |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>PANTEXAS DETERRENCE, LLC<br><br>P.O. BOX 30020<br>AMARILLO, TX 79120-0020<br><br>HWY 60 AND FM 2373<br>AMARILLO, TX 79120-0020 |
| 2b      | Employer Identification Number (EIN)<br>92-3671850                                                                                                                                                                                                                                                                                                                                    |
| 2c      | Plan Sponsor's telephone number<br>806-573-3735                                                                                                                                                                                                                                                                                                                                       |
| 2d      | Business code (see instructions)<br>561210                                                                                                                                                                                                                                                                                                                                            |

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

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

|           |                                                   |            |                                                              |
|-----------|---------------------------------------------------|------------|--------------------------------------------------------------|
| 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                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |  |    |              |  |    |           |  |     |           |  |     |           |  |     |           |  |    |           |  |     |              |  |  |              |  |  |           |  |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--|----|--------------|--|----|-----------|--|-----|-----------|--|-----|-----------|--|-----|-----------|--|----|-----------|--|-----|--------------|--|--|--------------|--|--|-----------|--|---|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br>PXD BENEFITS & INVESTMENT COMMITTEE<br><br>P.O. BOX 30020<br>AMARILLO, TX 79120-0020                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>3b</b> Administrator's EIN<br>92-3671850<br><br><b>3c</b> Administrator's telephone number<br>806-573-3735<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |  |    |              |  |    |           |  |     |           |  |     |           |  |     |           |  |    |           |  |     |              |  |  |              |  |  |           |  |   |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name CONSOLIDATED NUCLEAR SECURITY, LLC<br><b>c</b> Plan Name CONSOLIDATED NUCLEAR SECURITY, LLC RETIREMENT PLAN FOR BARGAINING UNIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>4b</b> EIN 45-4482782<br><br><b>4d</b> PN 008                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |  |    |              |  |    |           |  |     |           |  |     |           |  |     |           |  |    |           |  |     |              |  |  |              |  |  |           |  |   |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>5</b> 543                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |  |    |              |  |    |           |  |     |           |  |     |           |  |     |           |  |    |           |  |     |              |  |  |              |  |  |           |  |   |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"><b>6a(1)</b></td><td style="width: 10%;"></td><td style="width: 80%; text-align: right;">93</td></tr> <tr><td><b>6a(2)</b></td><td></td><td style="text-align: right;">87</td></tr> <tr><td><b>6b</b></td><td></td><td style="text-align: right;">265</td></tr> <tr><td><b>6c</b></td><td></td><td style="text-align: right;">150</td></tr> <tr><td><b>6d</b></td><td></td><td style="text-align: right;">502</td></tr> <tr><td><b>6e</b></td><td></td><td style="text-align: right;">37</td></tr> <tr><td><b>6f</b></td><td></td><td style="text-align: right;">539</td></tr> <tr><td><b>6g(1)</b></td><td></td><td></td></tr> <tr><td><b>6g(2)</b></td><td></td><td></td></tr> <tr><td><b>6h</b></td><td></td><td style="text-align: right;">0</td></tr> </table> | <b>6a(1)</b> |  | 93 | <b>6a(2)</b> |  | 87 | <b>6b</b> |  | 265 | <b>6c</b> |  | 150 | <b>6d</b> |  | 502 | <b>6e</b> |  | 37 | <b>6f</b> |  | 539 | <b>6g(1)</b> |  |  | <b>6g(2)</b> |  |  | <b>6h</b> |  | 0 |
| <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 93           |  |    |              |  |    |           |  |     |           |  |     |           |  |     |           |  |    |           |  |     |              |  |  |              |  |  |           |  |   |
| <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 87           |  |    |              |  |    |           |  |     |           |  |     |           |  |     |           |  |    |           |  |     |              |  |  |              |  |  |           |  |   |
| <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 265          |  |    |              |  |    |           |  |     |           |  |     |           |  |     |           |  |    |           |  |     |              |  |  |              |  |  |           |  |   |
| <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 150          |  |    |              |  |    |           |  |     |           |  |     |           |  |     |           |  |    |           |  |     |              |  |  |              |  |  |           |  |   |
| <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 502          |  |    |              |  |    |           |  |     |           |  |     |           |  |     |           |  |    |           |  |     |              |  |  |              |  |  |           |  |   |
| <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 37           |  |    |              |  |    |           |  |     |           |  |     |           |  |     |           |  |    |           |  |     |              |  |  |              |  |  |           |  |   |
| <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 539          |  |    |              |  |    |           |  |     |           |  |     |           |  |     |           |  |    |           |  |     |              |  |  |              |  |  |           |  |   |
| <b>6g(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |  |    |              |  |    |           |  |     |           |  |     |           |  |     |           |  |    |           |  |     |              |  |  |              |  |  |           |  |   |
| <b>6g(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |  |    |              |  |    |           |  |     |           |  |     |           |  |     |           |  |    |           |  |     |              |  |  |              |  |  |           |  |   |
| <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 0            |  |    |              |  |    |           |  |     |           |  |     |           |  |     |           |  |    |           |  |     |              |  |  |              |  |  |           |  |   |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |  |    |              |  |    |           |  |     |           |  |     |           |  |     |           |  |    |           |  |     |              |  |  |              |  |  |           |  |   |

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

1A

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

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

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

**a Pension Schedules**

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

**b General Schedules**

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 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 \_\_\_\_\_

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
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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<br>PXD RETIREMENT PLAN FOR BARGAINING UNIT MEMBERS OF THE PGU               | B Three-digit plan number (PN) ▶                     | 008 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>PANTEXAS DETERRENCE, LLC         | D Employer Identification Number (EIN)<br>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         | 000639-012521                         | 49                                                                          | 01/01/2024              | 12/31/2024 |

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

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

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

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

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

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

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

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

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

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

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| (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 |                       |
|                                               |                                 |             |                       |

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

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| (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 ..... **4** 3199001**5** Current value of plan's interest under this contract in separate accounts at year end ..... **5****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. .... **6d**  
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☒ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year ..... **7b** 3246165**c** Additions: (1) Contributions deposited during the year ..... **7c(1)**  
(2) Dividends and credits ..... **7c(2)**  
(3) Interest credited during the year ..... **7c(3)** 135619  
(4) Transferred from separate account ..... **7c(4)**  
(5) Other (specify below) ..... **7c(5)**(6) Total additions ..... **7c(6)** 135619**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d** 3381784**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)** 167632(2) Administration charge made by carrier ..... **7e(2)** 15151(3) Transferred to separate account ..... **7e(3)**(4) Other (specify below) ..... **7e(4)**(5) Total deductions ..... **7e(5)** 182783**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f** 3199001

**Part III Welfare Benefit Contract Information**

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

**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. ▶

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

|                                                                                                                                    |                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| 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<br>PXD RETIREMENT PLAN FOR BARGAINING UNIT MEMBERS OF THE PGU                                                       | B Three-digit plan number (PN) 008                                                                                                               |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>PANTEXAS DETERRENCE, LLC                                      | D Employer Identification Number (EIN)<br>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 01 Day 01 Year 2024                                                                                                                                              |                            |                           |                          |
| 2      | Assets:                                                                                                                                                                                          |                            |                           |                          |
| a      | Market value                                                                                                                                                                                     | 2a                         | 84411895                  |                          |
| b      | Actuarial value                                                                                                                                                                                  | 2b                         | 92853084                  |                          |
| 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                                                                                                                                     | 282                        | 49172787                  | 49172787                 |
| b      | For terminated vested participants                                                                                                                                                               | 168                        | 12692410                  | 12692410                 |
| c      | For active participants                                                                                                                                                                          | 93                         | 30172418                  | 30914908                 |
| d      | Total                                                                                                                                                                                            | 543                        | 92037615                  | 92780105                 |
| 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                          | 5.13 %                    |                          |
| 6      | Target normal cost                                                                                                                                                                               |                            |                           |                          |
| a      | Present value of current plan year accruals                                                                                                                                                      | 6a                         | 2089427                   |                          |
| b      | Expected plan-related expenses                                                                                                                                                                   | 6b                         | 575000                    |                          |
| c      | Target normal cost                                                                                                                                                                               | 6c                         | 2664427                   |                          |

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.

|                          |                                                                                                                                                                                                                                                   |                                                                                                                                                                              |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>SIGN<br/>HERE</div> | <div>Signature of actuary</div> <div>MARGO A. BURDETTE</div> <div>Type or print name of actuary</div> <div>AON CONSULTING, INC.</div> <div>Firm name</div> <div>MSC17838 PO BOX 551343<br/>ATLANTA, GA 30355</div> <div>Address of the firm</div> | <div>09/30/2025</div> <div>Date</div> <div>23-05676</div> <div>Most recent enrollment number</div> <div>404-261-3400</div> <div>Telephone number (including area code)</div> |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 0                     | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                |                       |                        |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>6.49</u> % .....                                                                                 |                       |                        |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 65683                  |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.26</u> % ..... |                       | 3455                   |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 69138                  |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 0                      |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 100.07 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 100.07 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 99.49 %  |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

**Part IV Contributions and Liquidity Shortfalls****18** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 03/13/2024               | 660000                            | 0                               | 06/12/2025               | 346700                            | 0                               |
| 06/13/2024               | 660000                            | 0                               | 08/28/2025               | 299900                            | 0                               |
| 10/15/2024               | 660000                            | 0                               |                          |                                   |                                 |
| 12/16/2024               | 400000                            | 0                               |                          |                                   |                                 |
| 01/13/2025               | 346700                            | 0                               |                          |                                   |                                 |
| 03/13/2025               | 346700                            | 0                               |                          |                                   |                                 |
| <b>Totals ►</b>          |                                   |                                 | <b>18(b)</b>             | 3720000                           | <b>18(c)</b>                    |

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

|                                                                                                                         |            |         |
|-------------------------------------------------------------------------------------------------------------------------|------------|---------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                    | <b>19a</b> | 0       |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0       |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 3569185 |

