Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

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 multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] 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:
- [X] 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

1a Name of plan
TEXAS UNITED CORPORATION PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 09/01/1969

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)
TEXAS UNITED CORPORATION

4800 SAN FELIPE
HOUSTON, TX 77056

2b Employer Identification Number (EIN)
74-1663878

2c Plan Sponsor's telephone number
713-877-2600

2d Business code (see instructions)
212390

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2026	JOE PRIBYL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	862
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	480
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	480
b	Retired or separated participants receiving benefits	**6b**	221
c	Other retired or separated participants entitled to future benefits	**6c**	128
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	829
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	42
f	Total. Add lines **6d** and **6e**.	**6f**	871
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	23
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE 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

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
TEXAS UNITED CORPORATION PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
TEXAS UNITED CORPORATION

D Employer Identification Number (EIN)
74-1663878

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	143259858
b Actuarial value	**2b**	143259858

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	248	61123932	61123932
b For terminated vested participants	134	8615706	8615706
c For active participants	482	55372180	57183431
d Total	864	125111818	126923069

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**	5.35 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	4135608
b Expected plan-related expenses	**6b**	113000
c Target normal cost	**6c**	4248608

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

10/06/2026
Date

KEVIN STANTON
Type or print name of actuary

26-08793
Most recent enrollment number

CBIZ
Firm name

215-587-0700
Telephone number (including area code)

1845 WALNUT STREET
10TH FLOOR
PHILADELPHIA, PA 19103
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 [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	13176835
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	44871
9	Amount remaining (line 7 minus line 8)	0	13131964
10	Interest on line 9 using prior year's actual return of 7.62 %	0	1000656
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		2462
	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 5.20 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		188
	c Total available at beginning of current plan year to add to prefunding balance		2650
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	14132620

Part III Funding Percentages

14	Funding target attainment percentage	14	101.73 %
15	Adjusted funding target attainment percentage	15	112.87 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	99.66 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/28/2025	4000000	0			
			Totals ► 18(b)	4000000	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	3951181

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:	1st segment: 5.00 %	2nd segment: 5.27 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
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**	4248608
b Excess assets, if applicable, but not greater than line 31a	**31b**	2204169

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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**	2044439

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement		0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	2044439
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	3951181

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

a Total (excess, if any, of line 37 over line 36)	**38a**	1906742
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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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

A Name of plan
TEXAS UNITED CORPORATION PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TEXAS UNITED CORPORATION

D Employer Identification Number (EIN)
74-1663878

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).. . . . . [X] 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

FIAM LLC

20-1733361

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

FIAM TRUST COMPANY

20-2159373

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

FIAM GROUP TRUST

20-4659714

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

GEODE CAP MGMT TRUST CO

82-1309416

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

GEODE GROUP TRUST

82-6293122

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

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

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

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

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)

FIAM TRUST COMPANY

20-2159373

(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?
51	NONE	558203	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

FIDELITY INVESTMENTS INST. OP CO.

P. O. BOX 73307
CHICAGO, IL 60673-7307

(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?
15 49	NONE	112188	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CBIZ

1845 WALNUT STREET
10TH FLOOR
PHILADELPHIA, PA 19103

(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 17	NONE	20908	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name: JAMES J. LEMON

b EIN: 22-2769024

c Position: ENROLLED ACTUARY

d Address: 4722 N. 24TH STREET
SUITE 300
PHOENIX, AZ 85016

e Telephone: 330-304-3688

Explanation: ACTUARY CHANGED DUE TO REORGANIZATION WITHIN THE SAME ACTUARIAL FIRM.

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

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

A Name of plan
TEXAS UNITED CORPORATION PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
TEXAS UNITED CORPORATION

D Employer Identification Number (EIN)
74-1663878

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

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM LONG DURATION

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MGMT TRUST CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-4659714-053	C	18624775

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM LONG US TREASURY STRIPS INDEX

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MGMT TRUST CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-4659714-120	C	6262734

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM SELECT INTERNATIONAL EQUITY

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MGMT TRUST CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-4659714-021	C	7098703

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM SELECT INTERNATIONAL SMALL CAP

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MGMT TRUST CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-4659714-036	C	3151874

a Name of MTIA, CCT, PSA, or 103-12 IE: AM SELECT CANADA EQUITY

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MGMT TRUST CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-4659714-101	C	3181579

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

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MGMT TRUST CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-4659714-005	C	3579340

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM EMERGING MARKETS DEBT

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MGMT TRUST CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-4659714-022	C	6704529

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM LONG CORPORATE

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MGMT TRUST CO

c EIN-PN 20-4659714-187	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22250800

a Name of MTIA, CCT, PSA, or 103-12 IE: SPARTAN WORLD MIN VOLATILITY INDEX

b Name of sponsor of entity listed in (a): GEODE CAPITAL MGMT TRUST CI LLC

c EIN-PN 82-6293122-016	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25452851

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM SELECT EMERGING MARKETS EQUITY

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MGMT TRUST CO

c EIN-PN 20-4659714-100	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6143604

a Name of MTIA, CCT, PSA, or 103-12 IE: SPARTAN 500 INDEX POOL

b Name of sponsor of entity listed in (a): GEODE CAPITAL MGMT TRUST CO LLC

c EIN-PN 82-6293122-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35927678

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM SMALL CAPITALIZATION CORE

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MGMT TRUST CO

c EIN-PN 20-4659714-008	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM FLOATING RATE HIGH INCOME

