

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;"><b>2024</b></p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan  a DFE (specify) \_\_\_\_\_

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

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

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

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

special extension (enter description)

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

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>UNO-VEN RETIREMENT PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>PDV MIDWEST REFINING L.L.C.</u></p> <p><u>CITGO PETROLEUM CORPORATION</u> <u>C/O CITGO PETROLEUM CORPORATION</u> <u>P.O. BOX 4689</u> <u>HOUSTON, TX 77210-4689</u></p>	<p><b>1c</b> Effective date of plan <u>12/01/1989</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>36-4138789</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>832-486-4000</u></p> <p><b>2d</b> Business code (see instructions) <u>324110</u></p>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/15/2025	KRESHA SIVINSKI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/15/2025	JAMES R. SHOEMAKER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<p><b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p><b>BENEFIT PLANS COMMITTEE</b>  <b>C/O CITGO PETROLEUM CORPORATION</b>  <b>PO BOX 4689</b>  <b>HOUSTON, TX 77210-4689</b></p>	<p><b>3b</b> Administrator's EIN <b>73-1195676</b></p> <p><b>3c</b> Administrator's telephone number <b>832-486-4000</b></p>																				
<p><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:</p> <p><b>a</b> Sponsor's name  <b>c</b> Plan Name</p>	<p><b>4b</b> EIN</p> <p><b>4d</b> PN</p>																				
<p><b>5</b> Total number of participants at the beginning of the plan year</p>	<p><b>5</b> <b>353</b></p>																				
<p><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>).</p> <p><b>a(1)</b> Total number of active participants at the beginning of the plan year .....</p> <p><b>a(2)</b> Total number of active participants at the end of the plan year .....</p> <p><b>b</b> Retired or separated participants receiving benefits.....</p> <p><b>c</b> Other retired or separated participants entitled to future benefits .....</p> <p><b>d</b> Subtotal. Add lines <b>6a(2)</b>, <b>6b</b>, and <b>6c</b>.....</p> <p><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....</p> <p><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....</p> <p><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) .....</p> <p><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) .....</p> <p><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td><b>6a(1)</b></td><td style="text-align: right;"><b>35</b></td></tr> <tr><td><b>6a(2)</b></td><td style="text-align: right;"><b>26</b></td></tr> <tr><td><b>6b</b></td><td style="text-align: right;"><b>192</b></td></tr> <tr><td><b>6c</b></td><td style="text-align: right;"><b>76</b></td></tr> <tr><td><b>6d</b></td><td style="text-align: right;"><b>294</b></td></tr> <tr><td><b>6e</b></td><td style="text-align: right;"><b>46</b></td></tr> <tr><td><b>6f</b></td><td style="text-align: right;"><b>340</b></td></tr> <tr><td><b>6g(1)</b></td><td></td></tr> <tr><td><b>6g(2)</b></td><td></td></tr> <tr><td><b>6h</b></td><td style="text-align: right;"><b>0</b></td></tr> </table>	<b>6a(1)</b>	<b>35</b>	<b>6a(2)</b>	<b>26</b>	<b>6b</b>	<b>192</b>	<b>6c</b>	<b>76</b>	<b>6d</b>	<b>294</b>	<b>6e</b>	<b>46</b>	<b>6f</b>	<b>340</b>	<b>6g(1)</b>		<b>6g(2)</b>		<b>6h</b>	<b>0</b>
<b>6a(1)</b>	<b>35</b>																				
<b>6a(2)</b>	<b>26</b>																				
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<b>6g(1)</b>																					
<b>6g(2)</b>																					
<b>6h</b>	<b>0</b>																				
<p><b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....</p>	<p><b>7</b></p>																				

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

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

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

<p><b>a Pension Schedules</b></p> <p>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)</p>	<p><b>b General Schedules</b></p> <p>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)</p> <p>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)</p> <p>(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>  0  </u></p> <p>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)</p>
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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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

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

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

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

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

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

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

<b>A</b> Name of plan <u>UNO-VEN RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>PDV MIDWEST REFINING L.L.C.</u>	<b>D</b> Employer Identification Number (EIN) <u>36-4138789</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b> Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2024</u>	
<b>2</b> Assets:				
<b>a</b> Market value .....	<b>2a</b>	<u>28063863</u>		
<b>b</b> Actuarial value .....	<b>2b</b>	<u>30073598</u>		
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target	
<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>226</u>	<u>19509074</u>	<u>19509074</u>	
<b>b</b> For terminated vested participants .....	<u>92</u>	<u>4913623</u>	<u>4913623</u>	
<b>c</b> For active participants .....	<u>35</u>	<u>2625774</u>	<u>2639696</u>	
<b>d</b> Total .....	<u>353</u>	<u>27048471</u>	<u>27062393</u>	
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>				
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>			
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>			
<b>5</b> Effective interest rate .....	<b>5</b>	<u>5.03 %</u>		
<b>6</b> Target normal cost				
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>0</u>		
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>201380</u>		
<b>c</b> Target normal cost .....	<b>6c</b>	<u>201380</u>		

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

<b>SIGN HERE</b>  <u>GEORGE C. SANGER</u> Signature of actuary  <u>AON CONSULTING, INC.</u> Firm name  <u>MSC# 17866 P.O. BOX 75380</u> <u>DALLAS, TX 75380</u> Address of the firm	<u>10/09/2025</u> Date  <u>23-06326</u> Most recent enrollment number  <u>281-882-6345</u> Telephone number (including area code)
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<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	2003973
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	252913
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	1751060
<b>10</b>	Interest on line 9 using prior year's actual return of <u>10.10</u> % .....	0	176857
<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) .....		0
	<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>5.15</u> % .....		0
	<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 .....		0
	<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	1927917

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	104.00 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	111.12 %
<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>	100.53 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

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

<b>19</b>	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> 0
<b>20</b>	Quarterly contributions and liquidity shortfalls:	
	<b>a</b> Did the plan have a "funding shortfall" for the prior year? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>c</b> 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		

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

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

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

<b>Part VIII Minimum Required Contribution For Current Year</b>				
<b>31</b> Target normal cost and excess assets (see instructions):				
<b>a</b> Target normal cost (line 6c) .....				<b>31a</b> 201380
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....				<b>31b</b> 201380
<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> 0
	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> 0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....				<b>37</b> 0
<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> 0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....				<b>38b</b> 0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....				<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....				<b>40</b> 0

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

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

<b>A</b> Name of plan <b>UNO-VEN RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>PDV MIDWEST REFINING L.L.C.</b>	<b>D</b> Employer Identification Number (EIN) <b>36-4138789</b>	

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

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

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

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

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

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

**STATE STREET GLOBAL ADVISORS**

**90-0337987**

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

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

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

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

MERCER

20-1932099

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	NONE	58222	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)

KPMG

13-5565207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	46000	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)

AON CONSULTING INC.