**20** Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

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

|                  |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                             |                                                                     |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>Part V</b>    | <b>Assumptions Used to Determine Funding Target and Target Normal Cost</b>                                                                                                                                                                                                                             |                                                                                                                                                                             |                                                                     |
| <b>21</b>        | Discount rate:                                                                                                                                                                                                                                                                                         |                                                                                                                                                                             |                                                                     |
| <b>a</b>         | Segment rates:                                                                                                                                                                                                                                                                                         | <div style="display: flex; justify-content: space-around;"> <div>1st segment:<br/>4.75 %</div> <div>2nd segment:<br/>4.87 %</div> <div>3rd segment:<br/>5.59 %</div> </div> | <input type="checkbox"/> N/A, full yield curve used                 |
| <b>b</b>         | Applicable month (enter code) .....                                                                                                                                                                                                                                                                    | <b>21b</b>                                                                                                                                                                  | 4                                                                   |
| <b>22</b>        | Weighted average retirement age .....                                                                                                                                                                                                                                                                  | <b>22</b>                                                                                                                                                                   | 61                                                                  |
| <b>23</b>        | Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute                                                                                                                     |                                                                                                                                                                             |                                                                     |
| <b>Part VI</b>   | <b>Miscellaneous Items</b>                                                                                                                                                                                                                                                                             |                                                                                                                                                                             |                                                                     |
| <b>24</b>        | Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                       |                                                                                                                                                                             |                                                                     |
| <b>25</b>        | Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. .... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                            |                                                                                                                                                                             |                                                                     |
| <b>26</b>        | Demographic and benefit information                                                                                                                                                                                                                                                                    |                                                                                                                                                                             |                                                                     |
| <b>a</b>         | Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                                                                                                                                                                      |                                                                                                                                                                             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>b</b>         | Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...                                                                                                                                                                |                                                                                                                                                                             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>27</b>        | If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment. ....                                                                                                                                                                             | <b>27</b>                                                                                                                                                                   |                                                                     |
| <b>Part VII</b>  | <b>Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>                                                                                                                                                                                                                         |                                                                                                                                                                             |                                                                     |
| <b>28</b>        | Unpaid minimum required contributions for all prior years .....                                                                                                                                                                                                                                        | <b>28</b>                                                                                                                                                                   |                                                                     |
| <b>29</b>        | Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) .....                                                                                                                                                                             | <b>29</b>                                                                                                                                                                   |                                                                     |
| <b>30</b>        | Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                                                                                                                                                                                                | <b>30</b>                                                                                                                                                                   | 0                                                                   |
| <b>Part VIII</b> | <b>Minimum Required Contribution For Current Year</b>                                                                                                                                                                                                                                                  |                                                                                                                                                                             |                                                                     |
| <b>31</b>        | Target normal cost and excess assets (see instructions):                                                                                                                                                                                                                                               |                                                                                                                                                                             |                                                                     |
| <b>a</b>         | Target normal cost (line 6c) .....                                                                                                                                                                                                                                                                     | <b>31a</b>                                                                                                                                                                  | 2664427                                                             |
| <b>b</b>         | Excess assets, if applicable, but not greater than line 31a .....                                                                                                                                                                                                                                      | <b>31b</b>                                                                                                                                                                  | 72979                                                               |
| <b>32</b>        | Amortization installments:                                                                                                                                                                                                                                                                             | Outstanding Balance                                                                                                                                                         | Installment                                                         |
| <b>a</b>         | Net shortfall amortization installment .....                                                                                                                                                                                                                                                           | 0                                                                                                                                                                           | 0                                                                   |
| <b>b</b>         | Waiver amortization installment .....                                                                                                                                                                                                                                                                  | 0                                                                                                                                                                           | 0                                                                   |
| <b>33</b>        | If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....                                                                                                                             |                                                                                                                                                                             | <b>33</b>                                                           |
| <b>34</b>        | Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) .....                                                                                                                                                                                     |                                                                                                                                                                             | <b>34</b>                                                           |
|                  | Carryover balance                                                                                                                                                                                                                                                                                      | Prefunding balance                                                                                                                                                          | Total balance                                                       |
| <b>35</b>        | Balances elected for use to offset funding requirement .....                                                                                                                                                                                                                                           | 0                                                                                                                                                                           | 0                                                                   |
| <b>36</b>        | Additional cash requirement (line 34 minus line 35) .....                                                                                                                                                                                                                                              |                                                                                                                                                                             | <b>36</b>                                                           |
| <b>37</b>        | Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                                                                                                                                              |                                                                                                                                                                             | <b>37</b>                                                           |
| <b>38</b>        | Present value of excess contributions for current year (see instructions)                                                                                                                                                                                                                              |                                                                                                                                                                             |                                                                     |
| <b>a</b>         | Total (excess, if any, of line 37 over line 36) .....                                                                                                                                                                                                                                                  | <b>38a</b>                                                                                                                                                                  | 977737                                                              |
| <b>b</b>         | Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                                                                                                                                           | <b>38b</b>                                                                                                                                                                  | 0                                                                   |
| <b>39</b>        | Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                                                                                                                                                  |                                                                                                                                                                             | <b>39</b>                                                           |
| <b>40</b>        | Unpaid minimum required contributions for all years .....                                                                                                                                                                                                                                              |                                                                                                                                                                             | <b>40</b>                                                           |
| <b>Part IX</b>   | <b>Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>                                                                                                                                                                                                            |                                                                                                                                                                             |                                                                     |
| <b>41</b>        | If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021 |                                                                                                                                                                             |                                                                     |

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | 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<br>PXD RETIREMENT PLAN FOR BARGAINING UNIT MEMBERS OF THE PGU               | B Three-digit plan number (PN) ▶                     | 008 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>PANTEXAS DETERRENCE, LLC         | D Employer Identification Number (EIN)<br>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                                                                                 | 500 SOUTH LASALLE STREET<br>CHICAGO, IL 60603 |
| 36-1561860                                                                                                 |                                               |

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

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

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

---

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

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

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

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

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

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

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

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

---

**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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 14                     | PLAN ADMINISTRATOR                                                                                | 122643                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

THE NORTHERN TRUST COMPANY

500 SOUTH LASALLE STREET  
CHICAGO, IL 60603

36-1561860

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 25                     | NONE                                                                                              | 25798                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

KILPATRICK TOWNSEND STOCKTON, LLP

1100 PEACHTREE STREET NE SUITE 2800  
ATLANTA, GA 30309-4528

58-0511774

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>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"/>                                     |

**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)

ALSTON & BIRD LLP

1201 WEST PEACHTREE ST. SUITE 4900  
ATLANTA, GA 30309-4528

58-0137615

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>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"/>                                     |

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

AETNA LIFE INSURANCE CO

151 FARMINGTON AVENUE  
HARTFORD, CT 06156

06-6033492

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 12                     | NONE                                                                                              | 15222                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

LEGAL & GENERAL INVESTMENT MGMT INC

71 SOUTH WACKER DRIVE SUITE 800  
CHICAGO, IL 60606

20-8058531

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28                     | NONE                                                                                              | 13423                                                                  | 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<br>(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<br>(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<br>(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)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                   |                                                                                                                                                                                                                                   |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE D<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration</div> | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection.</div> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 |                                                      |     |
| A Name of plan<br>PXD RETIREMENT PLAN FOR BARGAINING UNIT MEMBERS OF THE PGU               | B Three-digit plan number (PN) ▶                     | 008 |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>PANTEXAS DETERRENCE, LLC  | D Employer Identification Number (EIN)<br>92-3671850 |     |

|        |                                                                                                                                                                           |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I | Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs) |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                             |                 |                                                                                                       |
|-----------------------------------------------------------------------------|-----------------|-------------------------------------------------------------------------------------------------------|
| a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE ST INVESTMENT FUND    |                 |                                                                                                       |
| b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC. |                 |                                                                                                       |
| c EIN-PN 45-6138589-084                                                     | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 938055   |
| a Name of MTIA, CCT, PSA, or 103-12 IE: DEFINED BENEFIT PLANS MTIA          |                 |                                                                                                       |
| b Name of sponsor of entity listed in (a): PANTEXAS DETERRENCE, LLC         |                 |                                                                                                       |
| c EIN-PN 99-6887808-006                                                     | d Entity code M | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 44400887 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: PXD, LLC DB/DC SHARED ACCOUNTS MTIA |                 |                                                                                                       |
| b Name of sponsor of entity listed in (a): PANTEXAS DETERRENCE, LLC         |                 |                                                                                                       |
| c EIN-PN 99-6887808-022                                                     | d Entity code M | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18265207 |
| 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)

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   |                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| <div>SCHEDULE H</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Financial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | 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<br>PXD RETIREMENT PLAN FOR BARGAINING UNIT MEMBERS OF THE PGU                                                                                                                                                                 |                                                                                                                                                                                                                                                                                   | B Three-digit plan number (PN) ▶ 008                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>PANTEXAS DETERRENCE, LLC                                                                                                                                                           |                                                                                                                                                                                                                                                                                   | D Employer Identification Number (EIN)<br>92-3671850 |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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. |                               |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | (a) Beginning of Year | (b) End of Year |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>                  | 2305000               | 1340000         |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>                  |                       |                 |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>                  | 508094                | 170035          |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  | 15555202              | 15595914        |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               |                       |                 |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b>               |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               |                       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>               |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  |                       |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                  |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  | 2701812               | 938055          |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                 |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 | 60079012              | 62666094        |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                 |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>                 |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                 | 3246165               | 3199001         |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>                 |                       |                 |

| <b>1d</b> Employer-related investments:                                   |              | (a) Beginning of Year | (b) End of Year |
|---------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                             | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                          | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>    | 84395285              | 83909099        |
| <b>Liabilities</b>                                                        |              |                       |                 |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables .....                                         | <b>1h</b>    |                       |                 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities .....                                          | <b>1j</b>    | 115898                | 151772          |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 115898                | 151772          |
| <b>Net Assets</b>                                                         |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>    | 84279387              | 83757327        |

**Part II Income and Expense Statement**

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

| <b>Income</b>                                                                                              |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 3720000    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 3720000   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| <b>(1) Interest:</b>                                                                                       |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> | 711659     |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 121358     |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 833017    |
| <b>(2) Dividends:</b>                                                                                      |                 |            |           |
| <b>(A)</b> Preferred stock .....                                                                           | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> |            |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            |           |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 31179200   |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 37160566   |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | -5981366  |
| <b>(5) Unrealized appreciation (depreciation) of assets:</b>                                               |                 |            |           |
| <b>(A)</b> Real estate .....                                                                               | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | -730750    |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | -730750   |

|                                                                                                 |               | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            | 145741    |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            | 6475693   |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            |           |
| <b>c</b> Other income .....                                                                     | <b>2c</b>     |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 4462335   |

**Expenses**

|                                                                                             |               |         |         |
|---------------------------------------------------------------------------------------------|---------------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 4351023 |         |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  |         |         |
| (3) Other .....                                                                             | <b>2e(3)</b>  |         |         |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |         | 4351023 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |         |         |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |         |         |
| <b>h</b> Interest expense .....                                                             | <b>2h</b>     |         |         |
| <b>i</b> Administrative expenses:                                                           |               |         |         |
| (1) Salaries and allowances .....                                                           | <b>2i(1)</b>  |         |         |
| (2) Contract administrator fees .....                                                       | <b>2i(2)</b>  | 137864  |         |
| (3) Recordkeeping fees .....                                                                | <b>2i(3)</b>  |         |         |
| (4) IQPA audit fees .....                                                                   | <b>2i(4)</b>  |         |         |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  | 13423   |         |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  | 25798   |         |
| (7) Actuarial fees .....                                                                    | <b>2i(7)</b>  |         |         |
| (8) Legal fees .....                                                                        | <b>2i(8)</b>  | 35622   |         |
| (9) Valuation/appraisal fees .....                                                          | <b>2i(9)</b>  |         |         |
| (10) Other trustee fees and expenses .....                                                  | <b>2i(10)</b> | 420665  |         |
| (11) Other expenses .....                                                                   | <b>2i(11)</b> |         |         |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |         | 633372  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |         | 4984395 |

**Net Income and Reconciliation**

|                                                                               |              |  |         |
|-------------------------------------------------------------------------------|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | -522060 |
| <b>l</b> Transfers of assets:                                                 |              |  |         |
| (1) To this plan .....                                                        | <b>2l(1)</b> |  |         |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |         |

**Part III Accountant's Opinion**

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

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

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

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

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

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

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

(2) EIN: **62-1142155**

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 559693.

|                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|--|
| <div>SCHEDULE R<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>                                                                                                                               |  | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> |  | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection.</div> |  |
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |  |
| A Name of plan<br>PXD RETIREMENT PLAN FOR BARGAINING UNIT MEMBERS OF THE PGU                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                  |  | B Three-digit plan number (PN) ▶ 008                                                            |  |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>PANTEXAS DETERRENCE, LLC                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                  |  | D Employer Identification Number (EIN)<br>92-3671850                                            |  |
| 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):<br>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)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A<br>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 _____<br>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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input checked="" type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |  |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                        |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |  |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |  |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                  |  | Schedule R (Form 5500) 2024 v. 240311                                                           |  |

**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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

**14a**

**b** The plan year immediately preceding the current plan year. ☐ 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. ☐ 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: 63.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 19.0 %

High-Yield Debt: 0.0 % Real Assets: 8.0 % Cash or Cash Equivalents: 1.0 % Other: 9.0 %

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☒ 10-15 years ☐ 15 years or more

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation.....