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MGMT TRUST CO

c EIN-PN 20-4659714-058	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INTERM INFLATION-PROTECT BOND

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MGMT TRUST CO

c EIN-PN 20-4659714-104	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INTERNATIONAL GROWTH

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MGMT TRUST CO

c EIN-PN 20-4659714-017	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM EMERGING MARKETS

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MGMT TRUST CO

c EIN-PN 20-4659714-032	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6136930

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM SMALL/MID CAP OPPORTUNITIES

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MGMT TRUST CO

c EIN-PN 20-4659714-210	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5310700

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

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

A Name of plan
TEXAS UNITED CORPORATION PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TEXAS UNITED CORPORATION

D Employer Identification Number (EIN)
74-1663878

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	195148
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	3568	3116
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	926608	855566
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	142186860	149826097
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	142822	7082583
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	4128306

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	143259858	162090816
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	143259858	162090816

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	4000000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		4000000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	51780	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	5183	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		56963
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		22493679
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		26550642
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7028385	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		7028385
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	112188	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	558203	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	20908	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		691299
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		7719684
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		18830958
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] 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) [X] 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: BDO USA P.C. **(2)** EIN: 13-5381590

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

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

Part IV Compliance Questions

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

During the plan year:

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 586533.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

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

A Name of plan
TEXAS UNITED CORPORATION PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TEXAS UNITED CORPORATION

D Employer Identification Number (EIN)
74-1663878

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 04-2647786

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 15

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: _____% 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_____.

Texas United Corporation
Pension Plan

Financial Statements and
ERISA-Required Supplemental Schedules
As of and for the Years Ended
December 31, 2025 and 2024

The report accompanying these financial statements was issued by BDO USA, P.C., a Virginia professional corporation, and the U.S. member of BDO International Limited, a UK company limited by guarantee.

Texas United Corporation Pension Plan

Financial Statements and ERISA-Required Supplemental Schedules

As of and for the Years Ended December 31, 2025 and 2024

Texas United Corporation Pension Plan

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Note: Other schedules required by Section 2520.103.10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

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Independent Auditor's Report

To the Plan Administrator
Texas United Corporation Pension Plan
Houston, Texas

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

We have performed audits of the financial statements of Texas United Corporation Pension 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). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, 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 (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). 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 (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained a certification from a qualified institution as of December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

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

- 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 accounting principles generally accepted in the United States of America (GAAP).
- The certified investment information in the accompanying financial statements agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

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BDO is the brand name for the BDO network and for each of the BDO Member Firms.



Basis for Opinion

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, 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 GAAP.

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 GAAP.

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.

Other Matter - Supplemental Schedules Required by ERISA

The ERISA-required Supplemental Schedule H, line 4i- Schedule of Assets (Held at End of Year) as of December 31, 2025 and the Schedule H, Line 4j- Schedule of Reportable Transactions for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or are 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 its form and content, are presented in conformity with the DOL'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 are derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The certified investment information in the supplemental schedules agree to, or are derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meet the requirements of ERISA Section 103(a)(3)(C).

BDO USA, P.C.

October 12, 2026

Financial Statements

Texas United Corporation Pension Plan

Statements of Net Assets Available for Benefits

December 31,	**2025**	2024
Assets		
Cash, non-interest bearing	**$ 195,148**	$ -
Investments, at fair value	**161,892,552**	143,256,290
Receivables		
Accrued interest	**3,116**	3,568
Net Assets Available for Benefits	**$ 162,090,816**	$ 143,259,858

See accompanying notes to financial statements.

Texas United Corporation Pension Plan

Statements of Changes in Net Assets Available for Benefits

Year ended December 31,	**2025**	2024
Additions		
Investment income:		
Interest and dividends	**$ 56,963**	$ 65,014
Net appreciation in fair value of investments	**22,493,679**	10,770,613
Total Investment Income	**22,550,642**	10,835,627
Employer Contributions	**4,000,000**	4,000,000
Total Additions	**26,550,642**	14,835,627
Deductions		
Benefit payments	**7,028,385**	6,679,162
Administrative expenses	**691,299**	636,262
Total Deductions	**7,719,684**	7,315,424
Net Increase	**18,830,958**	7,520,203
Net Assets Available for Benefits, beginning of year	**143,259,858**	135,739,655
Net Assets Available for Benefits, end of year	**$ 162,090,816**	$ 143,259,858

See accompanying notes to financial statements.

1. Description of the Plan

The following description of the Texas United Corporation Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the summary plan description and legal plan document for more complete information.

General

The Plan is a non-contributory defined benefit pension plan under Internal Revenue Code (IRC) Section 401(a), covering substantially all of the United States employees of Texas United Corporation (the Company or Plan Sponsor), the Company's consolidated subsidiaries, and affiliates of the Company (collectively referred to as the Employer) who meet age and service requirements as defined in the plan document. It is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Plan was adopted effective September 1, 1969. Employees are eligible to participate in the Plan on the first day of the month after the attainment of age 21 and the completion of one year of credited service with the Company. The Plan excludes employees who are covered by a collective bargaining agreement, unless the collective bargaining agreement requires the employees to be covered by the Plan. Fidelity Management Trust Company (Fidelity or Trustee) is the Plan's trustee and recordkeeper.

Vesting

Participants become 100% vested at the earlier of completion of five years of vesting service, or attainment of normal retirement age of 65.