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	41528	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)

WILLIS TOWERS WATSON

52-1868818

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	23483	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)

ALIGHT SOLUTIONS, LLC

36-2235791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	20548	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)

CURCIO WEBB, LLC

36-4171366

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	8345	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2024</b>  <hr/> <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
<b>A</b> Name of plan <u>UNO-VEN RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) <u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>PDV MIDWEST REFINING L.L.C.</u>	<b>D</b> Employer Identification Number (EIN) <u>36-4138789</u>

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>L&amp;G GLOBAL CORE INFRASTRUCTURE CIT</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>RELIANCE TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>35-7085469-013</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1603912</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>EMERGING MARKETS AGGREGATE BOND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>JPMORGAN CHASE BANK, N.A.</u>		
<b>c</b> EIN-PN <u>82-3282328-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>820136</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>DAILY MSCI ACWI EX USA INDEX NL</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>90-0337987-239</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1554565</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>DAILY MSCI USA INDEX NL</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>90-0337987-208</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3105479</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>INTERMEDIATE US GOV'T BOND INDEX NL</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>04-0025081-144</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8430973</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SECURITIZED OPPORTUNITIES PORTFOLIO</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>WELLINGTON TRUST COMPANY, NA</u>		
<b>c</b> EIN-PN <u>04-6913417-160</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1070909</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONG US GOV'T BOND INDEX NL</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>04-0025081-142</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2563934</u>

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RESCAP COLLECTIVE INVESTMENT TRUST

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

<b>c</b> EIN-PN 83-2153978-127	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1745356
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: TREASURY US 5 YR KEY RATE NON-LEND

**b** Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY NA

<b>c</b> EIN-PN 47-4104495-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 317470
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: TREASURY US 10 YR KEY RATE NON-LEND

**b** Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY NA

<b>c</b> EIN-PN 47-4226866-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 744428
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: TREASURY US 15 YR KEY RATE NON-LEND

**b** Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY NA

<b>c</b> EIN-PN 45-3856099-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 727242
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: TREASURY US 20 YR KEY RATE NON-LEND

**b** Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY NA

<b>c</b> EIN-PN 45-3856189-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 397028
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: TREASURY US 25 YR KEY RATE NON-LEND

**b** Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY NA

<b>c</b> EIN-PN 45-3856224-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 224451
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>UNO-VEN RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>PDV MIDWEST REFINING L.L.C.</b>	<b>D</b> Employer Identification Number (EIN) <b>36-4138789</b>

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

	(a) Beginning of Year	(b) End of Year
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	5971
		5403
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	766785
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	1429234
<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>	25693538
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	23305883
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	
<b>(15)</b> Other .....	<b>1c(15)</b>	1597569
		1526970

<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>	28063863	26267490
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	0	26136
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	26136
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	28063863	26241354

**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>		
<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>		0
<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>	38328	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<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>	132460	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		170788
<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>		0
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<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>		
<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>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		748819
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		1184
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		920791

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	2462320	
(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>		2462320
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	46000	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	106947	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>	41528	
(8) Legal fees .....	<b>2i(8)</b>	855	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	85650	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		280980
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		2743300

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-1822509
<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: **KPMG LLP**

(2) EIN: **13-5565207**

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		40000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 590487.

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

<b>A</b> Name of plan <b>UNO-VEN RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN)	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>PDV MIDWEST REFINING L.L.C.</b>	<b>D</b> Employer Identification Number (EIN) <b>36-4138789</b>	

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

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

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

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
EIN(s): 73-6210970

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

<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	<b>3</b>	<b>10</b>
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<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

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

**UNO-VEN RETIREMENT PLAN**

Employer ID No: 36-4138789

Plan Number: 001

Financial Statements and Supplemental Schedules

December 31, 2024 and 2023

(With Independent Auditors' Report Thereon)

## UNO-VEN RETIREMENT PLAN

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Note: All other supplemental schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 are omitted because of the absence of the conditions under which they are required.	



KPMG LLP  
One Cleveland Center  
Suite 2600  
1375 East Ninth Street  
Cleveland, OH 44114-1796

## Independent Auditors' Report

To the Plan Participants and Plan Administrator  
Uno-Ven Retirement Plan:

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

We have performed audits of the financial statements of Uno-Ven Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

### *Opinion*

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with U.S. generally accepted accounting principles.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### *Basis for Opinion*

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.



### *Responsibilities of Management for the Financial Statements*

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. generally accepted accounting principles, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

### *Auditors' Responsibilities for the Audit of the Financial Statements*

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

In performing an audit in accordance with GAAS, we:

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

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



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

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*

The supplemental schedules of Schedule H, Part IV, line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024 and Schedule H, Part IV, line 4j - Schedule of Reportable Transactions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

*KPMG LLP*

Cleveland, Ohio  
October 14, 2025

**UNO-VEN RETIREMENT PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**December 31, 2024 and 2023**

	<b>2024</b>	<b>2023</b>
<b>Assets:</b>		
Investments at fair value:		
Money market fund	\$ 1,429,234	\$ 766,785
Investment funds and common/collective trusts	24,832,853	27,291,107
Total investments	26,262,087	28,057,892
Receivables:		
Interest and dividend receivable	5,403	5,971
Total assets	26,267,490	28,063,863
Liabilities:		
Accrued administrative expenses	26,136	-
Net assets available for benefits	\$ 26,241,354	\$ 28,063,863

See accompanying notes to financial statements.

**UNO-VEN RETIREMENT PLAN**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**Year ended December 31, 2024**

	<b>2024</b>
<b>ADDITIONS:</b>	
Investment income:	
Net appreciation	\$ 750,003
Interest and dividends	170,788
Total investment income	920,791
Total additions	920,791
<b>DEDUCTIONS:</b>	
Benefits paid directly to participants	(2,462,320)
Administrative expenses	(280,980)
Total deductions	(2,743,300)
Net decrease	(1,822,509)
<b>Net assets available for plan benefits:</b>	
Beginning of year	28,063,863
End of year	\$ 26,241,354

See accompanying notes to financial statements.

**UNO-VEN RETIREMENT PLAN**  
**Statements of Accumulated Plan Benefits**  
**December 31, 2024 and 2023**

	<b>2024</b>	<b>2023</b>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 18,309,163	\$ 19,438,773
Other participants	7,077,120	8,410,397
Total vested benefits	25,386,283	27,849,170
Nonvested benefits	14,986	12,072
Total actuarial present value of accumulated plan benefits	\$ 25,401,269	\$ 27,861,242

See accompanying notes to financial statements.

**UNO-VEN RETIREMENT PLAN**  
**Statement of Changes in Accumulated Plan Benefits**  
**Year Ended December 31, 2024**

	<b>2024</b>
Actuarial present value of accumulated plan benefits, beginning of year	\$ 27,861,242
Increase (decrease) during the year attributable to:	
Interest due to the decrease in the discount period	1,417,569
Benefits paid	(2,462,320)
Actuarial assumption changes (note 3)	(821,020)
Actuarial experience	(594,202)
Net decrease	(2,459,973)
Actuarial present value of accumulated plan benefits, end of year	\$ 25,401,269

See accompanying notes to financial statements.

## UNO-VEN RETIREMENT PLAN

Notes to Financial Statements

December 31, 2024 and 2023

### (1) Plan Description

The UNO-VEN Retirement Plan (the Plan) is a noncontributory, defined benefit pension plan established by the UNO-VEN Company (UNO-VEN) effective December 1, 1989. The Plan covered substantially all employees of UNO-VEN. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The partners of UNO-VEN entered into the Partnership Interest Retirement Agreement (the Agreement) which provided that the operations of UNO-VEN ceased as of May 1, 1997 (the Closing Date). The accrued benefits under the Plan were frozen as of the Closing Date and there will be no new participants. The Agreement further provides that the ongoing operations and administration of the Plan be assumed by PDV Midwest Refining, L.L.C. (PDVMR)/ (the Company), an affiliate of CITGO Petroleum Corporation (CITGO). Effective on the Closing Date, CITGO was appointed the Plan Administrator. Effective March 1, 1998, the Benefit Plans Committee of CITGO was appointed Plan Administrator.

