

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.	OMB Nos. 1210-0110 1210-0089 2025 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
A	This return/report is for: ☒ a single-employer plan ☐ a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
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	Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)
D	If the plan is a collectively-bargained plan, check here ▶ ☐
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ▶ ☐

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan GALVESTON, HOUSTON & HENDERSON RAILROAD COMPANY PENSION PLAN FOR NON-UNION SALARIED EMPLOYEES	1b Three-digit plan number 017
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) UNION PACIFIC RAILROAD COMPANY 1400 DOUGLAS STREET STOP 0320 OMAHA, NE 68179-0320	1c Effective date of plan 01/01/1983
3a	Plan administrator's name and address ☐ Same as Plan Sponsor. PORT TERMINAL RAILROAD ASSOCIATION 8934 MANCHESTER STREET HOUSTON, TX 77012	2b Employer Identification Number (EIN) 94-6001323
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name	2c Sponsor's telephone number 402-997-4000
5a	Total number of participants at the beginning of the plan year	2d Business code (see instructions) 482110
b	Total number of participants at the end of the plan year	3b Administrator's EIN 74-6001322
c(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	3c Administrator's telephone number 713-393-6512
c(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	4b EIN
d(1)	Total number of active participants at the beginning of the plan year	4d PN
d(2)	Total number of active participants at the end of the plan year	
e	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.			
SIGN HERE	Filed with authorized/valid electronic signature.	04/22/2026	DENISE MARTINEZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 571085. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	78413	75790
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	78413	75790
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	9000	
(2) Participants	8a(2)	0	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	9590	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		18590
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	16611	
e Certain deemed and/or corrective distributions (see instructions) .	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	4602	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		21213
i Net income (loss) (subtract line 8h from line 8c)	8i		-2623
j Transfers to (from) the plan (see instructions)	8j	0	

Part IV Plan Characteristic Codes

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 1I
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		7841
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below.	☒ Yes ☐ No
a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a 0
b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 _____	

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.	☐ Yes ☐ No
a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	
b Enter the minimum required contribution for this plan year	12b
c Enter the amount contributed by the employer to the plan for this plan year	12c
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?	☐ Yes ☒ No
a If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐ Yes ☒ No
c 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.)	
13c(1) Name of plan(s):	13c(2) EIN(s)
13c(3) PN(s)	

Part VIII IRS Compliance Questions

14a 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
14b 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	
15 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 _____.	

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
Round off amounts to nearest dollar.	
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan GALVESTON, HOUSTON & HENDERSON RAILROAD COMPANY PENSION PLAN FOR NON-UNION SALARIED EMPLOYEES	B Three-digit plan number (PN) 017
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF UNION PACIFIC RAILROAD COMPANY	D Employer Identification Number (EIN) 94-6001323
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2025			
2	Assets:			
a	Market value	2a	78361	
b	Actuarial value	2b	78361	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	2	106013	106013
b	For terminated vested participants	0	0	0
c	For active participants	0	0	0
d	Total	2	106013	106013
4	If the plan is in at-risk status, check the box and complete lines (a) and (b): ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.33 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	5000	
c	Target normal cost	6c	5000	

Statement by Enrolled Actuary

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

SIGN HERE		03/10/2026
	Signature of actuary	Date
ERNIE F. GALLIANI	Type or print name of actuary	23-05338
		Most recent enrollment number
NOVA 401(K) ASSOCIATES	Firm name	713-524-5192
		Telephone number (including area code)
10777 NORTHWEST FREEWAY SUITE 440 HOUSTON, TX 77092	Address of the firm	

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	260	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	260	0
10 Interest on line 9 using prior year's actual return of <u>10.40</u> %	27	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		657
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.11</u> %		34
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		691
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	287	0

Part III Funding Percentages

14 Funding target attainment percentage	14	73.64 %
15 Adjusted funding target attainment percentage	15	73.64 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	74.42 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
02/19/2026	9000	0			
Totals ▶			18(b)	9000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	8343

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
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21 Discount rate:**a** Segment rates:1st segment:
5.03 %2nd segment:
5.28 %3rd segment:
5.50 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

2

22 Weighted average retirement age**22**

65

23 Mortality table(s) (see instructions)

Prescribed - combined



Prescribed - separate



Substitute

Part VI	Miscellaneous Items
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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
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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
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31 Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6c)**31a**

5000

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

0

32 Amortization installments:**a** Net shortfall amortization installment

Outstanding Balance

Installment

27939

2859

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**

7859

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement

0

0

0

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

7859

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

8343

38 Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)**38a**

484

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)
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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, Part V – Statement of Actuarial Assumptions/Methods

Plan Name: Galveston, Houston & Henderson Railroad Co. Pension Plan for Non-Union Salaried Employees
EIN: 94-6001323 PN: 0017