Pension Benefits

The Plan provides for normal retirement benefits upon reaching age 65 and has a provision for early retirement benefits at age 55. The basic monthly pension payable to participants upon their retirements at age 65 is an amount equal to 30% of their monthly plan compensation as defined in the plan document, reduced by 1/20th for each year of credited services less than 20 years. For retirements and terminations of employment on or after January 1, 2019, the basic monthly pension payable to participants was increased by an additional 1% of their monthly plan compensation for each year of credited service at the time for which the accrued benefit is calculated greater than 20 years up to ten years. A selected group of retired, non-highly compensated participants receive a monthly payment of $150 in addition to any monthly benefit the retired participants currently receive.

If a married participant dies before attaining age 60 while in the active employment of the Employer or has qualified for a retirement or deferred severance benefit but the benefit has not begun and has not affirmatively waived the qualified pre-retirement survivor annuity with the spouse's consent, the surviving spouse, if any, shall be entitled to the qualified pre-retirement survivor annuity. If the participant affirmatively waives the qualified pre-retirement survivor annuity, with the spouse's consent, then no qualified pre-retirement survivor annuity shall be payable. However, if a married participant dies after attaining age 60, while still in the active employment of the Employer, and has not affirmatively waived the qualified pre-retirement survivor annuity, the surviving spouse, if the spouse qualifies, shall be entitled to the survivor portion of a 100% qualified joint and survivor annuity that the participant would have received if the participant had elected that option and the first payment was received by the participant on the day before death.

If an unmarried participant (or a married participant who has waived the qualified pre-retirement survivor annuity) dies before attaining age 60 while in the active employment of the Employer, or has qualified for a retirement or deferred severance benefit but the benefit has not begun, the participant's designated beneficiary, if any, shall receive the survivor portion of a 50% joint and survivor annuity that the participant would have received if the participant had elected that form of payment and the first payment was received by the participant on the day before death. However, if an unmarried participant dies after attaining age 60, while still in the active employment of the Employer, his designated beneficiary, if any, shall be entitled to the survivor portion of a 100% joint and survivor annuity that the participant would have received if the participant had elected that form of payment and the first payment was received by the participant on the day before death. If the participant does not have a valid beneficiary designation at the time of death, then any death benefit is payable under the Plan on account of such participant's death shall be paid to the estate.

If a former participant is receiving upon their death the basic monthly pension, whether regular, early or late, or the deferred monthly severance benefit, each of which is payable for life with no monthly payments guaranteed, then there is no death benefit payable by reason of the former participant's death. If, however, benefit payments are being made to a former participant in any optional form, the former participant's spouse or other designated beneficiary shall receive those payments as may be payable under the optional form of payment.

A participant who retires on or after January 1, 2019 under the normal, late, or early retirement provisions of the Plan may elect a lump sum payment, either in a direct rollover or payment directly to the participant if the present value of the vested accrued benefit is $100,000 or less. If the present lump sum value of the deferred monthly severance benefit meets certain requirements as stated in the plan document or is $100,000 or less and the participant's spouse consents in writing to the distribution, the plan oversight committee shall direct the investment custodian to pay the benefit in one lump sum in cash as soon as administratively possible after the participant's termination. If a spouse, alternate payee, or beneficiary is entitled to an annuity in accordance with pre-retirement death benefit requirements per the plan document, the spouse, alternate payee, or beneficiary may elect in lieu of such annuity a lump sum payment, either a direct rollover or direct payment if the present value of the vested accrued benefit is $100,000 or less.

If the actuarial equivalent of a participant's vested accrued benefit payable at normal retirement date does not exceed $1,000, the benefit will be paid to the participant in a lump sum as soon as practicable following termination of employment. If the actuarial equivalent of the vested accrued benefit exceeds $1,000 but does not exceed $7,000, the benefit will be distributed as a direct rollover to an eligible retirement plan designated by the participant or to an individual retirement account. Effective January 1, 2025, the Plan's mandatory distribution threshold increased from $5,000 to $7,000.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan Sponsor determines the Plan's valuation policies utilizing information provided by its investment advisers and trustee or custodian. See note 8 for a discussion of fair value disclosure. Certain amounts are held in the form of a money market fund, mutual funds, equity exchange-traded funds and other amounts are held in the form of units of participation in common collective trust accounts (CCT) administered by Fidelity. Each common collective trust account is credited with the actual earnings on the underlying investments and is charged for administrative expenses by Fidelity.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. The statements of changes in net assets available for benefits presents the net appreciation (depreciation) in the fair value of investments, which consists of the realized gains or losses and the net unrealized appreciation or depreciation on those investments.

Payment of Benefits

Benefit payments to participants are recorded when paid.

Administrative Expenses

The Plan's expenses are paid either by the Plan or Plan Sponsor, as provided by the plan document. Expenses that are paid by the Plan Sponsor are excluded from these financial statements. Administrative expenses consist of all expenses incidental to the administration, termination or protection of the Plan, including but not limited to, actuarial, accounting, investment manager and custodian fees. Investment related expenses are included in net appreciation or depreciation in fair value of investments.

3. Funding Policy

The Company contributes such amounts as are necessary, on an actuarial basis, to provide the Plan with assets sufficient to meet the benefits to be paid to plan members and their beneficiaries. The contributions to the Plan are based on the limitations of maximum and minimum tax-deductible deposits determined by the actuary and are designed to fund the Plan's current service costs on a current basis. The yield (interest, dividends, and net realized and unrealized gains and losses) on the investments of the Plan in excess of the amount established in the actuarial assumptions as well as any gains resulting from forfeiture of nonvested benefits, serves to reduce future contributions that would otherwise be required to provide for the defined level of benefits under the Plan. For

the years ended December 31, 2025 and 2024, the minimum funding requirements of ERISA for the Plan was zero, and the Plan met the minimum funding requirements of ERISA for the plan years 2025 and 2024. The Company elected to make contributions of $4,000,000 for each of the years ended December 31, 2025 and 2024.

4. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service participants have rendered. Accumulated plan benefits include benefits expected to be paid to participant groups including (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries. Generally, benefits under the Plan are based on participants' compensation for the five highest compensated years during their last ten years of credited service. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to participant service rendered to the valuation date.

The actuarial present value of accumulated plan benefits as of December 31, 2025 and 2024 were determined by CBIZ Actuarial & Benefit Consultants, the Plan's actuary, and are the amounts that result 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, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions underlying the values are as follows:

December 31, 2025

Mortality basis	Pri-2012 Total Dataset, with projected generational mortality improvements using Scale MP-2021
Salary increase	4% compounded annually
Expected return on assets	8%
Discount rate	5%
Retirement age	Retirement rates at each age as follows:

Age	Rate
55	7.50%
56	4.00%
57	4.00%
58	4.00%
59	4.00%
60	4.00%
61	4.00%
62	4.00%
63	4.00%
64	4.00%
65	100.00%

Plan expenses	$ 691,299

December 31, 2024

Mortality basis	Pri-2012 Total Dataset, with projected generational mortality improvements using Scale MP-2021
Salary increase	4% compounded annually
Expected return on assets	8%
Discount rate	5%
Retirement age	Retirement rates at each age as follows:

Age	Rate
55	7.50%
56	4.00%
57	4.00%
58	4.00%
59	4.00%
60	4.00%
61	4.00%
62	4.00%
63	4.00%
64	4.00%
65	100.00%

Plan expenses	$ 636,262

The foregoing actuarial assumptions are based on the presumption that the Plan will continue as a going concern. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of December 31, 2025 and 2024.

The actuarial present value of accumulated plan benefits are as follows:

December 31,	**2025**	2024
Actuarial Present Value of Accumulated Plan Benefits		
Vested benefits:		
Participants currently receiving payments	**$ 70,886,472**	$ 62,993,168
Other participants	**66,808,275**	67,994,620
Total Vested Benefits	**137,694,747**	130,987,788
Non-Vested Benefits	**2,162,700**	1,923,082
Total Actuarial Present Value of Accumulated Plan Benefits	**$ 139,857,447**	$ 132,910,870

A summary of significant changes in the actuarial present value of accumulated Plan benefits is as follows:

Year ended December 31,	**2025**	2024
Actuarial Present Value of Accumulated Plan Benefits, beginning of year	**$ 132,910,870**	$ 126,198,980
Increase (decrease) during the year attributable to:		
Benefits accumulated	**7,505,128**	7,248,082
Increase due to reduction in the discount period	**6,469,834**	6,142,970
Benefits paid	**(7,028,385)**	(6,679,162)
Net Increase	**6,946,577**	6,711,890
Actuarial Present Value of Accumulated Plan Benefits, end of year	**$ 139,857,447**	$ 132,910,870

5. Certified Investment Information

Certain information disclosed in the accompanying financial statements and ERISA-required supplemental schedules, related to investments held as of December 31, 2025 and 2024, net appreciation (depreciation) in fair value of investments, and interest and dividends for the years then ended, was obtained by management and agreed to or derived from information certified as complete and accurate by Fidelity, a qualified institution.

6. Tax Status

The Plan obtained its latest determination letter on June 27, 2014, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the determination letter; however, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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

7. Party-In-Interest and Related Party Transactions

The Plan invests in certain assets managed by Fidelity. Therefore, these investments are considered party-in-interest transactions. The plan administrator has approved these transactions. For the years ended December 31, 2025 and 2024, fees paid by the Plan to the investment trustee and custodian totaled approximately $691,000 and $636,000, respectively. These transactions are party-in-interest transactions, which are exempt from prohibited transaction rules under ERISA.

8. Fair Value Disclosure

Accounting Standards Codification (ASC) 820, *Fair Value Measurement,* provides for a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under ASC 820 are described as follows:

Level 1 - Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.

Level 2 - This level consists of inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- Quoted prices for similar assets or liabilities in active markets.
- Quoted prices for identical or similar assets or liabilities in inactive markets.
- Inputs other than quoted prices that are observable for the asset or liability.
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the assets or liability.

Level 3 – This level consists of inputs that are unobservable inputs for the asset or liability.

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

Investments that are measured at fair value using the net asset value (NAV) per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

Money Market Fund - The money market fund is valued at fair value based on quoted market prices for applicable publicly traded money market funds.

Mutual Funds - The mutual funds are valued at fair value based on quoted market prices for applicable publicly traded mutual funds.

Equity Exchange-traded Funds - The equity exchange-traded funds are valued at fair value based on quoted market prices for applicable publicly exchange-traded funds.

Common Collective Trust Accounts (CCTs) - Units held in CCTs are valued at NAV as a practical expedient based on fair market value of the underlying investments of the account less its liabilities. CCTs invest in benefit-responsive investment contracts issued by insurance companies and other financial institutions (Contracts), fixed income securities, and money market funds. Under the terms

of the Contracts, the assets of the fund are invested in fixed income securities (which may include, but are not limited to, U.S. Treasury and agency bonds, corporate bonds, mortgage-backed securities, commercial mortgage-backed securities, asset-backed securities, and collective investment vehicles and shares of investment companies that invest primarily in fixed income securities) and shares of money market funds. There were no unfunded commitments. One year of notice is typically required to redeem the trusts. Fidelity may waive the notice period at its sole discretion.