The Plan was amended to state that no break or interruption of employment and participation of an employee shall be deemed to have occurred if an employee of UNO-VEN immediately before the Closing Date is employed by PDVMR or an affiliate (including CITGO) immediately after the Closing Date. The Plan was also amended as of the Closing Date to give employees who were entitled to separation benefits under the Special Separation Benefits and Pay Program certain enhanced benefits. These included full vesting, entitlement to the lump-sum payment option, and, for employees who met certain criteria, early retirement benefits.

The following description of the Plan is provided for general information purposes only. Participants should refer to the Plan's Summary Plan Description (SPD) or the Plan document for a more complete description of the Plan's provisions. The terms used herein are as defined in the Plan document.

#### (a) *General*

The Plan provides for retirement and death benefits. The Company contributes such amounts as necessary to provide assets sufficient to meet the benefits to be paid to Plan participants and to comply with the minimum funding requirements of ERISA. In accordance with ERISA funding requirements and historical Company funding policy, contributions to be made by the Company after the Plan year-end, which were considered due as of the reporting date, have been accrued in the accompanying financial statements. The Benefit Plans Committee of CITGO serves as the plan administrator. BOK Financial Corporation (BOKF, NA), a qualified institution, is the trustee of the Plan (the Trustee).

#### (b) *Vesting*

Participants became fully vested upon completion of five years of service. Service with CITGO on or after the Closing Date is included in the determination of vesting. The employees who left under the Special Separation Benefits and Pay Program and had one year of vesting service were fully vested.

#### (c) *Pension Benefits*

Vested participants are entitled to annual pension benefits payable in monthly installments beginning at normal retirement age (age 65) equal to (a) 1.6% times the participant's Final Average Pay multiplied by the participant's years of Benefit Credit Service, minus (b) the participant's Social Security offset

## UNO-VEN RETIREMENT PLAN

Notes to Financial Statements

December 31, 2024 and 2023

(1.5% of the participant's monthly Social Security benefit payable at age 65 times the participant's years of Benefit Credit Service up to 33-1/3 years). The Plan permits early retirement beginning at age 55 provided the participant has completed at least 10 years of vesting service. These payments are reduced for early commencement of benefits as calculated using the actuarial tables in the Plan document. The participant may elect to receive the value of his or her accumulated plan benefits as a lump-sum distribution upon retirement or termination under certain circumstances. A lump-sum distribution upon retirement or termination will be made in instances where the present value of the accumulated plan benefits is \$1,000 or less.

Certain survivor's benefits are also provided under the Plan for the eligible surviving spouse of a participant who is vested and (a) dies while in employment and prior to retirement or (b) terminates from employment but dies prior to retirement.

Prior to the Closing Date, active employees who became permanently and totally disabled continued to accrue Benefit Credit Service. Disabled participants can begin receiving benefits at normal retirement age (age 65) with the option to have payments begin as early as age 55, provided the participant has completed at least 10 years of vesting service.

### **(d) Plan Termination**

No amendment of the Plan may diminish the accrued benefit of any participant. Although it has not expressed any intention to do so, the Company's board of directors has the right under the Plan to amend or terminate the Plan subject to the provisions set forth in ERISA and the Plan document.

The Pension Benefit Guaranty Corporation (PBGC) guarantees, subject to certain limitations prescribed by ERISA, the payment of all nonforfeitable basic benefits. Should the Plan terminate at some future time, the assets are to be allocated in an order of precedence set forth in the Plan document. Whether a particular participant's accumulated plan benefits will be paid depends upon (1) the priority of those benefits, (2) the extent of net assets available for distribution, and (3) the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

## **(2) Summary of Significant Accounting Policies**

### **(a) Basis of Presentation**

The accompanying financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

### **(b) Valuation of Investments and Income Recognition**

The underlying investments consisted of common/collective trusts, investment funds structured as limited partnerships and limited liability corporations (investment funds), and a money market fund. The individual investment funds are measured at fair value using net asset value per share (NAV) as a practical expedient, or have a determinable value as is the case for the common/collective trusts, at year end.

## UNO-VEN RETIREMENT PLAN

Notes to Financial Statements

December 31, 2024 and 2023

Security transactions are recorded on a trade date basis. Dividends are recorded on the ex-dividend date. Interest is recorded as earned. Net appreciation in fair value of investments includes gains and losses on investments bought and sold as well as held during the year.

### **(c) Administrative Expenses**

Expenses including but not limited to fees for benefit services, PBGC premiums, auditing services, legal services, actuarial services, and fees charged by the trustee, investment manager, and others for products or services related to management of the investments are charged directly to the Plan.

### **(d) Management Estimates**

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

### **(3) Actuarial Present Value of Accumulated Plan Benefits**

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions, attributable under the Plan's provisions to the service that employees have rendered to the Closing Date, or such earlier date as applicable based upon termination of employment. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of deceased employees, and (c) present employees or their beneficiaries. The accumulated plan benefits for participants are based on their highest consecutive 36-month average compensation during their last 10 years of service. Compensation amounts and Benefit Credit Service were frozen as of the Closing Date. Benefits payable under all circumstances (i.e., 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 has been determined by an independent actuarial firm and is that amount which results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected payment dates. The effect of Plan amendments on accumulated plan benefits is recognized during the year in which such amendments become effective.

## UNO-VEN RETIREMENT PLAN

Notes to Financial Statements

December 31, 2024 and 2023

The significant actuarial assumptions used in determining accumulated plan benefits as of December 31, 2024 and 2023 valuation dates are as follows:

	<u>2024</u>	<u>2023</u>
Actuarial cost method (funding)	Unit Credit	Unit Credit
Discount rate	5.83%	5.32%
Mortality:		
Healthy participants	Pri-2012 Mortality Tables with White Collar Adjustment, projected generationally with Projection Scale MP-2021	Pri-2012 Mortality Tables with White Collar Adjustment, projected generationally with Projection Scale MP-2021

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

The actuarial assumption changes for the year ended December 31, 2024, relate to changes to the lump sum conversion mortality assumptions and interest rates.

#### (4) Tax Status

The Company obtained its latest determination letter dated July 6, 2018, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed and amended, qualified under Section 401(a) of the Internal Revenue Code of 1986, as amended, (the Code) and that the related trust was exempt from federal income taxes under Code Section 501(a). The Plan has been amended since receiving the letter, however, the Benefit Plans Committee of CITGO believes the Plan is being operated and administered in accordance with Code Section 401(a) requirements and that the related trust is exempt from federal income taxes under Code Section 501(a).

Accounting principles generally accepted in the United States of America require 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 IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

#### (5) Risks and Uncertainties

The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term.

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

## UNO-VEN RETIREMENT PLAN

Notes to Financial Statements

December 31, 2024 and 2023

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.