Assumption	For Funding	Per Plan	For 417(e)
Interest lookback months	2		1
Interest Discount Rates	First Segment Rate 5.03%	Preretirement 7.00%	First Segment Rate 4.65%
	Second Segment Rate 5.28%	Postretirement 7.00%	Second Segment Rate 5.28%
	Third Segment Rate 5.50%		Third Segment Rate 5.63%
Effective rate	5.33%		
Maximum Deduction Discount Rates	First Segment Rate 5.03%		
	Second Segment Rate 5.28%		
	Third Segment Rate 5.36%		
Effective rate	5.28%		
Disability	None	N/A	N/A
Future Salary Increases	None	N/A	N/A
Assumed Retirement Age	Normal Retirement	N/A	N/A
Assumed Benefit Form	Percent Assumed Life Only 100%		
Postretirement Mortality	Male - 25MBLN Female - 25FBLN	83GAMU	2025417e
Actuarial Value of Assets	Market Value	N/A	N/A
Expense Assumption	Expenses are assumed to occur on July 1		

Plan Name: Galveston, Houston & Henderson Railroad Co. Pension Plan for Non-Union Salaried Employees
EIN: 94-6001323 PN: 0017

Methods

Actuarial Value of Assets Market Value

Actuarial Cost Method Unit Credit in accordance with Pension Protection Act Requirements

Expenses The assumed expenses include all administrative expenses for the prior year rounded up to the next multiple of \$1,000. (For 2025, this assumption is \$5,000.)

Changes in Assumptions and Methods

For the calculation of 2025 minimum funding requirement, the following assumption changes were made:

- | | |
|----------------------------|---|
| Prescribed Assumptions | <ul style="list-style-type: none">• Segment rates were updated to 2025 ARPA segment rates consistent with those published for annual funding requirements.• Healthy life mortality was updated to 2025 prescribed combined static tables consistent with those mandated for annual funding requirements. |
| Non-Prescribed Assumptions | <ul style="list-style-type: none">• None |
| Changes in Methods | <ul style="list-style-type: none">• None |

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

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

OMB No. 1210-0110

2025**This Form is Open to Public
Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

A Name of plan Galveston, Houston & Henderson Railroad Company Pension Plan for Non-Union Salaried Employees	B Three-digit plan number (PN) ▶ 017
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Union Pacific Railroad Company	D Employer Identification Number (EIN) 94-6001323
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2025</u>			
2 Assets:			
a Market value	2a	78361	
b Actuarial value	2b	78361	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	2	106013	106013
b For terminated vested participants	0	0	0
c For active participants	0	0	0
d Total	2	106013	106013
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	☐		
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.33	%
6 Target normal cost			
a Present value of current plan year accruals	6a	0	
b Expected plan-related expenses	6b	5000	
c Target normal cost	6c	5000	

Statement by Enrolled Actuary

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

**SIGN
HERE**

Signature of actuary

Ernie F. Galliani

Type or print name of actuary

Nova 401(k) Associates

Firm name

10777 Northwest Freeway

Suite 440

Houston, TX 77092

Address of the firm

3/10/2026

Date

23-05338

Most recent enrollment number

(713) 524-5192

Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2025
v. 250312

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

21 Discount rate:			
a Segment rates:	1st segment: 5.03 %	2nd segment: 5.28 %	3rd segment: 5.50 %
			☐ N/A, full yield curve used
b Applicable month (enter code)	21b		2
22 Weighted average retirement age	22		65
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	5000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	27939		2859
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	7859	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	7859	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	8343	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	484	
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, line 19 - Discounted Employer Contributions

Plan Name: Galveston, Houston & Henderson Railroad Co. Pension Plan for Non-Union Salaried Employees

EIN: 94-6001323 PN: 0017

Code	Date	Contribution Amount	Effective Rate	For Months	Quarterly Due	Effective Rate Plus 5%	For Months	Discounted Contribution
C	2/19/2026	1,768.28	5.33	3.45	4/15/2025	10.33	10.13	1,603.34
C	2/19/2026	1,768.28	5.33	6.45	7/15/2025	10.33	7.13	1,622.04
C	2/19/2026	1,768.28	5.33	9.45	10/15/2025	10.33	4.13	1,640.96
C	2/19/2026	1,768.28	5.33	12.45	1/15/2026	10.33	1.13	1,660.09
C	2/19/2026	1,926.90	5.33	13.58				1,816.92
Total		9,000.00						8,343.35

Code 'C' is a contribution, 'B' is a balance reduction

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

Plan Name: Galveston, Houston & Henderson Railroad Co. Pension Plan for Non-Union Salaried Employees
EIN: 94-6001323 PN: 0017

All participants are assumed to retire at the later of their Normal Retirement Age, or the end of the current plan year.