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

The following tables set forth by level within the fair value hierarchy the Plan investments assets at fair value, as of December 31, 2025 and 2024:

December 31, 2025

	Level 1	Level 2	Level 3	Total
Money market fund	$ 855,566	$ -	$ -	$ 855,566
Equity exchange-traded funds	4,128,306	-	-	4,128,306
Mutual funds	7,082,583	-	-	7,082,583
Investments, in the fair value hierarchy	$ 12,066,455	$ -	$ -	12,066,455
Interest in common collective trust accounts, measured at NAV [(1)]				149,826,097
Total Investments, at fair value				$ 161,892,552

December 31, 2024

	Level 1	Level 2	Level 3	Total
Money market fund	$ 926,608	$ -	$ -	$ 926,608
Mutual fund	142,822	-	-	142,822
Investments, in the fair value hierarchy	$ 1,069,430	$ -	$ -	1,069,430
Interest in common collective trust accounts, measured at NAV [(1)]				142,186,860
Total Investments, at fair value				$ 143,256,290

[(1)] Certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the Statements of Net Assets Available for Benefits.

9. Termination of Plan

Although the Company has not expressed any intent to discontinue or terminate the Plan, it may do so at any time, subject to the requirements set forth by ERISA and its related regulations. Upon termination, the rights of participants to benefits accrued to the date of termination, to the extent funded, shall vest immediately.

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

a) Benefits attributable to employee contributions, taking into account those paid out before termination.

b) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

c) Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.

d) All other vested benefits (that is, vested benefits not insured by the PBGC).

e) All nonvested benefits.

Benefits to be provided via contracts under which Fidelity is obligated to pay the benefits would be excluded for allocation purposes. Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (the PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

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

10. Risk and Uncertainties

The Plan's assets include various investments, and such investments are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investments and the level of uncertainty related to changes in the value of investments, it is at least reasonably possible that changes in risks in the near term would materially affect the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported, based on certain assumptions pertaining to interest rates, inflation rates, and employee

demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term could-be material to the financial statements.

11. Subsequent Events

The Plan has evaluated subsequent events through October 12, 2026, the date the financial statements were available to be issued.

ERISA-Required Supplemental Schedules

Texas United Corporation Pension Plan

Schedule H (Form 5500), Line 4i – Schedule of Assets (Held at End of Year)

EIN: 74-1663878 **Plan Number: 001**

December 31, 2025

	(a)	(b) Identity of Issuer, 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
	Money Market Fund				
*		Fidelity Institutional Asset Management Trust Company	Money Market Fund	$ 855,566	$ 855,566
	Equity Exchange-traded Funds				
		VanEck	Gold Miners	570,013	667,977
		iShares	Silver Trust	147,947	190,297
		iShares	Gold Trust	543,713	755,043
		iShares	MSCI EAFE Value	2,495,348	2,514,989
	Total Equity Exchange-traded Funds			3,757,021	4,128,306
	Mutual Funds				
*		Fidelity Institutional Asset Management Trust Company	Capital and Income Fund	1,089	1,087
*		Fidelity Institutional Asset Management Trust Company	International Value Fund	3,496,796	3,551,373
*		Fidelity Institutional Asset Management Trust Company	Overseas Fund	3,653,304	3,530,123
	Total Mutual Funds			7,159,189	7,082,583
	Common Collective Trust Accounts				
*		Fidelity Institutional Asset Management Trust Company	Long Duration	19,136,233	18,624,775
*		Fidelity Institutional Asset Management Trust Company	Long US Treasury Strips Index	7,321,471	6,262,734
*		Fidelity Institutional Asset Management Trust Company	Select International Pool	6,113,714	7,098,703
*		Fidelity Institutional Asset Management Trust Company	Select International Small Cap	2,829,084	3,151,874
*		Fidelity Institutional Asset Management Trust Company	Select Canada Equity	2,393,158	3,181,579
*		Fidelity Institutional Asset Management Trust Company	US Real Estate Invest TR CIT	3,490,053	3,579,340
*		Fidelity Institutional Asset Management Trust Company	Emerging Markets Debt	5,692,196	6,704,529
*		Fidelity Institutional Asset Management Trust Company	Emerging Markets Commingled	4,255,932	6,136,930
*		Fidelity Institutional Asset Management Trust Company	Long Corporate	22,528,828	22,250,800
*		Fidelity Institutional Asset Management Trust Company	Small/Mid Cap Opportunities	4,929,124	5,310,700
*		Fidelity Institutional Asset Management Trust Company	Select Emerging Markets Equity	4,853,622	6,143,604
		Spartan Group Trust	Spartan 500 Index Pool	24,519,756	35,927,678
		Spartan Group Trust	Spartan World Minimum Volatility Index	23,930,828	25,452,851
	Total Common Collective Trust Accounts			131,993,999	149,826,097
				$ 143,765,775	$ 161,892,552

* Party-in-interest as defined by ERISA.