In October 2023, the Special Master appointed by the United States District Court for the District of Delaware in connection with the case of *Crystallex International Corp. v. Bolivarian Republic of Venezuela* (D. Del. Case. No.17- 151-LPS) commenced a process under which the shares of PDV Holding, Inc., the indirect parent company of CITGO Petroleum (the plan sponsor), are proposed to be sold to satisfy certain creditor claims. This sale process is subject to a number of conditions and contingencies and CITGO Petroleum cannot predict the outcome of the sale process. Accordingly, CITGO Petroleum cannot estimate whether the resolution of the sale process and related litigation matters will have a material adverse effect on the Plan.

### (6) Fair Value Measurements

ASC 820 defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. ASC 820 also establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value.

- Level 1 – inputs to the valuation methodology are unadjusted quoted prices in active markets for identical assets that the Plan has the ability to access at the measurement date.
- Level 2 – inputs to the valuation methodology are observable for the asset or liability (other than quoted prices included within Level 1), either directly or indirectly. Observable inputs are those that reflect the assumptions market participants would use in pricing the asset developed on market data obtained from sources independent of the Plan.
- Level 3 – inputs to the valuation methodology are unobservable and significant to the fair value measurement. Unobservable inputs are those that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing the asset, developed based on the best information available in the circumstances.

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement.

The following is a description of the Plan valuation methodologies for assets measured at fair value. There have been no changes in methodologies used or transfers between levels as of December 31, 2024 and 2023, other than described above.

#### (a) Money Market Fund

The money market fund is valued at the daily closing price as reported by the fund. The money market fund held by the Plan is an open-end fund that is registered with the Securities and Exchange Commission. The fund is required to publish its daily net asset value (NAV) and to transact at that price. The money market fund held by the Plan is deemed to be actively traded and is classified within Level 1 of the valuation hierarchy.

**UNO-VEN RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2024 and 2023

**(b) Common/Collective Trust Funds**

These funds are valued at the daily NAV as reported by the issuer and are classified within Level 2 of the valuation hierarchy. The investments primarily consist of mutual funds that are valued on the basis of readily determinable market prices.

**(c) Investment Funds**

These investments are valued at the NAV as reported by the issuer as a practical expedient for fair value and have not been categorized in the fair value hierarchy. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported net asset value. Participant transactions (purchases and sales) may occur daily.

Assets measured at NAV as a practical expedient or had a readily determinable market value as of December 31, 2024:

	Fair value measurements using			
	Quoted prices in active markets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)	Total
Money market fund	\$ 1,429,234	\$ —	\$ —	\$ 1,429,234
Common/collective trust funds	—	22,485,747	—	22,485,747
<b>Total</b>	<b>\$ 1,429,234</b>	<b>\$ 22,485,747</b>	<b>\$ —</b>	<b>\$ 23,914,981</b>
Assets measured at NAV:				
Investment funds				2,347,106
Total investments				\$ 26,262,087

**UNO-VEN RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2024 and 2023

Assets measured at NAV as a practical expedient or had a readily determinable market value as of December 31, 2023:

	Fair value measurements using			Total
	Quoted prices in active markets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)	
Money market fund	\$ 766,785	\$ —	\$ —	\$ 766,785
Common/collective trust funds	—	24,837,875	—	24,837,875
<b>Total</b>	<b>\$ 766,785</b>	<b>\$ 24,837,875</b>	<b>\$ —</b>	<b>\$ 25,604,660</b>
Assets measured at NAV:				
Investment funds				2,453,232
Total investments				\$ 28,057,892

The fair values of the following plan assets have been estimated using the NAV per share as of December 31, 2024:

	2024	Unfunded commitments	Redemption frequency**	Redemption notice period
Asset category:				
Fixed income	\$ 1,944,535	\$ —	Daily, monthly	1 to 15 days
Private debt (a)	402,571	—	(a)	(a)
<b>Total</b>	<b>\$ 2,347,106</b>	<b>\$ —</b>		

The fair values of the following plan assets have been estimated using the NAV per share as of December 31, 2023:

	2023	Unfunded commitments	Redemption frequency**	Redemption notice period
Asset category:				
Fixed income	\$ 2,453,232	\$ —	Daily, monthly	1 to 15 days
<b>Total</b>	<b>\$ 2,453,232</b>	<b>\$ —</b>		

\*\* Information reflects a range of various terms from multiple investments.

## UNO-VEN RETIREMENT PLAN

Notes to Financial Statements

December 31, 2024 and 2023

- (a) The private debt fund invest in companies that are not publicly traded on stock exchanges. The fund's investment strategy is defined, and it aims to create value within the target companies to eventually sell them for a profit. The redemption frequency for transactions <10% of the investment balance is monthly and the redemption notice period is 30 days. The redemption frequency for transactions >10% of the investment balance is quarterly and the redemption notice period is 60 days.

### **(7) Information Certified by the Plan's Trustee**

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the plan administrator has obtained certifications from BOK Financial Corporation that all of the information provided by them is complete and accurate. Information included in the accompanying financial statements and notes to financial statements as to investments, interest and dividend receivable, investment income including net appreciation of investment funds, interest and dividends, and all information in the supplemental schedules are presented in reliance solely upon those certifications.

### **(8) Subsequent Events**

The Plan has evaluated subsequent events through October 14, 2025, the date the financial statements were available to be issued.

**UNO-VEN RETIREMENT PLAN**

EIN 36-4138789

Plan Number 001

Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2024

(a) Party-in interest	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	<b>Investment Funds:</b>			
	Legal & General Investment Mgmt	L&G Global High Yield Fund	\$ 1,106,297	1,124,399
	Willis Towers Watson	CSCS Fund, LP	402,388	402,571
	JP Morgan Chase Bank	Emerging Markets Agregate Bond Fund	742,960	820,136
			<u>2,251,645</u>	<u>2,347,106</u>
	<b>Common/collective Trust Funds:</b>			
	SEI Trust Company	Rescap Global Real Estate Securities	1,617,463	1,745,356
	Wellington Trust Company	WTC-CIF II Securitized Opportunities Portfolio	1,061,120	1,070,909
	State Street Global Advisors	US Long Government Bond	3,462,150	2,563,934
	BlackRock, Inc.	BlackRock Treasury U.S. 5 Year Key Rate Non-Lending Fund	346,133	317,470
	BlackRock, Inc.	BlackRock Treasury U.S. 10 Year Key Rate Non-Lending Fund	921,386	744,428
	BlackRock, Inc.	BlackRock Treasury U.S. 15 Year Key Rate Non-Lending Fund	889,385	727,242
	BlackRock, Inc.	BlackRock Treasury U.S. 20 Year Key Rate Non-Lending Fund	477,961	397,028
	BlackRock, Inc.	BlackRock Treasury U.S. 25 Year Key Rate Non-Lending Fund	283,799	224,451
	State Street Global Advisors	Intermediate US Govt Bond	8,037,238	8,430,973
	State Street Global Advisors	MSCI ACWI ex-US Index	1,172,271	1,554,565
	State Street Global Advisors	MSCI USA Index	1,566,290	3,105,479
	Reliance Trust Company	L&G Global Core Infrastructure CIT Fund	1,448,396	1,603,912
			<u>21,283,592</u>	<u>22,485,747</u>
	<b>Money Market Fund:</b>			
	BlackRock, Inc.	BlackRock Liquidity T-Fund Institutional	1,429,234	1,429,234
			<u>\$ 24,964,471</u>	<u>\$ 26,262,087</u>

This information has been summarized from information provided by BOKF, N.A., the trustee of the Plan, which has been certified as being complete and accurate.