## **Part VII IRS Compliance Questions**

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

- 21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

**PANTEXAS DETERRENCE, LLC  
RETIREMENT PLAN FOR BARGAINING UNIT MEMBERS  
OF THE PANTEX GUARDS UNION**

**Amarillo, Texas**

**FINANCIAL STATEMENTS**

**December 31, 2024 and 2023**



**PANTEXAS DETERRENCE, LLC  
RETIREMENT PLAN FOR BARGAINING UNIT MEMBERS  
OF THE PANTEX GUARDS UNION**

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## INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator of the  
PanTeXas Deterrence, LLC Retirement Plan for  
Bargaining Unit Members of the Pantex Guards Union  
Amarillo, Texas

### Opinion

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

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

### Basis for Opinion

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

### Responsibilities of Management for the Financial Statements

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

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

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

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

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

In performing an audit in accordance with GAAS, we:

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

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

## **Supplemental Schedules Required by ERISA**

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

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

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

*Pugh & Company, P.C.*

Certified Public Accountants  
Knoxville, Tennessee  
October 14, 2025

**PANTEXAS DETERRENCE, LLC RETIREMENT PLAN  
FOR BARGAINING UNIT MEMBERS OF THE PANTEX GUARDS UNION**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

|                                                                                           | As of December 31, | <u>2024</u>              | <u>2023</u>                        |
|-------------------------------------------------------------------------------------------|--------------------|--------------------------|------------------------------------|
| <b>ASSETS</b>                                                                             |                    |                          |                                    |
| Investments                                                                               |                    |                          |                                    |
| Plan's Interest in the Consolidated Nuclear Security, LLC<br>Master Retirement Plan Trust | \$                 | 0                        | \$ 60,079,012                      |
| Plan's Interest in the PanTeXas Deterrence<br>Master Retirement Trust                     |                    | 62,666,094               | 0                                  |
| Investments, at Fair Value                                                                |                    | <u>19,732,971</u>        | <u>21,503,179</u>                  |
| Total Investments                                                                         |                    | <u>82,399,065</u>        | <u>81,582,191</u>                  |
| Receivables                                                                               |                    |                          |                                    |
| Employer Contribution Receivable                                                          |                    | 1,340,000                | 2,305,000                          |
| Accrued Income                                                                            |                    | 155,054                  | 196,524                            |
| Pending Trades                                                                            |                    | <u>14,980</u>            | <u>311,570</u>                     |
| Total Receivables                                                                         |                    | <u>1,510,034</u>         | <u>2,813,094</u>                   |
| <b>TOTAL ASSETS</b>                                                                       |                    | <u>83,909,099</u>        | <u>84,395,285</u>                  |
| <b>LIABILITIES</b>                                                                        |                    |                          |                                    |
| Pending Trades                                                                            |                    | 13,067                   | 11,548                             |
| Other Payable                                                                             |                    | <u>138,705</u>           | <u>104,350</u>                     |
| <b>Total Liabilities</b>                                                                  |                    | <u>151,772</u>           | <u>115,898</u>                     |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b>                                                  | <b>\$</b>          | <u><u>83,757,327</u></u> | <b>\$</b> <u><u>84,279,387</u></u> |

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

**PANTEXAS DETERRENCE, LLC RETIREMENT PLAN  
FOR BARGAINING UNIT MEMBERS OF THE PANTEX GUARDS UNION**

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

|                                                                                                                          | For the Years Ended December 31, | <u>2024</u>              | <u>2023</u>                 |
|--------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------|-----------------------------|
| <b>ADDITIONS:</b>                                                                                                        |                                  |                          |                             |
| Investment Income:                                                                                                       |                                  |                          |                             |
| Net Investment Income from the Plan's Interest in the<br>Consolidated Nuclear Security, LLC Master Retirement Plan Trust | \$                               | 8,153,814                | \$ 5,339,340                |
| Net Investment Income (Loss) from the Plan's Interest in the<br>PanTeXas Deterrence Master Retirement Trust              |                                  | (1,678,121)              | 0                           |
| Net Depreciation in Fair Value of Investments                                                                            |                                  | (6,566,445)              | (1,223,348)                 |
| Dividends and Interest                                                                                                   |                                  | <u>833,017</u>           | <u>742,003</u>              |
| Net Investment Income                                                                                                    |                                  | 742,265                  | 4,857,995                   |
| Contributions:                                                                                                           |                                  |                          |                             |
| Employer                                                                                                                 |                                  | <u>3,720,000</u>         | <u>2,880,000</u>            |
| <b>Total Additions</b>                                                                                                   |                                  | <u>4,462,265</u>         | <u>7,737,995</u>            |
| <b>DEDUCTIONS:</b>                                                                                                       |                                  |                          |                             |
| Benefits Paid Directly to Participants                                                                                   |                                  | 4,351,023                | 3,578,409                   |
| Administrative Expenses                                                                                                  |                                  | <u>633,302</u>           | <u>618,738</u>              |
| <b>Total Deductions</b>                                                                                                  |                                  | <u>4,984,325</u>         | <u>4,197,147</u>            |
| <b>NET INCREASE (DECREASE)</b>                                                                                           |                                  | (522,060)                | 3,540,848                   |
| <b>NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR</b>                                                              |                                  | <u>84,279,387</u>        | <u>80,738,539</u>           |
| <b>NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR</b>                                                                    | \$                               | <u><u>83,757,327</u></u> | \$ <u><u>84,279,387</u></u> |

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

**PANTEXAS DETERRENCE, LLC RETIREMENT PLAN  
FOR BARGAINING UNIT MEMBERS OF THE PANTEX GUARDS UNION**

**NOTES TO FINANCIAL STATEMENTS**

**December 31, 2024 and 2023**

**NOTE 1 - DESCRIPTION OF THE PLAN**

The following description of the PanTeXas Deterrence, LLC Retirement Plan for Bargaining Unit Members of the Pantex Guards Union (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 pension plan covering Pantex Guard Union employees hired before March 18, 2002 at the Pantex Plant in Amarillo, Texas, and is sponsored by PanTeXas Deterrence, LLC ("Pantex" or the "Company"). Prior to November 1, 2024, the plan was sponsored by Consolidated Nuclear Security, LLC ("CNS"). Effective January 1, 2003, the Plan was closed to newly hired and rehired employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

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

**Contributions** - Participant contributions are not required or permitted. Participant contributions prior to June 1, 1994 are credited with interest equal to 120% of the Federal Mid-Term rate on the first day of the Plan year.

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

**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 18, 2002 will equal 1.50% of the participants' final average earnings multiplied by the number of years of credited service. For service between October 1, 1986 and June 1, 1994, 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 attained aged 55 and 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 Master Retirement 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<br><br>Terminated Vested: If active in another Pantex plan, age 62. Age 55 with 10 or more years of service. Or else age 65. |

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 salary scale and retirement 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 valuations 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             |
| <b>Assets</b>                                                       |                        |                     |                               |                  |
| Investments at Fair Value                                           |                        |                     |                               |                  |
| Common Stock (On Loan \$0 and \$21,296, Respectively)               | \$ 0                   | \$ 199,430          | \$ 0                          | \$ 6,783         |
| 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                             | 27,337           |
| Partnerships and Joint Ventures                                     | 212,432                | 304,814             | 0                             | 9,242            |
| Registered Investment Companies                                     | 263,398                | 497,757             | 0                             | 15,258           |
| Securities Lending Collateral                                       | 35,238                 | 77,352              | 0                             | 0                |
| Total Investments at Fair Value                                     | 2,598,776              | 3,670,160           | 0                             | 58,620           |
| 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                             | 1,468            |
| <b>Total Assets</b>                                                 | <b>2,807,152</b>       | <b>4,026,746</b>    | <b>0</b>                      | <b>60,088</b>    |
| <b>Liabilities</b>                                                  |                        |                     |                               |                  |
| Accrued Expenses                                                    | 0                      | 254                 | 0                             | 5                |
| Payable for Investments Purchased                                   | 1,477                  | 921                 | 0                             | 4                |
| Obligation to Return Securities Lending Collateral                  | 35,238                 | 77,352              | 0                             | 0                |
| <b>Total Liabilities</b>                                            | <b>36,715</b>          | <b>78,527</b>       | <b>0</b>                      | <b>9</b>         |
| <b>Net Assets</b>                                                   | <b>\$ 2,770,437</b>    | <b>\$ 3,948,219</b> | <b>\$ 0</b>                   | <b>\$ 60,079</b> |

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

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

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

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

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

|                                                                   | Total Pantex<br>Master Trust | Plan's<br>Interest in<br>Pantex Master<br>Trust |
|-------------------------------------------------------------------|------------------------------|-------------------------------------------------|
|                                                                   | 2024                         | 2024                                            |
| <b>Assets</b>                                                     |                              |                                                 |
| Investments at Fair Value                                         |                              |                                                 |
| Common / Collective Trusts                                        | \$ 1,124,815                 | \$ 41,364                                       |
| Partnerships and Joint Ventures                                   | 77,449                       | 9,200                                           |
| Registered Investment Companies                                   | 164,986                      | 12,102                                          |
| Total Investments at Fair Value                                   | 1,367,250                    | 62,666                                          |
| Fully Benefit Responsive Investment<br>Contract at Contract Value | 85,431                       | 0                                               |
| Income Receivable                                                 | 57                           | 0                                               |
| <b>Total Assets</b>                                               | 1,452,738                    | 62,666                                          |
| <b>Liabilities</b>                                                |                              |                                                 |
| Payable for Investments Purchased                                 | 4                            | 0                                               |
| <b>Total Liabilities</b>                                          | 4                            | 0                                               |
| <b>Net Assets</b>                                                 | \$ 1,452,734                 | \$ 62,666                                       |

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

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 Trust.