Schedule SB, Part V - Summary of Plan Provisions

Plan Name: Galveston, Houston & Henderson Railroad Co. Pension Plan for Non-Union Salaried Employees
EIN: 94-6001323 PN: 0017

Plan effective date	January 1, 1983
Last amendment effective date	January 1, 2010
Plan Year	January 1 to December 31
Eligibility	Non-union salaried employees are eligible to enter on the beginning of the month that is coincident with or next following the date the participant completes 12 months of service The Plan has no active participants.
Excluded Employees	Employees covered by a collective bargaining agreement are excluded by class.
Credited Service	For accrual purposes, service is measured on an elapsed time basis. Benefit accrual service is used in the calculation of the benefits payable from the plan. All non-union service with the Company counts toward benefit accrual. For employees hired before January 1, 2000, certain union service and service with other employers in the railroad industry may count toward benefit accrual.
Vesting Service	Prior to January 1, 1995 All service with the Employer plus all prior service in the railroad industry is credited on the basis of one year of vesting service for each year in which an employee has 1,000 hours of service. No credit is given for less than 1,000 hours except in the initial or terminal year. Vesting Service will continue to accrue for participants who transfer employment to another Employer or an Owner Line without interruption of continuous service. Effective January 1, 1995 Vesting service is calculated on an elapsed time basis. All service with the Employer is counted for vesting purposes.
Plan Compensation	Generally, total compensation including amounts deferred under any 401(k) plan or 125 plan. Compensation is limited as required under section 401(a)(17) of the Internal Revenue Code. The average reflects the highest 3 calendar years out of the final 5 Years of Service.
Accrued Benefit	All benefits are frozen because all former employees have terminated employment with Galveston Houston & Henderson Railroad Company.
Normal Retirement Age	All participants are eligible to retire upon the later of attainment of age 65 and 5 years of Credited Service

Schedule SB, Part V - Summary of Plan Provisions

Plan Name: Galveston, Houston & Henderson Railroad Co. Pension Plan for Non-Union Salaried Employees
EIN: 94-6001323 PN: 0017

Normal Retirement Benefit Each member who retires on his normal retirement date will receive a monthly retirement income, payable for his life, equal to:

1.667% of Average Monthly Compensation times his years of credited service not in excess of 30 years
Plus
1.00% of Average Monthly Compensation times his years of credited service in excess of 30 years but not in excess of 40 years
Less
1.5% of USRRB Benefits times years of service and 100% of Prior Railroad Pensions

In no event is the benefit greater than the Section 415 limit

Early Retirement Benefit Normal Retirement Benefit determined above payable in full at age 65 or payable early in a reduced amount as follows:

Benefit Commencement Age		Percentage Reduction
55		40%
56		35%
57		30%
58		25%
59		20%
60		15%
61		12%
62		9%
63		6%
64		3%

Vested Termination Benefits vest upon 5 years of vesting service. The Accrued Benefit is payable at Normal Retirement Age. Benefit is payable as early as age 55 on an actuarially equivalent basis if the Participant retired with at least 10 years of service.

Pre-retirement Death Benefit A Participant's surviving spouse will be entitled to receive a death benefit if the Participant dies while employed and prior to the commencement of a monthly pension benefit but following the Participant's completion of 5 years of Vesting Service.

The Participant's Surviving Spouse, if any, will be entitled to receive a Qualified Pre-Retirement Survivor Annuity.

Schedule SB, Part V - Summary of Plan Provisions

Plan Name: Galveston, Houston & Henderson Railroad Co. Pension Plan for Non-Union Salaried Employees
EIN: 94-6001323 PN: 0017

Total and Permanent Disability Benefit	No total and permanent disability benefits are provided under this plan.
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Forms of Benefit Payment	The normal form of benefit is a life only annuity Optional forms include: • Life Annuity • 50% Joint & Survivor • 66.67% Joint & Survivor (reduces on 1st death) • 75% Joint & Survivor • 100% Joint & Survivor • Lump sums for the entire benefit if under \$20,000
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Change in Provisions	None.
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Schedule SB, line 32 - Schedule of Amortization Bases

Plan Name: Galveston, Houston & Henderson Railroad Co. Pension Plan for Non-Union Salaried Employees
EIN: 94-6001323 PN: 0017

Type of Base	Present Value	Initial Valuation Date	Years Remaining	Amortization Installment
Shortfall	27,642.54	1/1/2023	13	2,836.47
Shortfall	-1,175.22	1/1/2024	14	-114.57
Shortfall	1,471.27	1/1/2025	15	136.94
Total	27,938.59			2,858.84