See accompanying independent auditors' report.

**UNO-VEN RETIREMENT PLAN**

EIN 36-4138789

Plan Number 001

Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2024

Category (i): Single transactions involving a net amount in excess of 5% of the current value of plan net assets at the beginning of the year:

(a) Identity of party involved	(b) Description of asset (including interest rate and maturity in case of loan)	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
BlackRock, Inc.	BlackRock Liquidity T-Fund Institutional:					
	Purchase	\$ 2,800,000		\$ 2,800,000	\$ 2,800,000	
	Sale		\$ 2,200,000	2,200,000	2,200,000	\$ -
State Street Global Advisors	Intermediate US Govt Bond:					
	Purchase	2,200,000		2,200,000	2,200,000	
State Street Global Advisors	MSCI USA Index:					
	Sale		1,823,000	925,769	1,823,000	897,231

(Continued)

**UNO-VEN RETIREMENT PLAN**

EIN 36-4138789

Plan Number 001

Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2024

Category (iii): Series of transactions involving a net amount in excess of 5% of the current value of plan net assets at the beginning of the year:

(a) Identity of party involved	(b) Description of asset (including interest rate and maturity in case of loan)	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
BlackRock, Inc.	BlackRock Liquidity T-Fund Institutional:					
	Purchases	\$ 6,475,365		\$ 6,475,365	\$ 6,475,365	
	Sales		\$ 5,812,916	5,812,916	5,812,916	\$ -
State Street Global Advisors	MSCI USA Index:					
	Sales		2,342,716	1,267,650	2,342,716	1,075,066

(Concluded)

This information has been summarized from information provided by BOKF, N.A., the trustee of the Plan, which has been certified as being complete and accurate. Categories (ii) and (iv) are not applicable at December 31, 2024.

See accompanying independent auditors' report.

Schedule SB Attachment (Form 5500) –2024 Plan Year  
 UNO-VEN Retirement Plan  
 EIN: 36-4138789 PN: 001

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

**Schedule SB, Line 26a – Schedule of Active Participant Data**

As of January 1, 2024

CITGO Petroleum Corporation

UNO-VEN Retirement Plan

Active Employees

EIN: 36-4138789 PN: 001

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44										
45-49										
50-54		2	2							
55-59	1	2	6	1						
60-64			6	7	2					
65-69			2		3					
70+			1							

N-35

Schedule SB Attachment (Form 5500) —2024 Plan Year  
 UNO-VEN Retirement Plan  
 EIN: 36-4138789 PN: 001

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

Interest Rates	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 corridor under ARPA.
1 <sup>st</sup> Segment Rate	4.75%
2 <sup>nd</sup> Segment Rate	4.87%
3 <sup>rd</sup> Segment Rate	5.59%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2023), without regard to the interest rate corridor.
1 <sup>st</sup> Segment Rate	3.62%
2 <sup>nd</sup> Segment Rate	4.46%
3 <sup>rd</sup> Segment Rate	4.52%
Expected Return on Assets for VPA Development	2023: 6.35%, limited to 5.74% 2022: 5.41%
<b>Optional Payment Form Election Percentage</b>	
Future Retirements	100% Lump Sum
Future Terminations	50% SLA, 25% J&S 50%, and 25% J&S 100%
Future Disabilities	100% Lump Sum
Future Deaths	
Early Retirement Eligible	100% Lump Sum
Not Early Retirement Eligible	100% J&S 50%
Current Terminated Vested	
RIF Group	100% Lump Sum

Schedule SB Attachment (Form 5500) —2024 Plan Year  
UNO-VEN Retirement Plan  
EIN: 36-4138789 PN: 001

Non-RIF Group	50% SLA, 25% J&S 50%, and 50% J&S 100%
<b>Retirement Age</b>	
Active Participants	See Table 1.
Current and Future Terminated Vested Participants	Age 63
Mortality Rates	2024 generational mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(b)
Withdrawal Rates	See Table 2.
Disability Rates	See Table 3.
Spousal Assumptions	It is assumed that 80% of males and 60% of females have an eligible spouse, and that male participants are two years older than their spouses and female participants are two years younger than their spouses.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the 401(a)(17) compensation limit of \$345,000.
Decrement Timing	Middle of year decrements, except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%.
Valuation of Plan Assets	<p>Average of the 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>

Schedule SB Attachment (Form 5500) –2024 Plan Year  
UNO-VEN Retirement Plan  
EIN: 36-4138789 PN: 001

Assumed Administrative Expenses Included in Target  
Normal Cost

Prior year actual administrative expenses paid from the  
Trust excluding PBGC premiums, plus current year  
actual PBGC premiums.

Actuarial Method

Standard Unit Credit Cost Method.

Valuation Date

January 1, 2024.

Schedule SB Attachment (Form 5500) —2024 Plan Year

UNO-VEN Retirement Plan

EIN: 36-4138789 PN: 001

Table 1

Retirement Rates

Age	Rates
55	4.0%
56	4.0%
57	4.0%
58	8.0%
59	10.0%
60	10.0%
61	16.0%
62	16.0%
63	16.0%
64	24.0%
65	24.0%
66	28.0%
67	28.0%
68	30.0%
69	30.0%
70	100.0%

Table 2

Withdrawal Rates

Age		Age		Age	
20	3.645%	36	1.725%	52	0.750%
21	3.495%	37	1.650%	53	0.705%
22	3.345%	38	1.560%	54	0.675%
23	3.195%	39	1.485%	55	0.630%
24	3.060%	40	1.410%	56	0.600%
25	2.925%	41	1.350%	57	0.555%
26	2.790%	42	1.275%	58	0.525%
27	2.670%	43	1.215%	59	0.495%
28	2.550%	44	1.155%	60	0.450%
29	2.430%	45	1.095%	61	0.420%
30	2.325%	46	1.035%	62	0.390%
31	2.205%	47	0.990%	63	0.345%
32	2.100%	48	0.930%	64	0.315%
33	2.010%	49	0.885%	65+	0.000%
34	1.905%	50	0.840%		
35	1.815%	51	0.795%		

Schedule SB Attachment (Form 5500) —2024 Plan Year  
UNO-VEN Retirement Plan  
EIN: 36-4138789 PN: 001

**Table 3**

**Sample Disability Rates**

<b>Age</b>	<b>Male</b>	<b>Female</b>
20	0.032%	0.028%
25	0.047%	0.048%
30	0.067%	0.083%
35	0.100%	0.126%
40	0.157%	0.179%
45	0.253%	0.261%
50	0.415%	0.427%
55	0.751%	0.745%
60	1.133%	0.897%
65	1.514%	1.048%

**See**

**Audited Financial**

**Statements**

**For**

**Schedule of Reportable Transactions**

**(Schedule H 4j)**

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

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

<b>A</b> Name of plan UNO-VEN RETIREMENT PLAN	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF PDV MIDWEST REFINING L.L.C.	<b>D</b> Employer Identification Number (EIN) 36-4138789	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

<b>Part I Basic Information</b>			
<b>1</b> Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2024</u>
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>	28,063,863	
<b>b</b> Actuarial value .....	<b>2b</b>	30,073,598	
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	226	19,509,074	19,509,074
<b>b</b> For terminated vested participants .....	92	4,913,623	4,913,623
<b>c</b> For active participants .....	35	2,625,774	2,639,696
<b>d</b> Total .....	353	27,048,471	27,062,393
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>	5.03%	
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	0	
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	201,380	
<b>c</b> Target normal cost .....	<b>6c</b>	201,380	