Texas United Corporation Pension Plan

Schedule H (Form 5500), Line 4j – Schedule of Reportable Transactions

EIN: 74-1663878 **Plan Number: 001**

Year ended December 31, 2025

	(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
	Category (iii) - a Series of Transactions						
*	Fidelity Institutional Asset Management Trust Company	Select International Small Cap	$ 4,385,556	$ -	$ 4,385,556	$ 4,385,556	$ -
			-	2,977,952	2,825,453	2,977,952	152,499
*	Fidelity Institutional Asset Management Trust Company	International Growth	4,792,230	-	4,792,230	4,792,230	-
			-	8,751,701	7,466,367	8,751,701	1,285,334
*	Fidelity Institutional Asset Management Trust Company	Long US Treasury Strips Index	5,029,250	-	5,029,250	5,029,250	-
			-	4,710,989	5,853,059	4,710,989	(1,142,070)
*	Fidelity Institutional Asset Management Trust Company	Long Corporate	5,813,171	-	5,813,171	5,813,171	-
			-	3,581,593	3,709,133	3,581,593	(127,540)
*	Fidelity Institutional Asset Management Trust Company	Long Duration	8,493,748	-	8,493,748	8,493,748	-
			-	8,424,962	8,920,367	8,424,962	(495,405)
*	Fidelity Institutional Asset Management Trust Company	Select International Pool	7,513,816	-	7,513,816	7,513,816	-
			-	4,867,393	4,205,272	4,867,393	662,121
*	Fidelity Institutional Asset Management Trust Company	U.S. Real Estate Invest	4,717,400	-	4,717,400	4,717,400	-
			-	7,314,165	6,924,727	7,314,165	389,438
*	Fidelity Institutional Asset Management Trust Company	Small/Mid Cap Opportunities	6,259,155	-	6,259,155	6,259,155	-
			-	6,663,891	6,576,978	6,663,891	86,913
	iShares	Gold Trust	3,578,671	-	3,578,671	3,578,671	-
			-	3,556,022	3,034,957	3,556,022	521,065
	Spartan Group Trust	World Minimum Volatility Index	5,411,218	-	5,411,218	5,411,218	-
			-	10,069,168	9,677,758	10,069,168	391,410
	Spartan Group Trust	500 Index Pool	6,759,834	-	6,759,834	6,759,834	-
			-	7,032,529	5,054,085	7,032,529	1,978,444

* Party-in-interest as defined by ERISA.

There were no category (i), (ii) or (iv) reportable transactions.

SCHEDULE SB ATTACHMENT
Line 26a - Schedule of Active Participant Data

Plan Name: Texas United Corporation Pension Plan
EIN/PN: 74-1663878/001
Valuation Date: January 1, 2025

Age	Years of Credited Service										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & Over	
Under 25	- -	18 -	2 -	- -	- -	- -	- -	- -	- -	- -	20 -
25 to 29	1 -	24 -	10 -	- -	- -	- -	- -	- -	- -	- -	35 -
30 to 34	- -	14 -	20 -	9 -	2 -	- -	- -	- -	- -	- -	45 -
35 to 39	- -	17 -	17 -	8 -	13 -	- -	- -	- -	- -	- -	55 -
40 to 44	- -	22 -	8 -	10 -	13 -	7 -	- -	- -	- -	- -	60 -
45 to 49	- -	16 -	17 -	6 -	12 -	5 -	4 -	- -	- -	- -	60 -
50 to 54	- -	9 -	16 -	9 -	7 -	6 -	5 -	2 -	1 -	- -	55 -
55 to 59	1 -	8 -	12 -	8 -	15 -	4 -	7 -	8 -	2 -	- -	65 -
60 to 64	- -	6 -	10 -	6 -	11 -	5 -	3 -	4 -	1 -	7 -	53 -
65 to 69	- -	1 -	5 -	3 -	2 -	2 -	4 -	3 -	3 -	1 -	24 -
70 & Over	- -	- -	2 -	1 -	2 -	1 -	1 -	- -	- -	3 -	10 -
Total	2 -	135 -	119 -	60 -	77 -	30 -	24 -	17 -	7 -	11 -	482 -

SUMMARY OF ASSUMPTIONS

Funding Discount Rates

IRS-Prescribed Three-Segment Rates, for the month that includes the valuation date (January).

	Non-Stabilized	Limited to 25-Year Corridor
Segment 1:	5.00%	5.00%
Segment 2:	5.27%	5.27%
Segment 3:	5.40%	5.50%

The "Limited to 25 Year Corridor" rates are adjusted by the applicable maximum and applicable minimum percentages of the 25-year average segment rates, as set forth in the American Rescue Plan Act of 2021 ('ARPA-21') for use in Minimum Required Contribution calculations. The IRS Maximum Deductible Limit Calculations use the rates from the "Non-Stabilized" column above.

Effective Interest Rate

The Effective Interest Rate (EIR) for the current Plan Year is 5.35%. For the prior Plan Year, the EIR was 5.20%.

The EIR is the single rate of interest which, if used to determine the Funding Target, would equal the Funding Target determined using the Plan Sponsor's above-elected discount rates. The EIR is used to discount contributions for minimum funding requirements and to accumulate excess contributions to the end of the year.

Funding Expected Return on Assets

Not applicable for funding calculation purposes. A smoothing method is not used to calculate the Actuarial Value of Assets; therefore, the Expected Return on Assets is not used.

Funding Administrative Expenses

Administrative expenses of $113,000 were included in the Normal Cost.

Expenses paid from the plan trust are estimated to be the same as prior year actual expenses.

Salary Scale

4.00% per year, compounded annually.

Funding Mortality

§430(h) Generational Separate Annuitant/Non-Annuitant Mortality Tables for the Current Plan Year.