#### NOTE 4 - FAIR VALUE MEASUREMENTS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

|                                             | Assets at Fair Value |                   |             |                     |
|---------------------------------------------|----------------------|-------------------|-------------|---------------------|
|                                             | Level 1              | Level 2           | Level 3     | Total               |
| <b>As of December 31, 2024</b>              |                      |                   |             |                     |
| Registered Investment Companies             | \$ 263,398           | \$ 0              | \$ 0        | \$ 263,398          |
| Common Stocks                               | 0                    | 0                 | 0           | 0                   |
| 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 <sup>(1)</sup>  |                      |                   |             | <u>2,196,793</u>    |
| Total Investments at Fair Value             |                      |                   |             | <u>\$ 2,598,776</u> |
| <b>As of December 31, 2023</b>              |                      |                   |             |                     |
| Registered Investment Companies             | \$ 497,757           | \$ 0              | \$ 0        | \$ 497,757          |
| Common Stocks                               | 199,430              | 0                 | 0           | 199,430             |
| Corporate Bonds                             | 0                    | 64,441            | 0           | 64,441              |
| Government Securities                       | 0                    | 72,049            | 0           | 72,049              |
| Securities Lending Collateral:              |                      |                   |             |                     |
| Cash and Cash Equivalents, Interest-Bearing | 0                    | 48,999            | 0           | 48,999              |
| Government Securities                       | 0                    | 28,353            | 0           | 28,353              |
| Total Investments in Fair Value Hierarchy   | <u>\$ 697,187</u>    | <u>\$ 213,842</u> | <u>\$ 0</u> | <u>911,029</u>      |
| Investments Measured at NAV <sup>(1)</sup>  |                      |                   |             | <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               |
| <b>As of December 31, 2024</b>             |                      |             |             |                     |
| 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 <sup>(1)</sup> |                      |             |             | <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                |
| <b>As of December 31, 2024</b>             |                      |                      |                     |                      |
| Government Securities                      | \$ 0                 | \$ 15,595,914        | \$ 0                | \$ 15,595,914        |
| IPG Contract                               | 0                    | 0                    | 3,199,001           | 3,199,001            |
| Total Investments in Fair Value Hierarchy  | <u>\$ 0</u>          | <u>\$ 15,595,914</u> | <u>\$ 3,199,001</u> | <u>18,794,915</u>    |
| Investments Measured at NAV <sup>(1)</sup> |                      |                      |                     | 938,056              |
| Total Investments at Fair Value            |                      |                      |                     | <u>\$ 19,732,971</u> |
| <b>As of December 31, 2023</b>             |                      |                      |                     |                      |
| Government Securities                      | \$ 0                 | \$ 15,555,202        | \$ 0                | \$ 15,555,202        |
| IPG Contract                               | 0                    | 0                    | 3,246,165           | 3,246,165            |
| Total Investments in Fair Value Hierarchy  | <u>\$ 0</u>          | <u>\$ 15,555,202</u> | <u>\$ 3,246,165</u> | <u>18,801,367</u>    |
| Investments Measured at NAV <sup>(1)</sup> |                      |                      |                     | 2,701,812            |
| Total Investments at Fair Value            |                      |                      |                     | <u>\$ 21,503,179</u> |

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

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

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

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

|                                    | 2024                | 2023                |
|------------------------------------|---------------------|---------------------|
| <b>IPG Contract:</b>               |                     |                     |
| Balance, Beginning of Year         | \$ 3,246,165        | \$ 3,315,361        |
| Participant Distributions          | (167,632)           | (190,826)           |
| Prior Period Interest Rate Changes | 0                   | (979)               |
| Fixed Income Interest              | 135,619             | 138,297             |
| Service Charge                     | <u>(15,151)</u>     | <u>(15,688)</u>     |
| <b>Balance, End of Year</b>        | <u>\$ 3,199,001</u> | <u>\$ 3,246,165</u> |

**Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements** - The following table represents the Plan's other 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 | \$ 3,199,001 | \$ 3,246,165 | Present Value                 | Discount Rate       | 5.15% - 5.36%                     |

## NOTE 5 - NET ASSET VALUE PER SHARE

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

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

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

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

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

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

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

| The Plan's Fair Value Estimated Using NAV Per Share |              |                     |                      |                               |                          |
|-----------------------------------------------------|--------------|---------------------|----------------------|-------------------------------|--------------------------|
|                                                     | Fair Value   | Unfunded Commitment | Redemption Frequency | Other Redemption Restrictions | Redemption Notice Period |
| <b>December 31, 2024</b>                            |              |                     |                      |                               |                          |
| Common / Collective Trusts:                         |              |                     |                      |                               |                          |
| Short Term Bond                                     | \$ 938,055   | None                | Immediate            | None                          | None                     |
| <b>December 31, 2023</b>                            |              |                     |                      |                               |                          |
| Common / Collective Trusts:                         |              |                     |                      |                               |                          |
| Short Term Bond                                     | \$ 2,701,812 | 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 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.

## **NOTE 7 - CONTRACT WITH INSURANCE COMPANY (Continued)**

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 \$135,619 and \$137,318, 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 \$167,632 and \$190,826, 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 \$3,199,001 and \$3,246,165, respectively. At December 31, 2024 and 2023, the reserved portion of the Contract was \$1,602,268 and \$1,897,702, respectively, and the unallocated portion was \$1,596,734 and \$1,348,463, 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.

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 \$50.2 million and \$52.6 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 \$(4.8) million and \$(0.7) 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                  | \$ 42,003,312        |
| Other Participants                                         | <u>34,417,337</u>    |
| Total Vested Benefits                                      | 76,420,649           |
| Non-Vested Benefits                                        | <u>591,085</u>       |
| Total Actuarial Present Value of Accumulated Plan Benefits | <u>\$ 77,011,734</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,<br>At Beginning of Year | \$ 74,114,101 |
| Increase (Decrease) Attributable to:                                          |               |
| Benefits Accumulated and Actuarial Experience                                 | 1,475,755     |
| Interest Accumulation                                                         | 5,064,861     |
| Change in Actuarial Assumptions                                               | (64,574)      |
| Benefits Paid                                                                 | (3,578,409)   |
| Net Decrease                                                                  | 2,897,633     |
| Actuarial Present Value of Accumulated Plan Benefits,<br>At End of Year       | \$ 77,011,734 |

## 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 common/commingled trust funds managed by Northern Trust. The amount of the Plan's investment in the common/commingled trust funds at December 31, 2024 and 2023 was \$938,055 and \$2,701,812, 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 \$633,302 and \$618,738, 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 on November 17, 2015, in which the Internal Revenue Service (IRS) states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

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

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

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

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

Schedule SB Attachment (Form 5500) —2024 Plan Year  
PanTexas Deterrence, LLC Retirement Plan for Bargaining Unit  
Members of the Pantex Guards Union  
EIN: 92-3671850 PN: 008

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

**Effective Date**

Restatement effective January 1, 2014.

**Eligibility for Participation**

A bargaining unit employee of the B&W Pantex Security Force, Local No. 38 and any non-bargaining employee employed as a Protective Force employee who has completed one year of service in which at least 1,000 hours are worked during a plan year.

After March 18, 2002, no new employees may join the plan as active participants.

**Normal Retirement****Eligibility**

Age 65.

**Benefit**

A monthly amount equal to (1) plus (2):

- (1) For service on and after June 1, 1994, 1.5% of final average earnings multiplied by years of credited service.
- (2) Accrued benefit from the prior plan.

**Early Retirement****Eligibility**

Age 55 and 10 years of service.

**Benefit**

A monthly benefit equal to the normal retirement benefit based on service to early retirement. The benefit is not reduced for early payment of benefits.

**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. Benefits are reduced 2.5% for each year early retirement precedes age 65.

**Disability****Eligibility**

No disability benefits will be payable to participants who become disabled on and after July 1, 1997. Participants disabled on or after October 1, 1986 and prior to July 1, 1997 will continue to receive benefits based on the pre-July 1, 1997 plan provisions.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
PanTexas Deterrence, LLC Retirement Plan for Bargaining Unit  
Members of the Pantex Guards Union  
EIN: 92-3671850 PN: 008

**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;  
66⅔% 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.

**Definitions**

|                        |                                                                                                                                                                                    |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Credited Service       | Service earned on or after June 1, 1994 shall mean a 12-month period during which the employee 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. |

Schedule SB Attachment (Form 5500) —2024 Plan Year  
PanTexas Deterrence, LLC Retirement Plan for Bargaining Unit  
Members of the Pantex Guards Union  
EIN: 92-3671850 PN: 008

**Participant Contributions**

Prior to June 1, 1994, participants were required to contribute to the prior plan. On and after June 1, 1994, 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.

**PANTEXAS DETERRENCE, LLC RETIREMENT PLAN FOR  
BARGAINING UNIT MEMBERS OF THE PANTEX GUARDS UNION  
EIN - 92-3671850 PLAN - #008  
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                   | - 126,390.630    | 1.000000     | -126,390.63        | -126,390.63        | 0.00                                       | 0.00                 |
| USD - United States dollar                   | 0.000            | 1.000000     | 0.00               | 0.00               | 0.00                                       | 0.00                 |
| <b>Total - all currencies</b>                |                  |              | <b>-126,390.63</b> | <b>-126,390.63</b> | <b>0.00</b>                                | <b>0.00</b>          |
| <b>Total Non-Interest Bearing Cash - USD</b> |                  |              | <b>-126,390.63</b> | <b>-126,390.63</b> | <b>0.00</b>                                | <b>0.00</b>          |

*Receivable Income - USD*

|                                      |       |          |                   |                   |             |             |
|--------------------------------------|-------|----------|-------------------|-------------------|-------------|-------------|
| Income                               | 0.000 | 0.000000 | 152,215.76        | 152,215.76        | 0.00        | 0.00        |
| <b>Total - all currencies</b>        |       |          | <b>152,215.76</b> | <b>152,215.76</b> | <b>0.00</b> | <b>0.00</b> |
| <b>Total Receivable Income - USD</b> |       |          | <b>152,215.76</b> | <b>152,215.76</b> | <b>0.00</b> | <b>0.00</b> |

*Receivables - Other - USD*

|                                           |       |          |                  |                  |             |             |
|-------------------------------------------|-------|----------|------------------|------------------|-------------|-------------|
| Pending trade sales: United States dollar | 0.000 | 0.000000 | 14,979.72        | 14,979.72        | 0.00        | 0.00        |
| <b>Total - all currencies</b>             |       |          | <b>14,979.72</b> | <b>14,979.72</b> | <b>0.00</b> | <b>0.00</b> |
| <b>Total Receivables - Other - USD</b>    |       |          | <b>14,979.72</b> | <b>14,979.72</b> | <b>0.00</b> | <b>0.00</b> |

*U.S. Government Securities*

**United States - USD**

|                                                                     |               |           |              |              |             |             |
|---------------------------------------------------------------------|---------------|-----------|--------------|--------------|-------------|-------------|
| UNITED STATES TREAS BDS DTD 00218 3.875%DUE 08-15-2040 REG SBSTJVZ5 | 800,000.000   | 90.078125 | 720,625.00   | 695,812.80   | -63,687.20  | -38,875.00  |
| UNITED STATES TREAS BDS DTD 02/15/2023 3.875% 02-15-2043 SBMXHQM5   | 440,000.000   | 88.328125 | 388,643.75   | 426,494.37   | 16,538.12   | -21,312.50  |
| UNITED STATES TREAS BDS 2.875% 05-15-2049 REG SBK1WFY3              | 900,000.000   | 70.996094 | 638,964.85   | 694,058.29   | 9,355.16    | -45,738.28  |
| UNITED STATES TREAS BDS 4.625% 05-15-2044 SBPZRNR8                  | 3,200,000.000 | 97.046875 | 3,105,500.00 | 3,171,165.89 | -102,334.11 | -168,000.00 |
| UNITED STATES TREAS BDS 4.625% 11-15-2044 SBTPH0B9                  | 7,390,000.000 | 97.062500 | 7,172,918.75 | 7,444,681.31 | -131,223.38 | -402,985.94 |
| US TREAS BDS DTD 02-15-2011 4.75% DUE 02-15-2041 REG SBZ56WF6       | 1,000,000.000 | 99.628906 | 996,289.06   | 976,330.13   | -72,537.06  | -52,578.13  |

See Independent Auditor's Report.