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

<b>SIGN HERE</b>	GEORGE C. SANGER  Signature of actuary	10/09/2025 Date
	GEORGE C. SANGER Type or print name of actuary	2306326 Most recent enrollment number
	AON CONSULTING, INC. Firm name	281-882-6345 Telephone number (including area code)
	MSC# 17866 P.O. BOX 803507 DALLAS TX 75380 Address of the firm	

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

<b>Part II</b>		<b>Beginning of Year Carryover and Prefunding Balances</b>	
		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	2,003,973
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	252,913
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	1,751,060
<b>10</b>	Interest on line 9 using prior year's actual return of <u>10.10%</u> .....	0	176,857
<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) .....		0
	<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>5.15%</u> .....		0
	<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 .....		0
	<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	1,927,917

<b>Part III</b>		<b>Funding Percentages</b>	
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	104.00 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	111.12 %
<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>	100.53 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

**Part IV Contributions and Liquidity Shortfalls**

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
<b>Totals ▶</b>			<b>18(b)</b>	0	<b>18(c)</b>	0

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

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

**20** Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

**21** Discount rate:

**a** Segment rates:

1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
------------------------	------------------------	-----------------------	---

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

**22** Weighted average retirement age ..... **22** 63

**23** Mortality table(s) (see instructions)  Prescribed - combined  Prescribed - separate  Substitute

**Part VI Miscellaneous Items**

**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....  Yes  No

**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....  Yes  No

**26** Demographic and benefit information

**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....  Yes  No

**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...  Yes  No

**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

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

**28** Unpaid minimum required contributions for all prior years ..... **28** 0

**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0

**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) ..... **30** 0

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

**31** Target normal cost and excess assets (see instructions):

**a** Target normal cost (line 6c)..... **31a** 201,380

**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 201,380

**32** Amortization installments:

	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	0	0
<b>b</b> Waiver amortization installment .....	0	0

**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount ..... **33**

**34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 0

	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0

**36** Additional cash requirement (line 34 minus line 35)..... **36** 0

**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

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

**a** Total (excess, if any, of line 37 over line 36) ..... **38a** 0

**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances ..... **38b** 0

**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

**40** Unpaid minimum required contributions for all years ..... **40** 0

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

**41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies.  2019  2020  2021

Schedule SB Attachment (Form 5500) —2024 Plan Year  
 UNO-VEN Retirement Plan  
 EIN: 36-4138789 PN: 001

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

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

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	4.00%	1.0000	2.22
56.5	4.00%	0.9600	2.17
57.5	4.00%	0.9216	2.12
58.5	8.00%	0.8847	4.14
59.5	10.00%	0.8140	4.84
60.5	10.00%	0.7326	4.43
61.5	16.00%	0.6593	6.49
62.5	16.00%	0.5538	5.54
63.5	16.00%	0.4652	4.73
64.5	24.00%	0.3908	6.05
65.5	24.00%	0.2970	4.67
66.5	28.00%	0.2257	4.20
67.5	28.00%	0.1625	3.07
68.5	30.00%	0.1170	2.40
69.5	30.00%	0.0819	1.71
70	100.00%	0.0573	4.01
		Weighted Average	62.79

Schedule SB Attachment (Form 5500) –2024 Plan Year  
UNO-VEN Retirement Plan  
EIN: 36-4138789 PN: 001

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

The funding valuation reflects the following assumption changes:

- The expected return on assets changed from 6.35% in 2023 to 6.70% in 2024.
- The decrement timing assumption was changed from beginning of year to middle of year, except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%.
- The assumed retirement age for deferred participants was changed from age 62 to age 63.
- The assumption for spousal age for females was changed from assuming females are three years younger than their spouse to two years younger than their spouse.
- The retirement rates for active participants were updated to reflect recent plan experience and future expectations.

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

Schedule SB Attachment (Form 5500) –2024 Plan Year  
 UNO-VEN Retirement Plan  
 EIN: 36-4138789 PN: 001

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

**Schedule SB, Line 26a – Schedule of Active Participant Data**

As of January 1, 2024

CITGO Petroleum Corporation

UNO-VEN Retirement Plan

Active Employees

EIN: 36-4138789 PN: 001

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44										
45-49										
50-54		2	2							
55-59	1	2	6	1						
60-64			6	7	2					
65-69			2		3					
70+			1							

N-35

Schedule SB Attachment (Form 5500) —2024 Plan Year  
 UNO-VEN Retirement Plan  
 EIN: 36-4138789 PN: 001

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

Interest Rates	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 corridor under ARPA.
1 <sup>st</sup> Segment Rate	4.75%
2 <sup>nd</sup> Segment Rate	4.87%
3 <sup>rd</sup> Segment Rate	5.59%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2023), without regard to the interest rate corridor.
1 <sup>st</sup> Segment Rate	3.62%
2 <sup>nd</sup> Segment Rate	4.46%
3 <sup>rd</sup> Segment Rate	4.52%
Expected Return on Assets for VPA Development	2023: 6.35%, limited to 5.74% 2022: 5.41%
<b>Optional Payment Form Election Percentage</b>	
Future Retirements	100% Lump Sum
Future Terminations	50% SLA, 25% J&S 50%, and 25% J&S 100%
Future Disabilities	100% Lump Sum
Future Deaths	
Early Retirement Eligible	100% Lump Sum
Not Early Retirement Eligible	100% J&S 50%
Current Terminated Vested	
RIF Group	100% Lump Sum

Schedule SB Attachment (Form 5500) —2024 Plan Year  
UNO-VEN Retirement Plan  
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Non-RIF Group	50% SLA, 25% J&S 50%, and 50% J&S 100%
<b>Retirement Age</b>	
Active Participants	See Table 1.
Current and Future Terminated Vested Participants	Age 63
Mortality Rates	2024 generational mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(b)
Withdrawal Rates	See Table 2.
Disability Rates	See Table 3.
Spousal Assumptions	It is assumed that 80% of males and 60% of females have an eligible spouse, and that male participants are two years older than their spouses and female participants are two years younger than their spouses.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the 401(a)(17) compensation limit of \$345,000.
Decrement Timing	Middle of year decrements, except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%.
Valuation of Plan Assets	<p>Average of the 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>

Schedule SB Attachment (Form 5500) –2024 Plan Year  
UNO-VEN Retirement Plan  
EIN: 36-4138789 PN: 001

Assumed Administrative Expenses Included in Target  
Normal Cost

Prior year actual administrative expenses paid from the  
Trust excluding PBGC premiums, plus current year  
actual PBGC premiums.

Actuarial Method

Standard Unit Credit Cost Method.

Valuation Date

January 1, 2024.