Disability Mortality is assumed to be the same as that used for Healthy Retirees.

Withdrawal Rates

Withdrawal rates vary by age. Sample rates are shown below:

Age	Rate
20	8.56%
25	6.48%
30	5.15%
35	3.99%
40	2.92%
45	1.87%
50	0.67%
55	0.00%
60	0.00%

Disability Incidence

Disability rates vary by age. Sample rates are shown below:

Age	Rate
20	0.06%
25	0.09%
30	0.11%
35	0.15%
40	0.22%
45	0.36%
50	0.61%
55	1.01%
60	1.63%

Retirement Rates

Retirement rates for active participants vary by age as shown below:

Age	Rate
55	7.50%
56	4.00%
57	4.00%
58	4.00%
59	4.00%
60	4.00%
61	4.00%
62	4.00%
63	4.00%
64	4.00%
65	100.00%

Spousal Assumptions	72% of active participants are assumed to be married. Wives are assumed to be four years younger than their husbands.
Form of Payment	For Normal Retirement and Early Retirement Benefits, participants are assumed to elect annuities at the following rates: Single Life Annuity: 35% 50% Joint & Survivor Annuity: 25% 100% Joint & Survivor Annuity: 40% For Disability and Withdrawal Benefits, participants are assumed to elect a Single Life Annuity payable at Normal Retirement Date.
Changes in funding assumptions since the prior valuation	In accordance with federal law, the discount rates for funding and PBGC purposes were updated from the discount rates disclosed in the 2024 Actuarial Valuation Report to the discount rates shown above.

SUMMARY OF METHODS

Actuarial Cost Method	The Pension Protection Act (PPA) requires the calculation of the Target Liability and Target Normal Cost. The Target Liability represents the present value of the benefit accumulated as of the valuation date. The present value is calculated by projecting future payments of the accrued benefit, adjusting for probability of receipt according to demographic assumptions, and discounting the payments back to the valuation date using the segment interest rates. Payments expected within five years of the valuation date are discounted using the first segment rate, payments expected at least five but within 20 years of the valuation date are discounted using the second segment rate, and payments expected at least 20 years from the valuation date are discounted using the third segment rate. The calculation of the Target Normal Cost is identical, except that the future payment stream is based on the benefit expected to accrue during the plan year.
Funding Actuarial Value of Assets Method	Actuarial Value of Assets is equal to the Market Value of Assets. Accrued contributions are discounted back to the valuation date at the prior year's effective interest rate.
Changes in methods since the prior valuation	None.

Texas United Corporation Pension Plan

Schedule H (Form 5500), Line 4j – Schedule of Reportable Transactions

EIN: 74-1663878 **Plan Number: 001**

Year ended December 31, 2025

	(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
	Category (iii) - a Series of Transactions						
*	Fidelity Institutional Asset Management Trust Company	Select International Small Cap	$ 4,385,556	$ -	$ 4,385,556	$ 4,385,556	$ -
			-	2,977,952	2,825,453	2,977,952	152,499
*	Fidelity Institutional Asset Management Trust Company	International Growth	4,792,230	-	4,792,230	4,792,230	-
			-	8,751,701	7,466,367	8,751,701	1,285,334
*	Fidelity Institutional Asset Management Trust Company	Long US Treasury Strips Index	5,029,250	-	5,029,250	5,029,250	-
			-	4,710,989	5,853,059	4,710,989	(1,142,070)
*	Fidelity Institutional Asset Management Trust Company	Long Corporate	5,813,171	-	5,813,171	5,813,171	-
			-	3,581,593	3,709,133	3,581,593	(127,540)
*	Fidelity Institutional Asset Management Trust Company	Long Duration	8,493,748	-	8,493,748	8,493,748	-
			-	8,424,962	8,920,367	8,424,962	(495,405)
*	Fidelity Institutional Asset Management Trust Company	Select International Pool	7,513,816	-	7,513,816	7,513,816	-
			-	4,867,393	4,205,272	4,867,393	662,121
*	Fidelity Institutional Asset Management Trust Company	U.S. Real Estate Invest	4,717,400	-	4,717,400	4,717,400	-
			-	7,314,165	6,924,727	7,314,165	389,438
*	Fidelity Institutional Asset Management Trust Company	Small/Mid Cap Opportunities	6,259,155	-	6,259,155	6,259,155	-
			-	6,663,891	6,576,978	6,663,891	86,913
	iShares	Gold Trust	3,578,671	-	3,578,671	3,578,671	-
			-	3,556,022	3,034,957	3,556,022	521,065
	Spartan Group Trust	World Minimum Volatility Index	5,411,218	-	5,411,218	5,411,218	-
			-	10,069,168	9,677,758	10,069,168	391,410
	Spartan Group Trust	500 Index Pool	6,759,834	-	6,759,834	6,759,834	-
			-	7,032,529	5,054,085	7,032,529	1,978,444

* Party-in-interest as defined by ERISA.

There were no category (i), (ii) or (iv) reportable transactions.