**PANTEXAS DETERRENCE, LLC RETIREMENT PLAN FOR  
BARGAINING UNIT MEMBERS OF THE PANTEX GUARDS UNION  
EIN - 92-3671850 PLAN - #008  
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>                          |                  |              |                      |                      |                                            |                      |
| <b>United States - USD</b>                                 |                  |              |                      |                      |                                            |                      |
| US TREAS SEC 4.5 DUE 08-15-2039 REG<br>SBYQLV34            | 500,000.000      | 97.425781    | 487,128.91           | 474,492.00           | -36,601.75                                 | -23,964.84           |
| US TREASURY N/B 4.25% 08-15-2054<br>SBR2NN95               | 2,280,000.000    | 91.484375    | 2,085,843.75         | 2,177,829.35         | -39,221.47                                 | -131,207.07          |
| <b>Total United States - USD</b>                           |                  |              | <b>15,595,914.07</b> | <b>16,060,864.14</b> | <b>-419,711.69</b>                         | <b>-884,661.76</b>   |
| <b>Total U.S. Government Securities</b>                    |                  |              | <b>15,595,914.07</b> | <b>16,060,864.14</b> | <b>-419,711.69</b>                         | <b>-884,661.76</b>   |
| <i>Value of Interest in Common/Collective Trusts</i>       |                  |              |                      |                      |                                            |                      |
| <b>United States - USD</b>                                 |                  |              |                      |                      |                                            |                      |
| NT COLLECTIVE SHORT TERM INVT FD<br>C66586U452             | 938,055.150      | 1.000000     | 938,055.15           | 938,055.14           | 0.00                                       | 0.01                 |
| <b>Total United States - USD</b>                           |                  |              | <b>938,055.15</b>    | <b>938,055.14</b>    | <b>0.00</b>                                | <b>0.01</b>          |
| <b>Total Value of Interest in Common/Collective Trusts</b> |                  |              | <b>938,055.15</b>    | <b>938,055.14</b>    | <b>0.00</b>                                | <b>0.01</b>          |
| <i>Value of Interest in Master Trusts</i>                  |                  |              |                      |                      |                                            |                      |
| <b>United States - USD</b>                                 |                  |              |                      |                      |                                            |                      |
| MFO PXD UNIT AB<br>C3Z9999004                              | 366,529.150      | 15.332602    | 5,619,845.58         | 4,346,567.18         | -1,456,933.17                              | -183,654.77          |
| MFO PXD UNIT E<br>C3Z9999046                               | 151,288.610      | 21.200086    | 3,207,331.54         | 1,866,183.48         | -1,531,112.02                              | -189,963.96          |
| MFO PXD UNIT F<br>C3Z9999053                               | 135,993.590      | 21.738231    | 2,956,260.07         | 1,350,155.39         | -1,793,803.49                              | -187,698.81          |
| MFO PXD UNIT I<br>C3Z9999079                               | 456,957.670      | 14.184618    | 6,481,769.99         | 4,955,502.89         | -1,813,461.65                              | -287,194.55          |
| MFO PXD UNIT K<br>C3Z9999095                               | 171,630.850      | 24.143156    | 4,143,710.39         | 2,021,957.44         | -2,318,651.72                              | -196,898.77          |
| MFO PXD UNIT M<br>C3Z9999103                               | 376,986.500      | 12.560543    | 4,735,155.14         | 3,591,025.11         | -1,079,418.29                              | 64,711.74            |
| MFO PXD UNIT O<br>C3Z9999111                               | 303,905.040      | 13.316835    | 4,047,053.27         | 3,119,964.51         | -918,661.95                                | 8,426.81             |
| MFO PXD UNIT P<br>C3Z9999129                               | 218,750.030      | 13.971960    | 3,056,366.67         | 2,288,846.22         | -796,331.22                                | -28,810.77           |
| MFO PXD UNIT Q<br>C3Z9999137                               | 439,219.200      | 11.619910    | 5,103,687.57         | 4,746,814.18         | -324,294.63                                | 32,578.76            |
| MFO PXD UNIT S<br>C3Z9999301                               | 0.010            | 10.516994    | 0.11                 | 0.00                 | 0.00                                       | 0.11                 |

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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>       |                  |              |                      |                      |                                            |                      |
| <b>United States - USD</b>                      |                  |              |                      |                      |                                            |                      |
| MFO PXD UNIT X<br>C3Z9999160                    | 162,407.110      | 10.775765    | 1,750,060.85         | 1,624,096.06         | -250,935.32                                | -124,970.53          |
| MFO PXD UNIT Y<br>C3Z9999335                    | 307,335.140      | 14.296366    | 4,393,775.65         | 3,331,130.00         | -1,053,446.96                              | 9,198.69             |
| MFO PXD UNIT Z<br>C3Z9999293                    | 721,068.380      | 23.813383    | 17,171,077.50        | 11,920,364.39        | -5,844,558.10                              | -593,844.99          |
| <b>Total United States - USD</b>                |                  |              | <b>62,666,094.33</b> | <b>45,162,606.85</b> | <b>-19,181,608.52</b>                      | <b>-1,678,121.04</b> |
| <b>Total Value of Interest in Master Trusts</b> |                  |              | <b>62,666,094.33</b> | <b>45,162,606.85</b> | <b>-19,181,608.52</b>                      | <b>-1,678,121.04</b> |

*Value of Funds Held in Insurance Company General Accounts*

|                                                                                   |               |            |                     |                     |             |             |
|-----------------------------------------------------------------------------------|---------------|------------|---------------------|---------------------|-------------|-------------|
| <b>United States - USD</b>                                                        |               |            |                     |                     |             |             |
| GAC AETNA CONTRACT #000639 RATE 4.78% EVERGREEN<br>(ALLOCATED GENERAL) C999502GK7 | 3,199,001.210 | 100.000000 | 3,199,001.21        | 3,199,001.21        | 0.00        | 0.00        |
| <b>Total United States - USD</b>                                                  |               |            | <b>3,199,001.21</b> | <b>3,199,001.21</b> | <b>0.00</b> | <b>0.00</b> |
| <b>Total Value of Funds Held in Insurance Company General Accounts</b>            |               |            | <b>3,199,001.21</b> | <b>3,199,001.21</b> | <b>0.00</b> | <b>0.00</b> |

*Other*

|                                         |           |            |                |                |      |               |
|-----------------------------------------|-----------|------------|----------------|----------------|------|---------------|
| <b>United States - USD</b>              |           |            |                |                |      |               |
| FUT MAR 25 CBT UL T-BONDS<br>C999599GH0 | - 154.000 | 118.906250 | -18,311,562.50 | -19,726,437.50 | 0.00 | 1,414,875.00  |
| FUT MAR 25 CBT UL T-BONDS<br>C999599GH0 | 154.000   | 118.906250 | 18,311,562.50  | 19,726,437.50  | 0.00 | -1,414,875.00 |
| FUT MAR 25 CBT ULT TNOTE<br>C999599GH0  | - 87.000  | 111.312500 | -9,684,187.50  | -9,995,484.38  | 0.00 | 311,296.88    |
| FUT MAR 25 CBT ULT TNOTE<br>C999599GH0  | 87.000    | 111.312500 | 9,684,187.50   | 9,995,484.38   | 0.00 | -311,296.88   |
| FUT MAR 25 CBT 5Y T-NOTE<br>C999599GH0  | 43.000    | 106.304688 | 4,571,101.56   | 4,626,867.19   | 0.00 | -55,765.63    |
| FUT MAR 25 CBT 5Y T-NOTE<br>C999599GH0  | - 43.000  | 106.304688 | -4,571,101.56  | -4,626,867.19  | 0.00 | 55,765.63     |
| FUT MAR 25 U.S. T-BONDS<br>C999599GH0   | 99.000    | 113.843750 | 11,270,531.25  | 11,867,625.00  | 0.00 | -597,093.75   |
| FUT MAR 25 U.S. T-BONDS<br>C999599GH0   | - 99.000  | 113.843750 | -11,270,531.25 | -11,867,625.00 | 0.00 | 597,093.75    |
| FUT MAR 25 US 2YR T-NOTE<br>C999599GH0  | - 11.000  | 102.804688 | -2,261,703.13  | -2,268,406.25  | 0.00 | 6,703.12      |

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**PANTEXAS DETERRENCE, LLC RETIREMENT PLAN FOR  
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EIN - 92-3671850 PLAN - #008  
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>                                  |                  |              |                      |                      |                                            |                      |
| <b>United States - USD</b>                    |                  |              |                      |                      |                                            |                      |
| FUT MAR 25 US 2YR T-NOTE<br>C999599GH0        | 11.000           | 102.804688   | 2,261,703.13         | 2,268,406.25         | 0.00                                       | -6,703.12            |
| FUT MAR 25 10 YR T-NOTES<br>C999599GH0        | - 38.000         | 108.750000   | -4,132,500.00        | -4,225,718.75        | 0.00                                       | 93,218.75            |
| FUT MAR 25 10 YR T-NOTES<br>C999599GH0        | 38.000           | 108.750000   | 4,132,500.00         | 4,225,718.75         | 0.00                                       | -93,218.75           |
| <b>Total United States - USD</b>              |                  |              | <b>0.00</b>          | <b>0.00</b>          | <b>0.00</b>                                | <b>0.00</b>          |
| <b>Total Other</b>                            |                  |              | <b>0.00</b>          | <b>0.00</b>          | <b>0.00</b>                                | <b>0.00</b>          |
| <i>Other Liabilities</i>                      |                  |              |                      |                      |                                            |                      |
| Pending trade purchases: United States dollar | 0.000            | 0.000000     | -13,066.57           | -13,066.57           | 0.00                                       | 0.00                 |
| <b>Total - all currencies</b>                 |                  |              | <b>-13,066.57</b>    | <b>-13,066.57</b>    | <b>0.00</b>                                | <b>0.00</b>          |
| Other Payables: United States dollar          | 0.000            | 0.000000     | -12,314.14           | -12,314.14           | 0.00                                       | 0.00                 |
| <b>Total - all currencies</b>                 |                  |              | <b>-12,314.14</b>    | <b>-12,314.14</b>    | <b>0.00</b>                                | <b>0.00</b>          |
| <b>Total Other Liabilities</b>                |                  |              | <b>-25,380.71</b>    | <b>-25,380.71</b>    | <b>0.00</b>                                | <b>0.00</b>          |
| <b>Total</b>                                  |                  |              | <b>82,414,488.90</b> | <b>65,375,951.48</b> | <b>-19,601,320.21</b>                      | <b>-2,562,782.79</b> |