Schedule SB Attachment (Form 5500) —2024 Plan Year

UNO-VEN Retirement Plan

EIN: 36-4138789 PN: 001

Table 1

Retirement Rates

Age	Rates
55	4.0%
56	4.0%
57	4.0%
58	8.0%
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60	10.0%
61	16.0%
62	16.0%
63	16.0%
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68	30.0%
69	30.0%
70	100.0%

Table 2

Withdrawal Rates

Age		Age		Age	
20	3.645%	36	1.725%	52	0.750%
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23	3.195%	39	1.485%	55	0.630%
24	3.060%	40	1.410%	56	0.600%
25	2.925%	41	1.350%	57	0.555%
26	2.790%	42	1.275%	58	0.525%
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28	2.550%	44	1.155%	60	0.450%
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30	2.325%	46	1.035%	62	0.390%
31	2.205%	47	0.990%	63	0.345%
32	2.100%	48	0.930%	64	0.315%
33	2.010%	49	0.885%	65+	0.000%
34	1.905%	50	0.840%		
35	1.815%	51	0.795%		

Schedule SB Attachment (Form 5500) —2024 Plan Year  
UNO-VEN Retirement Plan  
EIN: 36-4138789 PN: 001

**Table 3**

**Sample Disability Rates**

<b>Age</b>	<b>Male</b>	<b>Female</b>
20	0.032%	0.028%
25	0.047%	0.048%
30	0.067%	0.083%
35	0.100%	0.126%
40	0.157%	0.179%
45	0.253%	0.261%
50	0.415%	0.427%
55	0.751%	0.745%
60	1.133%	0.897%
65	1.514%	1.048%

Schedule SB Attachment (Form 5500) —2024 Plan Year  
UNO-VEN Retirement Plan  
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## Schedule SB, Part V — Summary of Plan Provisions

### Plan Provisions

#### Plan Overview

Effective Date	The plan was established December 1, 1989. The plan was amended and restated effective January 1, 2017.
Status of Plan	All benefit in the plan were frozen as of April 30, 1997.
Eligible Population	Employees of the UNO-VEN Company on or before April 30, 1997
Type of Plan	Final Average Pay (benefits frozen as of April 30, 1997)

#### Accrued Benefit

Calculated as of normal retirement age as (A) minus (B) minus (C):

(A)  $1.6\% \times \text{Final Average Monthly Compensation} \times \text{Years of Benefit Service}$

(B) Social Security Offset:

$1.5\% \times \text{Estimated Primary Social Security benefit payable at age 62} \times \text{Years of Benefit Service as of April 30, 1997 (maximum of 33.33 years)}$

(C) Prior Plan Offset:

Any benefit payable under the Unocal Retirement Plan.

#### Normal Retirement

Eligibility	Age 65.
Benefit	The accrued benefit calculated as of normal retirement date payable as single life annuity.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
 UNO-VEN Retirement Plan  
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**Early Retirement**

Eligibility Age 55 with 10 years of service while in employment

Benefit Accrued benefit reduced for commencement before age 62. Early retirement factors are as follows:

Age at Commencement	Factors
62 or older	1.00
61	0.97
60	0.94
59	0.89
58	0.84
57	0.79
56	0.74
55	0.69

**Late Retirement**

Eligibility Termination of service after Normal Retirement Date.

Benefit Benefit computed as for Normal Retirement Date considering service through Postponed Retirement Date.

**Disability Retirement**

Eligibility Disabled as determined by committee before freeze date.

Benefit The accrued pension calculated as of normal retirement date. Benefit service will include credit for disability period prior to freeze date. Social Security Offset will be frozen as of date of disability.

**Supplemental Benefit**

Eligibility Employed by UNOCAL prior to July 1, 1986 and attains either early retirement eligibility or 10 years of vesting service.

Benefit \$120/month payable up to age 62, plus \$5/month for each year commencement age exceeds age 55.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
 UNO-VEN Retirement Plan  
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**Vested Termination**

Eligibility Age 55 and 5 years of vesting service.

Benefit Accrued benefit (based on fraction of accrued service to projected service) reduced for commencement before age 65. Vested termination reduction factors are as follows:

Age at Commencement	Factors
65 or older	1.000
64	0.933
63	0.867
62	0.800
61	0.733
60	0.667
59	0.633
58	0.600
57	0.567
56	0.533
55	0.500

**Preretirement Death (100% Spouse's Annuity Benefit)**

Eligibility Death while actively employed after completion of at least ten years of vesting service and attaining age 55 or older.

Benefit Spouse beneficiary receives monthly benefit equal to 100% of the benefit which would have been payable had the participant commenced benefits on the later of earliest possible retirement date and date of death and elected a 100% joint & survivor annuity option with spouse as beneficiary. Benefit is reduced for commencement prior to normal retirement age using early retirement reduction factors. For single participants, no benefits are payable.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
UNO-VEN Retirement Plan  
EIN: 36-4138789 PN: 001

**Preretirement Death (50% Spouse's Annuity Benefit)**

Eligibility	Death before commencement with at least five years of service, either from active status with less than ten years of vesting service or less than age 55 or from terminated status.
Benefit	Spouse beneficiary receives monthly benefit equal to 50% of the benefit which would have been payable had the participant commenced benefits on the later of earliest possible retirement date and date of death and elected a 50% joint & survivor annuity option with spouse as beneficiary. For deaths from active status, benefit is reduced for commencement prior to normal retirement age with factors consistent with those used for early retirement benefits. For deaths from terminated status, benefit is reduced for commencement prior to normal retirement age with factors consistent with those used for vested termination benefits. For single participants, no benefits are payable.
Automatic Cost-of-Living Increase	None
Employee Contributions	None currently allowed. Contributions made to the prior Unocal Retirement Plan are accumulated to provide a minimum return of contributions value.

# Schedule SB Attachment (Form 5500) —2024 Plan Year

## UNO-VEN Retirement Plan

EIN: 36-4138789 PN: 001

### Definitions

#### Normal Form of Benefit

For single participants, the normal form is a modified Cash Refund Life Annuity, which is a single life annuity with minimum payment of pre-1976 employee contributions.

For married participants, the normal form is a 50% Joint and Survivor annuity.

#### Optional Forms of Benefit

Employees may elect one of the following options on an actuarial equivalent basis:

- Modified Cash Refund Life Annuity
- Five or Ten-Year Certain and Life Annuity
- 25%, 50%, 75%, or 100% Joint and Survivor Annuity
- Lump Sum Payment (available for early or normal retirement and other limited circumstances)

#### Benefit Service

Company recognized service with the UNO-VEN Company and each affiliate, expressed in years and nearest months of service, for benefit purposes. Benefit service was frozen on April 30, 1997.

#### Pensionable Earnings

Base, bonus, and overtime pay. Pay is frozen as of April 30, 1997.

#### Final Average Monthly Compensation

Average monthly pay during the highest paid 36 consecutive months of employment during a ten-year period as of the freeze date

#### Prior Plan

Unocal Retirement Plan, as in effect on the day before an employee transferred from Union Oil Company of California

#### Vesting Service

Company recognized service, expressed in years, for vesting purposes. Vesting service is accrued each year an employee is employed. A participant is 100% vested after 5 years of vesting service. Vesting service was frozen on the freeze date.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
UNO-VEN Retirement Plan  
EIN: 36-4138789 PN: 001

### Changes in Plan Provisions Since the Prior Valuation

There were no changes in the plan provisions since the prior valuation.

### 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.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
 UNO-VEN Retirement Plan  
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Schedule SB, line 22 — Description of Weighted Average Retirement Age

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

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	4.00%	1.0000	2.22
56.5	4.00%	0.9600	2.17
57.5	4.00%	0.9216	2.12
58.5	8.00%	0.8847	4.14
59.5	10.00%	0.8140	4.84
60.5	10.00%	0.7326	4.43
61.5	16.00%	0.6593	6.49
62.5	16.00%	0.5538	5.54
63.5	16.00%	0.4652	4.73
64.5	24.00%	0.3908	6.05
65.5	24.00%	0.2970	4.67
66.5	28.00%	0.2257	4.20
67.5	28.00%	0.1625	3.07
68.5	30.00%	0.1170	2.40
69.5	30.00%	0.0819	1.71
70	100.00%	0.0573	4.01
		Weighted Average	62.79

Schedule SB Attachment (Form 5500) —2024 Plan Year  
UNO-VEN Retirement Plan  
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## Schedule SB, Part V — Summary of Plan Provisions

### Plan Provisions

#### Plan Overview

Effective Date	The plan was established December 1, 1989. The plan was amended and restated effective January 1, 2017.
Status of Plan	All benefit in the plan were frozen as of April 30, 1997.
Eligible Population	Employees of the UNO-VEN Company on or before April 30, 1997
Type of Plan	Final Average Pay (benefits frozen as of April 30, 1997)

#### Accrued Benefit

Calculated as of normal retirement age as (A) minus (B) minus (C):

(A)  $1.6\% \times \text{Final Average Monthly Compensation} \times \text{Years of Benefit Service}$

(B) Social Security Offset:  
 $1.5\% \times \text{Estimated Primary Social Security benefit payable at age 62} \times \text{Years of Benefit Service as of April 30, 1997 (maximum of 33.33 years)}$

(C) Prior Plan Offset:  
Any benefit payable under the Unocal Retirement Plan.

#### Normal Retirement

Eligibility	Age 65.
Benefit	The accrued benefit calculated as of normal retirement date payable as single life annuity.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
 UNO-VEN Retirement Plan  
 EIN: 36-4138789 PN: 001

**Early Retirement**

Eligibility Age 55 with 10 years of service while in employment

Benefit Accrued benefit reduced for commencement before age 62. Early retirement factors are as follows:

Age at Commencement	Factors
62 or older	1.00
61	0.97
60	0.94
59	0.89
58	0.84
57	0.79
56	0.74
55	0.69

**Late Retirement**

Eligibility Termination of service after Normal Retirement Date.

Benefit Benefit computed as for Normal Retirement Date considering service through Postponed Retirement Date.

**Disability Retirement**

Eligibility Disabled as determined by committee before freeze date.

Benefit The accrued pension calculated as of normal retirement date. Benefit service will include credit for disability period prior to freeze date. Social Security Offset will be frozen as of date of disability.

**Supplemental Benefit**

Eligibility Employed by UNOCAL prior to July 1, 1986 and attains either early retirement eligibility or 10 years of vesting service.

Benefit \$120/month payable up to age 62, plus \$5/month for each year commencement age exceeds age 55.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
 UNO-VEN Retirement Plan  
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**Vested Termination**

Eligibility Age 55 and 5 years of vesting service.

Benefit Accrued benefit (based on fraction of accrued service to projected service) reduced for commencement before age 65. Vested termination reduction factors are as follows:

Age at Commencement	Factors
65 or older	1.000
64	0.933
63	0.867
62	0.800
61	0.733
60	0.667
59	0.633
58	0.600
57	0.567
56	0.533
55	0.500

**Preretirement Death (100% Spouse's Annuity Benefit)**

Eligibility Death while actively employed after completion of at least ten years of vesting service and attaining age 55 or older.

Benefit Spouse beneficiary receives monthly benefit equal to 100% of the benefit which would have been payable had the participant commenced benefits on the later of earliest possible retirement date and date of death and elected a 100% joint & survivor annuity option with spouse as beneficiary. Benefit is reduced for commencement prior to normal retirement age using early retirement reduction factors. For single participants, no benefits are payable.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
UNO-VEN Retirement Plan  
EIN: 36-4138789 PN: 001

**Preretirement Death (50% Spouse's Annuity Benefit)**

Eligibility	Death before commencement with at least five years of service, either from active status with less than ten years of vesting service or less than age 55 or from terminated status.
Benefit	Spouse beneficiary receives monthly benefit equal to 50% of the benefit which would have been payable had the participant commenced benefits on the later of earliest possible retirement date and date of death and elected a 50% joint & survivor annuity option with spouse as beneficiary. For deaths from active status, benefit is reduced for commencement prior to normal retirement age with factors consistent with those used for early retirement benefits. For deaths from terminated status, benefit is reduced for commencement prior to normal retirement age with factors consistent with those used for vested termination benefits. For single participants, no benefits are payable.
Automatic Cost-of-Living Increase	None
Employee Contributions	None currently allowed. Contributions made to the prior Unocal Retirement Plan are accumulated to provide a minimum return of contributions value.

# Schedule SB Attachment (Form 5500) —2024 Plan Year

## UNO-VEN Retirement Plan

EIN: 36-4138789 PN: 001

### Definitions

Normal Form of Benefit	<p>For single participants, the normal form is a modified Cash Refund Life Annuity, which is a single life annuity with minimum payment of pre-1976 employee contributions.</p> <p>For married participants, the normal form is a 50% Joint and Survivor annuity.</p>
Optional Forms of Benefit	<p>Employees may elect one of the following options on an actuarial equivalent basis:</p> <ul style="list-style-type: none"><li>• Modified Cash Refund Life Annuity</li><li>• Five or Ten-Year Certain and Life Annuity</li><li>• 25%, 50%, 75%, or 100% Joint and Survivor Annuity</li><li>• Lump Sum Payment (available for early or normal retirement and other limited circumstances)</li></ul>
Benefit Service	<p>Company recognized service with the UNO-VEN Company and each affiliate, expressed in years and nearest months of service, for benefit purposes. Benefit service was frozen on April 30, 1997.</p>
Pensionable Earnings	<p>Base, bonus, and overtime pay. Pay is frozen as of April 30, 1997.</p>
Final Average Monthly Compensation	<p>Average monthly pay during the highest paid 36 consecutive months of employment during a ten-year period as of the freeze date</p>
Prior Plan	<p>Unocal Retirement Plan, as in effect on the day before an employee transferred from Union Oil Company of California</p>
Vesting Service	<p>Company recognized service, expressed in years, for vesting purposes. Vesting service is accrued each year an employee is employed. A participant is 100% vested after 5 years of vesting service. Vesting service was frozen on the freeze date.</p>

Schedule SB Attachment (Form 5500) —2024 Plan Year  
UNO-VEN Retirement Plan  
EIN: 36-4138789 PN: 001

### Changes in Plan Provisions Since the Prior Valuation

There were no changes in the plan provisions since the prior valuation.

### 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.

**See**

**Audited Financial**

**Statements**

**For**

**Schedule of Assets Held**

**(Schedule H 4i)**

Schedule SB Attachment (Form 5500) —2024 Plan Year  
UNO-VEN Retirement Plan  
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## Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- The expected return on assets changed from 6.35% in 2023 to 6.70% in 2024.
- The decrement timing assumption was changed from beginning of year to middle of year, except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%.
- The assumed retirement age for deferred participants was changed from age 62 to age 63.
- The assumption for spousal age for females was changed from assuming females are three years younger than their spouse to two years younger than their spouse.
- The retirement rates for active participants were updated to reflect recent plan experience and future expectations.

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