See Independent Auditor's Report.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
PanTexas Deterrence, LLC Retirement Plan for Bargaining Unit  
Members of the Pantex Guards Union  
EIN: 92-3671850 PN: 008

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

Number of Participants and Average Compensation

| Attained<br>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           |                           |     |     |       |       |                |       |       |       |     |
| 35-39           |                           |     |     |       |       |                |       |       |       |     |
| 40-44           |                           |     |     |       |       | 1              |       |       |       |     |
| 45-49           |                           |     |     |       |       | 11             |       |       |       |     |
| 50-54           |                           |     |     |       |       | 23<br>\$87,154 | 2     | 1     |       |     |
| 55-59           |                           |     |     |       |       | 15             | 9     | 4     | 5     |     |
| 60-64           |                           |     |     |       |       | 4              | 6     | 3     | 5     |     |
| 65-69           |                           |     |     |       |       |                | 1     |       | 3     |     |
| 70+             |                           |     |     |       |       |                |       |       |       |     |

N-93

Schedule SB Attachment (Form 5500) —2024 Plan Year  
PanTexas Deterrence, LLC Retirement Plan for Bargaining Unit  
Members of the Pantex Guards Union  
EIN: 92-3671850 PN: 008

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

|                                                    |                                                                                                                                                                                      |
|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Interest Rates for Minimum Funding Purposes</b> | Based on segment rates with a four-month lookback (as of September 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA |
| 1st Segment Rate                                   | 4.75%                                                                                                                                                                                |
| 2nd Segment Rate                                   | 4.87%                                                                                                                                                                                |
| 3rd Segment Rate                                   | 5.59%                                                                                                                                                                                |
| <b>Interest Rates for Maximum Tax Purposes</b>     | Based on segment rates with a four-month lookback (as of September 2023), without regard to interest rate stabilization                                                              |
| 1st Segment Rate                                   | 3.62%                                                                                                                                                                                |
| 2nd Segment Rate                                   | 4.46%                                                                                                                                                                                |
| 3rd Segment Rate                                   | 4.52%                                                                                                                                                                                |
| <b>Salary Increases</b>                            |                                                                                                                                                                                      |
| Minimum Funding Target Normal Cost                 | 4.00% for 2024; 3.50% for 2025; 3.00% for 2026 and later                                                                                                                             |
| Maximum Tax Expected Benefit Increase              | 4.00% for 2024; 3.50% for 2025; 3.00% for 2026 and later                                                                                                                             |
| <b>Optional Payment Form Election Percentage</b>   | 100% life annuity                                                                                                                                                                    |
| <b>Interest on Employee Contributions</b>          | Accumulation receives interest at an assumed rate of 3.00% per year.                                                                                                                 |
| <b>Retirement Age</b>                              |                                                                                                                                                                                      |
| Active Participants                                | See Table 1                                                                                                                                                                          |
| Terminated Vested Participants                     | If active in another Pantex plan, age 62, else if 10 or more years of service, age 55, else age 65.                                                                                  |
| <b>Mortality Rates</b>                             |                                                                                                                                                                                      |
| Healthy and Disabled                               | 2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b).                                                                                          |
| <b>Withdrawal Rates</b>                            | See Table 2                                                                                                                                                                          |
| <b>Disability Rates</b>                            | None                                                                                                                                                                                 |

Schedule SB Attachment (Form 5500) —2024 Plan Year  
PanTexas Deterrence, LLC Retirement Plan for Bargaining Unit  
Members of the Pantex Guards Union  
EIN: 92-3671850 PN: 008

|                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Decrement Timing</b>                              | Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Surviving Spouse Benefit</b>                      | It is assumed that 85% of males and 65% of females have an eligible spouse, and that males are three years older than their spouses.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Valuation Compensation</b>                        | 2023 pensionable earnings rolled forward one year with the salary increase assumption.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Benefit and Compensation Limits</b>               | Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the IRC section 401(a)(17) compensation limit of \$345,000.                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Valuation of Plan Assets</b>                      | <p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p> |
| <b>Expected Return on Assets</b>                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 2022 Plan Year                                       | 6.00%, limited to 5.92%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 2023 Plan Year                                       | 7.00%, limited to 5.74%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 2024 Plan Year                                       | 7.00%, limited to 5.59%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Trust Expenses Included in Target Normal Cost</b> | Actual prior year administrative expenses rounded to the nearest \$5,000 (\$575,000 for 2024).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Actuarial Method</b>                              | Standard unit credit cost method                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Valuation Date</b>                                | January 1, 2024                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

Schedule SB Attachment (Form 5500) —2024 Plan Year  
PanTexas Deterrence, LLC Retirement Plan for Bargaining Unit  
Members of the Pantex Guards Union  
EIN: 92-3671850 PN: 008

Table 1

**Retirement Rates**

| Age | Rate    |
|-----|---------|
| 55  | 12.00%  |
| 56  | 7.50%   |
| 57  | 7.50%   |
| 58  | 10.00%  |
| 59  | 12.00%  |
| 60  | 15.00%  |
| 61  | 15.00%  |
| 62  | 30.00%  |
| 63  | 30.00%  |
| 64  | 30.00%  |
| 65  | 30.00%  |
| 66  | 20.00%  |
| 67  | 20.00%  |
| 68  | 20.00%  |
| 69  | 20.00%  |
| 70+ | 100.00% |

Schedule SB Attachment (Form 5500) —2024 Plan Year  
PanTexas Deterrence, LLC Retirement Plan for Bargaining Unit  
Members of the Pantex Guards Union  
EIN: 92-3671850 PN: 008

Table 2

**Withdrawal Rates**

| Age | Rate   | Age | Rate  |
|-----|--------|-----|-------|
| 15  | 10.00% | 45  | 7.00% |
| 16  | 10.00% | 46  | 7.00% |
| 17  | 10.00% | 47  | 7.00% |
| 18  | 10.00% | 48  | 7.00% |
| 19  | 10.00% | 49  | 7.00% |
| 20  | 10.00% | 50  | 3.00% |
| 21  | 10.00% | 51  | 3.00% |
| 22  | 10.00% | 52  | 3.00% |
| 23  | 10.00% | 53  | 3.00% |
| 24  | 10.00% | 54  | 3.00% |
| 25  | 10.00% | 55+ | 0.00% |
| 26  | 10.00% |     |       |
| 27  | 10.00% |     |       |
| 28  | 10.00% |     |       |
| 29  | 10.00% |     |       |
| 30  | 10.00% |     |       |
| 31  | 10.00% |     |       |
| 32  | 10.00% |     |       |
| 33  | 10.00% |     |       |
| 34  | 10.00% |     |       |
| 35  | 10.00% |     |       |
| 36  | 10.00% |     |       |
| 37  | 10.00% |     |       |
| 38  | 10.00% |     |       |
| 39  | 10.00% |     |       |
| 40  | 10.00% |     |       |
| 41  | 10.00% |     |       |
| 42  | 10.00% |     |       |
| 43  | 10.00% |     |       |
| 44  | 10.00% |     |       |

Schedule SB Attachment (Form 5500) —2024 Plan Year  
PanTexas Deterrence, LLC Retirement Plan for Bargaining Unit  
Members of the Pantex Guards Union  
EIN: 92-3671850 PN: 008

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

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

- A change in the salary scale to better reflect anticipated future experience as the result of an assumption study
- A change in the retirement rates to better reflect anticipated future experience as the result of an assumption study
- A change in the percent married assumption from 95% for males and females to 85% for males and 65% for females.

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

Schedule SB Attachment (Form 5500) —2024 Plan Year  
PanTexas Deterrence, LLC Retirement Plan for Bargaining Unit  
Members of the Pantex Guards Union  
EIN: 92-3671850 PN: 008

Schedule SB, line 19 — Discounted Employer Contributions

Year applied for contributions: 2024

| Date               | Amount       | Days to Discount<br>to 1/1/2024 at<br>5.13% | Interest<br>Adjusted<br>Contribution |
|--------------------|--------------|---------------------------------------------|--------------------------------------|
| March 13, 2024     | \$ 660,000   | 72                                          | \$ 653,536                           |
| June 13, 2024      | 660,000      | 164                                         | 645,370                              |
| October 15, 2024   | 660,000      | 288                                         | 634,523                              |
| December 16, 2024  | 400,000      | 350                                         | 381,314                              |
| January 13, 2025   | 346,700      | 378                                         | 329,240                              |
| March 13, 2025     | 346,700      | 437                                         | 326,589                              |
| June 12, 2025      | 346,700      | 528                                         | 322,540                              |
| August 28, 2025    | 299,900      | 605                                         | 276,073                              |
| Total Contribution | \$ 3,720,000 |                                             | \$ 3,569,185                         |

Schedule SB Attachment (Form 5500) —2024 Plan Year  
PanTexas Deterrence, LLC Retirement Plan for Bargaining Unit  
Members of the Pantex Guards Union  
EIN: 92-3671850 PN: 008

## Schedule SB, line 22 — Description of Weighted Average Retirement Age

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

| (a)<br>Age       | (b)<br>Rate | (c)<br>Weight | (d)<br>Product<br>(a) × (b) × (c) |
|------------------|-------------|---------------|-----------------------------------|
| 55.5             | 12.00%      | 1.0000        | 6.66                              |
| 56.5             | 7.50%       | 0.8800        | 3.73                              |
| 57.5             | 7.50%       | 0.8140        | 3.51                              |
| 58.5             | 10.00%      | 0.7530        | 4.40                              |
| 59.5             | 12.00%      | 0.6777        | 4.84                              |
| 60.5             | 15.00%      | 0.5963        | 5.41                              |
| 61.5             | 15.00%      | 0.5069        | 4.68                              |
| 62.5             | 30.00%      | 0.4309        | 8.08                              |
| 63.5             | 30.00%      | 0.3016        | 5.75                              |
| 64.5             | 30.00%      | 0.2111        | 4.09                              |
| 65.5             | 30.00%      | 0.1478        | 2.90                              |
| 66.5             | 20.00%      | 0.1034        | 1.38                              |
| 67.5             | 20.00%      | 0.0828        | 1.12                              |
| 68.5             | 20.00%      | 0.0662        | 0.91                              |
| 69.5             | 20.00%      | 0.0530        | 0.74                              |
| 70               | 100.00%     | 0.0424        | 2.97                              |
| Weighted Average |             |               | 61.17                             |

**PANTEXAS DETERRENCE, LLC RETIREMENT PLAN FOR  
BARGAINING UNIT MEMBERS OF THE PANTEX GUARDS UNION  
EIN - 92-3671850 PLAN - #008  
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<br>Transactions | Transaction Aggregate |                   | Lease<br>Rental | Expenses<br>Incurred | Cost of Asset | Current Value of Asset<br>on Transaction |
|---------------------------------------------------|--------------------|---------------------------|-----------------------|-------------------|-----------------|----------------------|---------------|------------------------------------------|
|                                                   |                    |                           | Acquisition Price     | Disposition Price |                 |                      |               |                                          |
| NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452 | Total acquisitions | 11                        | 6,595,557.37          |                   |                 | 0.00                 | 6,595,557.37  | 6,595.557.37                             |
|                                                   | Total dispositions | 12                        |                       | 5,657,502.22      |                 | 0.00                 | 5,657,502.22  | 5,657.502.22                             |

**NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 81,974,387.89**

**PANTEXAS DETERRENCE, LLC RETIREMENT PLAN FOR  
BARGAINING UNIT MEMBERS OF THE PANTEX GUARDS UNION  
EIN - 92-3671850 PLAN - #008  
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 |
|------------------------------------------------------------------------|------------------|-----------|-------------------|-------------------|--------------|-------------------|--------------|-----------------------------------|---------------|
| <b>U.S. Government Securities</b>                                      |                  |           |                   |                   |              |                   |              |                                   |               |
| <b>United States - USD</b>                                             |                  |           |                   |                   |              |                   |              |                                   |               |
| UNITED STATES OF AMER TREAS BONDS 4.125 %<br>08-15-2044 SEDOL: BSLSLK5 | -4,495,000.000   | 25 Nov 24 |                   | 93.8550           |              | 0.00              | 4,395,162.63 | 4,218,816.23                      | -176,346.40   |
| UNITED STATES OF AMER TREAS BONDS 4.5% 02-15-2044<br>SEDOL: BPG5RX5    | 4,500,000.000    | 27 Mar 24 | 100.6950          |                   |              | 0.00              | 4,531,307.06 | 4,531,307.06                      | 0.00          |
| UNITED STATES TREAS BDS 4.625% 11-15-204 4 SEDOL:<br>BTPH0B9           | 4,250,000.000    | 25 Nov 24 | 100.6870          |                   |              | 0.00              | 4,279,218.74 | 4,279,218.74                      | 0.00          |
| <b>Value of Interest in Common/Collective Trusts</b>                   |                  |           |                   |                   |              |                   |              |                                   |               |
| <b>United States - USD</b>                                             |                  |           |                   |                   |              |                   |              |                                   |               |
| NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452                      | 4,949,703.330    | 27 Mar 24 | 1.0000            |                   |              | 0.00              | 4,949,703.33 | 4,949,703.33                      | 0.00          |
| NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452                      | 4,500,000.000    | 12 Jun 24 | 1.0000            |                   |              | 0.00              | 4,500,000.00 | 4,500,000.00                      | 0.00          |
| NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452                      | 8,277,510.400    | 26 Nov 24 | 1.0000            |                   |              | 0.00              | 8,277,510.40 | 8,277,510.40                      | 0.00          |
| NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452                      | -4,392,630.100   | 1 Apr 24  |                   | 1.0000            |              | 0.00              | 4,392,630.10 | 4,392,630.10                      | 0.00          |
| NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452                      | -7,190,841.210   | 2 Dec 24  |                   | 1.0000            |              | 0.00              | 7,190,841.21 | 7,190,841.21                      | 0.00          |

**NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 81,974,387.89**

**PANTEXAS DETERRENCE, LLC RETIREMENT PLAN FOR  
BARGAINING UNIT MEMBERS OF THE PANTEX GUARDS UNION  
EIN - 92-3671850 PLAN - #008  
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 |
|-------------------------------------------|------------------|-----------|-------------------|-------------------|--------------|-------------------|--------------|-----------------------------------|---------------|
| <b>Value of Interest in Master Trusts</b> |                  |           |                   |                   |              |                   |              |                                   |               |
| <b>United States - USD</b>                |                  |           |                   |                   |              |                   |              |                                   |               |
| MFO CNS LCV UNIT AC CUSIP: 6GT999DS6      | -298,047.030     | 14 Jun 24 |                   | 15.4600           |              | 0.00              | 2,980,470.32 | 4,608,341.18                      | 1,627,870.86  |
| MFO CNS UNIT A CUSIP: 10M999M38           | 200,101.150      | 14 Jun 24 | 23.0300           |                   |              | 0.00              | 4,608,341.18 | 4,608,341.18                      | 0.00          |
| MFO CNS UNIT A CUSIP: 10M999M38           | -367,508.380     | 26 Jun 24 |                   | 23.2800           |              | 0.00              | 6,540,096.73 | 8,556,360.09                      | 2,016,263.36  |
| MFO CNS UNIT Z CUSIP: 1S1589991           | 388,411.500      | 26 Jun 24 | 22.0300           |                   |              | 0.00              | 8,556,360.09 | 8,556,360.09                      | 0.00          |

**NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 81,974,387.89**

**PANTEXAS DETERRENCE, LLC RETIREMENT PLAN FOR  
BARGAINING UNIT MEMBERS OF THE PANTEX GUARDS UNION  
EIN - 92-3671850 PLAN - #008  
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<br>Acquisition PriceDisposition Price |               | Lease Rental | Expenses Incurred | Cost of Asset | Current Value of Asset on Transaction |
|------------------------------------------------------------------------|--------------------|------------------------|-------------------------------------------------------------|---------------|--------------|-------------------|---------------|---------------------------------------|
| MFO CNS LCV UNIT AC CUSIP: 6GT999DS6                                   | Total dispositions | 2                      |                                                             | 5,608,341.18  |              | 0.00              | 3,610,308.63  | 5,608,341.18                          |
| MFO CNS UNIT A CUSIP: 10M999M38                                        | Total acquisitions | 1                      | 4,608,341.18                                                |               |              | 0.00              | 4,608,341.18  | 4,608,341.18                          |
|                                                                        | Total dispositions | 1                      |                                                             | 8,556,360.09  |              | 0.00              | 6,540,096.73  | 8,556,360.09                          |
| MFO CNS UNIT Z CUSIP: 1S1589991                                        | Total acquisitions | 2                      | 8,558,857.69                                                |               |              | 0.00              | 8,558,857.69  | 8,558,857.69                          |
|                                                                        | Total dispositions | 1                      |                                                             | 2,497.60      |              | 0.00              | 1,695.64      | 2,497.60                              |
| NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452                      | Total acquisitions | 150                    | 61,749,109.12                                               |               |              | 0.00              | 61,749,109.12 | 61,749,109.12                         |
|                                                                        | Total dispositions | 147                    |                                                             | 64,450,921.15 |              | 0.00              | 64,450,921.15 | 64,450,921.15                         |
| UNITED STATES OF AMER TREAS BONDS 4.125 %<br>08-15-2044 SEDOL: BSLSLK5 | Total acquisitions | 3                      | 7,641,422.91                                                |               |              | 0.00              | 7,641,422.91  | 7,641,422.91                          |
|                                                                        | Total dispositions | 2                      |                                                             | 7,338,578.73  |              | 0.00              | 7,641,422.91  | 7,338,578.73                          |
| UNITED STATES OF AMER TREAS BONDS 4.25% 02-15-2054<br>SEDOL: BS2G1C0   | Total acquisitions | 6                      | 2,109,680.58                                                |               |              | 0.00              | 2,109,680.58  | 2,109,680.58                          |
|                                                                        | Total dispositions | 7                      |                                                             | 2,252,075.13  |              | 0.00              | 2,109,680.58  | 2,252,075.13                          |
| UNITED STATES OF AMER TREAS BONDS 4.5% 02-15-2044<br>SEDOL: BPG5RX5    | Total acquisitions | 1                      | 4,531,307.06                                                |               |              | 0.00              | 4,531,307.06  | 4,531,307.06                          |
|                                                                        | Total dispositions | 2                      |                                                             | 4,317,857.23  |              | 0.00              | 4,531,307.06  | 4,317,857.23                          |
| UNITED STATES TREAS BDS DTD 00300 4.75% 11-15-2053<br>SEDOL: BRBS4M1   | Total acquisitions | 6                      | 2,248,607.14                                                |               |              | 0.00              | 2,248,607.14  | 2,248,607.14                          |
|                                                                        | Total dispositions | 6                      |                                                             | 2,178,723.44  |              | 0.00              | 2,248,607.14  | 2,178,723.44                          |
| UNITED STATES TREAS BDS DTD 00305 4.75% 05-15-2054<br>SEDOL: BQSB5H8   | Total acquisitions | 8                      | 4,772,058.45                                                |               |              | 0.00              | 4,772,058.45  | 4,772,058.45                          |
|                                                                        | Total dispositions | 10                     |                                                             | 4,603,999.15  |              | 0.00              | 4,772,058.45  | 4,603,999.15                          |
| UNITED STATES TREAS BDS 4.625% 05-15-20 44 SEDOL:<br>BPZRN8            | Total acquisitions | 3                      | 6,347,286.72                                                |               |              | 0.00              | 6,347,286.72  | 6,347,286.72                          |
|                                                                        | Total dispositions | 1                      |                                                             | 3,380,774.38  |              | 0.00              | 3,176,120.83  | 3,380,774.38                          |

**NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 81,974,387.89**

See Independent Auditor's Report.

**PANTEXAS DETERRENCE, LLC RETIREMENT PLAN FOR  
BARGAINING UNIT MEMBERS OF THE PANTEX GUARDS UNION  
EIN - 92-3671850 PLAN - #008  
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<br>Transactions | Transaction Aggregate |                   | Lease<br>Rental | Expenses<br>Incurred | Cost of Asset | Current Value of Asset<br>on Transaction |
|--------------------------------------------------------------|---------------------------|-----------------------|-------------------|-----------------|----------------------|---------------|------------------------------------------|
|                                                              |                           | Acquisition Price     | Disposition Price |                 |                      |               |                                          |
| UNITED STATES TREAS BDS 4.625% 11-15-204 4 SEDOL:<br>BTPH0B9 | Total acquisitions        | 2                     | 7,444,681.31      |                 | 0.00                 | 7,444,681.31  | 7,444,681.31                             |

**NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 81,974,387.89**

**PANTEXAS DETERRENCE, LLC RETIREMENT PLAN FOR  
BARGAINING UNIT MEMBERS OF THE PANTEX GUARDS UNION  
EIN - 92-3671850 PLAN - #008  
FORM 5500 SCHEDULE H, PART IV LINE 4j  
SCHEDULE OF REPORTABLE TRANSACTIONS (Continued)  
For the Year Ended December 31, 2024**

*Series of Transactions with Same Party in Excess of 5%*

| Security Description / Asset ID                                      | Shares/Par Value | Date        | Acquisition Price | Disposition Price | Lease Rental | Expenses Incurred | Cost                 | Current Value on Transaction Date | Net Gain/Loss     |
|----------------------------------------------------------------------|------------------|-------------|-------------------|-------------------|--------------|-------------------|----------------------|-----------------------------------|-------------------|
| <b>BANK OF MONTREAL, THE</b>                                         |                  |             |                   |                   |              |                   |                      |                                   |                   |
| <b>U.S. Government Securities</b>                                    |                  |             |                   |                   |              |                   |                      |                                   |                   |
| <b>United States - USD</b>                                           |                  |             |                   |                   |              |                   |                      |                                   |                   |
| UNITED STATES OF AMER TREAS BONDS 4.25% 02-15-2054<br>SEDOL: BS2G1C0 | 410,000.000      | 13 May 24   | 93.9884           |                   |              | 0.00              | 385,352.36           | 385,352.36                        | 0.00              |
| UNITED STATES OF AMER TREAS BONDS 4.25% 02-15-2054<br>SEDOL: BS2G1C0 | 410,000.000      | 13 May 24   | 93.9915           |                   |              | 0.00              | 385,364.98           | 385,364.98                        | 0.00              |
| UNITED STATES OF AMER TREAS BONDS 4.25% 02-15-2054<br>SEDOL: BS2G1C0 | -275,000.000     | 12 Aug 24   |                   | 100.7500          |              | 0.00              | 258,424.13           | 277,062.50                        | 18,638.37         |
| UNITED STATES OF AMER TREAS BONDS 4.25% 02-15-2054<br>SEDOL: BS2G1C0 | -530,000.000     | 12 Aug 24   |                   | 100.1250          |              | 0.00              | 498,053.77           | 530,662.50                        | 32,608.73         |
| UNITED STATES OF AMER TREAS BONDS 4.5% 02-15-2044<br>SEDOL: BPG5RX5  | 4,500,000.000    | * 27 Mar 24 | 100.6957          |                   |              | 0.00              | 4,531,307.06         | 4,531,307.06                      | 0.00              |
| UNITED STATES OF AMER TREAS BONDS 4.5% 02-15-2044<br>SEDOL: BPG5RX5  | -1,935,000.000   | 29 May 24   |                   | 95.6563           |              | 0.00              | 1,948,462.04         | 1,850,948.44                      | -97,513.60        |
| UNITED STATES TREAS BDS DTD 00300 4.75% 11-15-2053<br>SEDOL: BRBS4M1 | -390,000.000     | 13 May 24   |                   | 102.0625          |              | 0.00              | 410,752.59           | 398,043.75                        | -12,708.84        |
| UNITED STATES TREAS BDS DTD 00300 4.75% 11-15-2053<br>SEDOL: BRBS4M1 | -390,000.000     | 13 May 24   |                   | 102.0625          |              | 0.00              | 410,752.59           | 398,043.75                        | -12,708.84        |
| UNITED STATES TREAS BDS DTD 00305 4.75% 05-15-2054<br>SEDOL: BQSB5H8 | 505,000.000      | 12 Aug 24   | 106.5808          |                   |              | 0.00              | 538,233.24           | 538,233.24                        | 0.00              |
| UNITED STATES TREAS BDS DTD 00305 4.75% 05-15-2054<br>SEDOL: BQSB5H8 | 260,000.000      | 12 Aug 24   | 107.2343          |                   |              | 0.00              | 278,809.15           | 278,809.15                        | 0.00              |
| UNITED STATES TREAS BDS 4.625% 05-15-20 44 SEDOL:<br>BPZRN8          | 1,895,000.000    | 29 May 24   | 97.4721           |                   |              | 0.00              | 1,847,096.10         | 1,847,096.10                      | 0.00              |
| UNITED STATES TREAS BDS 4.625% 05-15-20 44 SEDOL:<br>BPZRN8          | 2,000,000.000    | 14 Jun 24   | 102.0195          |                   |              | 0.00              | 2,040,390.62         | 2,040,390.62                      | 0.00              |
| <b>Total BANK OF MONTREAL, THE</b>                                   |                  |             |                   |                   |              |                   | <b>13,532,998.63</b> | <b>13,461,314.45</b>              | <b>-71,684.18</b> |

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 81,974,387.89

See Independent Auditor's Report.

**PANTEXAS DETERRENCE, LLC RETIREMENT PLAN FOR  
BARGAINING UNIT MEMBERS OF THE PANTEX GUARDS UNION  
EIN - 92-3671850 PLAN - #008  
FORM 5500 SCHEDULE H, PART IV LINE 4j  
SCHEDULE OF REPORTABLE TRANSACTIONS (Continued)  
For the Year Ended December 31, 2024**

*Series of Transactions with Same Party in Excess of 5%*

| Security Description / Asset ID                                          | Shares/Par Value | Date        | Acquisition Price | Disposition Price | Lease Rental | Expenses Incurred | Cost                 | Current Value on Transaction Date | Net Gain/Loss      |
|--------------------------------------------------------------------------|------------------|-------------|-------------------|-------------------|--------------|-------------------|----------------------|-----------------------------------|--------------------|
| <b>BARCLAYS BANK PLC</b>                                                 |                  |             |                   |                   |              |                   |                      |                                   |                    |
| <b>U.S. Government Securities</b>                                        |                  |             |                   |                   |              |                   |                      |                                   |                    |
| <b>United States - USD</b>                                               |                  |             |                   |                   |              |                   |                      |                                   |                    |
| UNITED STATES OF AMER TREAS BONDS DTD 4. 0%<br>11-15-2052 SEDOL: BQXS7C3 | -415,000.000     | 22 Oct 24   |                   | 91.6090           |              | 0.00              | 431,703.92           | 380,177.25                        | -51,526.67         |
| UNITED STATES OF AMER TREAS BONDS 4.125 %<br>08-15-2044 SEDOL: BSLSLK5   | -4,495,000.000   | * 25 Nov 24 |                   | 93.8558           |              | 0.00              | 4,395,162.63         | 4,218,816.23                      | -176,346.40        |
| UNITED STATES TREAS BDS DTD 00305 4.75% 05-15-2054<br>SEDOL: BQSB5H8     | -3,000,000.000   | 15 Oct 24   |                   | 105.1754          |              | 0.00              | 3,231,642.29         | 3,155,261.44                      | -76,380.85         |
| UNITED STATES TREAS BDS 4.625% 11-15-204 4 SEDOL:<br>BTPH0B9             | 4,250,000.000    | * 25 Nov 24 | 100.6875          |                   |              | 0.00              | 4,279,218.74         | 4,279,218.74                      | 0.00               |
| <b>Total BARCLAYS BANK PLC</b>                                           |                  |             |                   |                   |              |                   | <b>12,337,727.58</b> | <b>12,033,473.66</b>              | <b>-304,253.92</b> |

**NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 81,974,387.89**

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

|                                                                                                                                    |                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| 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<br>PanTexas Deterrence, LLC Retirement Plan for Bargaining Unit Members of the Pantex Guards Union                  | B Three-digit plan number (PN) ▶ 008                                                                                                             |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>PanTexas Deterrence, LLC                                      | D Employer Identification Number (EIN)<br>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 01 Day 01 Year 2024                                                                                                                                              |                            |                           |                          |
| 2      | Assets:                                                                                                                                                                                          |                            |                           |                          |
| a      | Market value                                                                                                                                                                                     | 2a                         | 84,411,895                |                          |
| b      | Actuarial value                                                                                                                                                                                  | 2b                         | 92,853,084                |                          |
| 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                                                                                                                                     | 282                        | 49,172,787                | 49,172,787               |
| b      | For terminated vested participants                                                                                                                                                               | 168                        | 12,692,410                | 12,692,410               |
| c      | For active participants                                                                                                                                                                          | 93                         | 30,172,418                | 30,914,908               |
| d      | Total                                                                                                                                                                                            | 543                        | 92,037,615                | 92,780,105               |
| 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                          | 5.13%                     |                          |
| 6      | Target normal cost                                                                                                                                                                               |                            |                           |                          |
| a      | Present value of current plan year accruals                                                                                                                                                      | 6a                         | 2,089,427                 |                          |
| b      | Expected plan-related expenses                                                                                                                                                                   | 6b                         | 575,000                   |                          |
| c      | Target normal cost                                                                                                                                                                               | 6c                         | 2,664,427                 |                          |

**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.

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

## Part II Beginning of Year Carryover and Prefunding Balances

|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 0                     | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>6.49</u> % .....                                                                                 | 0                     | 0                      |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 65,683                 |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.26</u> % ..... |                       | 3,455                  |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 69,138                 |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 0                      |

| Part III | Funding Percentages |
|----------|---------------------|
|----------|---------------------|

|           |                                                                                                                                                                 |           |          |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> | Funding target attainment percentage.....                                                                                                                       | <b>14</b> | 100.07 % |
| <b>15</b> | Adjusted funding target attainment percentage.....                                                                                                              | <b>15</b> | 100.07 % |
| <b>16</b> | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement..... | <b>16</b> | 99.49 %  |
| <b>17</b> | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....                                        | <b>17</b> | %        |

## Part IV Contributions and Liquidity Shortfalls

**18** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |       |   |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|-------|---|
| 03/13/2024               | 660,000                           | 0                               |                          |                                   |                                 |       |   |
| 06/13/2024               | 660,000                           | 0                               |                          |                                   |                                 |       |   |
| 10/15/2024               | 660,000                           | 0                               |                          |                                   |                                 |       |   |
| 12/16/2024               | 400,000                           | 0                               |                          |                                   |                                 |       |   |
| 01/13/2025               | 346,700                           | 0                               |                          |                                   |                                 |       |   |
| 03/13/2025               | 346,700                           | 0                               |                          |                                   |                                 |       |   |
| 06/12/2025               | 346,700                           | 0                               |                          |                                   |                                 |       |   |
| 08/28/2025               | 299,900                           | 0                               |                          |                                   |                                 |       |   |
|                          |                                   |                                 |                          |                                   |                                 |       |   |
|                          |                                   |                                 |                          |                                   |                                 |       |   |
|                          |                                   |                                 |                          |                                   |                                 |       |   |
|                          |                                   |                                 |                          |                                   |                                 |       |   |
|                          |                                   |                                 |                          |                                   |                                 |       |   |
|                          |                                   |                                 |                          |                                   |                                 |       |   |
|                          |                                   |                                 | Totals ►                 | 18(b)                             | 3,720,000                       | 18(c) | 0 |

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

|                                                                                                                        |            |           |
|------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....                   | <b>19a</b> | 0         |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date.....                                      | <b>19b</b> | 0         |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date..... | <b>19c</b> | 3,569,185 |

## 20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

|                                                                                                                                                                                              |                        |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.75 % | 2nd segment:<br>4.87 % | 3rd segment:<br>5.59 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                        |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        |                        | <b>22</b> 61                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                        |                                                     |

**Part VI Miscellaneous Items**

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

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                           | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....                                    | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6c).....                                                                                                                                           | <b>31a</b>          | 2,664,427          |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 72,979             |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 0                   | 0                  |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....                                                           | <b>34</b>           | 2,591,448          |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                   | <b>36</b>           | 2,591,448          |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   | <b>37</b>           | 3,569,185          |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36)                                                                                                                             | <b>38a</b>          | 977,737            |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

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

|                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|