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

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
TEXAS UNITED CORPORATION PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
TEXAS UNITED CORPORATION

D Employer Identification Number (EIN)
74-1663878

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	143,259,858
b Actuarial value	**2b**	143,259,858

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	248	61,123,932	61,123,932
b For terminated vested participants	134	8,615,706	8,615,706
c For active participants	482	55,372,180	57,183,431
d Total	864	125,111,818	126,923,069

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**	5.35%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	4,135,608
b Expected plan-related expenses	**6b**	113,000
c Target normal cost	**6c**	4,248,608

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

Kevin Stanton KRS
Signature of actuary

10/06/2026
Date

Kevin Stanton
Type or print name of actuary

2608793
Most recent enrollment number

CBIZ
Firm name

215-587-0700
Telephone number (including area code)

1845 Walnut Street
10th Floor
Philadelphia PA 19103
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 [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	13,176,835
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	44,871
9	Amount remaining (line 7 minus line 8)	0	13,131,964
10	Interest on line 9 using prior year's actual return of 7.62 %	0	1,000,656
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		2,462
	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 5.20 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		188
	c Total available at beginning of current plan year to add to prefunding balance		2,650
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	14,132,620

Part III Funding Percentages

14	Funding target attainment percentage	14	101.73 %
15	Adjusted funding target attainment percentage	15	112.87 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	99.66 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/28/2025	4,000,000	0			
			Totals ► 18(b)	4,000,000	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	3,951,181

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.00 %	5.27 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	21b	0
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	4,248,608
b Excess assets, if applicable, but not greater than line 31a	31b	2,204,169

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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	2,044,439

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement		0	0

36 Additional cash requirement (line 34 minus line 35)	36	2,044,439
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	3,951,181
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	1,906,742
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
Line 19 - Discounted Employer Contributions

Plan Name: Texas United Corporation Pension Plan
EIN/PN: 74-1663878/001
Valuation Date: January 1, 2025

Date	Amount of Contribution	Plan Year Beginning	Effective Interest Rate	Amount Discounted	Penalty Interest Rate	Additional Amount Discounted	Present Value on Valuation Date
3/28/2025	4,000,000	1/1/2025	5.35%	48,819	N/A	N/A	3,951,181
Total	4,000,000						3,951,181

SCHEDULE SB ATTACHMENT
Line 22 - Description of Weighted Average Retirement Age

Plan Name: Texas United Corporation Pension Plan
EIN/PN: 74-1663878/001
Valuation Date: January 1, 2025

Age	No. of Lives Remaining		Rate of Retirement		No. of Retirees	Age Times Retirees		
55	100.00	X	7.50%	=	7.50	412.50		
56	92.50	X	4.00%	=	3.70	207.20		
57	88.80	X	4.00%	=	3.55	202.46		
58	85.25	X	4.00%	=	3.41	197.78		
59	81.84	X	4.00%	=	3.27	193.14		
60	78.56	X	4.00%	=	3.14	188.55		
61	75.42	X	4.00%	=	3.02	184.03		
62	72.41	X	4.00%	=	2.90	179.56		
63	69.51	X	4.00%	=	2.78	175.16		
64	66.73	X	4.00%	=	2.67	170.83		
65	64.06	X	100.00%	=	64.06	4,163.86		
					100.00	6,275.07	=	62.75
						100.00		

The weighted average retirement age was calculated by using a hypothetical beginning number of active lives and the rates of retirement listed above to arrive at a weighted average retirement age for the plan.

SCHEDULE SB ATTACHMENT
Line 26a - Schedule of Active Participant Data

Plan Name: Texas United Corporation Pension Plan
EIN/PN: 74-1663878/001
Valuation Date: January 1, 2025

Age	Years of Credited Service										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & Over	
Under 25	- -	18 -	2 -	- -	- -	- -	- -	- -	- -	- -	20 -
25 to 29	1 -	24 -	10 -	- -	- -	- -	- -	- -	- -	- -	35 -
30 to 34	- -	14 -	20 -	9 -	2 -	- -	- -	- -	- -	- -	45 -
35 to 39	- -	17 -	17 -	8 -	13 -	- -	- -	- -	- -	- -	55 -
40 to 44	- -	22 -	8 -	10 -	13 -	7 -	- -	- -	- -	- -	60 -
45 to 49	- -	16 -	17 -	6 -	12 -	5 -	4 -	- -	- -	- -	60 -
50 to 54	- -	9 -	16 -	9 -	7 -	6 -	5 -	2 -	1 -	- -	55 -
55 to 59	1 -	8 -	12 -	8 -	15 -	4 -	7 -	8 -	2 -	- -	65 -
60 to 64	- -	6 -	10 -	6 -	11 -	5 -	3 -	4 -	1 -	7 -	53 -
65 to 69	- -	1 -	5 -	3 -	2 -	2 -	4 -	3 -	3 -	1 -	24 -
70 & Over	- -	- -	2 -	1 -	2 -	1 -	1 -	- -	- -	3 -	10 -
Total	2 -	135 -	119 -	60 -	77 -	30 -	24 -	17 -	7 -	11 -	482 -

SUMMARY OF ASSUMPTIONS

Funding Discount Rates

IRS-Prescribed Three-Segment Rates, for the month that includes the valuation date (January).

	Non-Stabilized	Limited to 25-Year Corridor
Segment 1:	5.00%	5.00%
Segment 2:	5.27%	5.27%
Segment 3:	5.40%	5.50%

The "Limited to 25 Year Corridor" rates are adjusted by the applicable maximum and applicable minimum percentages of the 25-year average segment rates, as set forth in the American Rescue Plan Act of 2021 ('ARPA-21') for use in Minimum Required Contribution calculations. The IRS Maximum Deductible Limit Calculations use the rates from the "Non-Stabilized" column above.

Effective Interest Rate

The Effective Interest Rate (EIR) for the current Plan Year is 5.35%. For the prior Plan Year, the EIR was 5.20%.

The EIR is the single rate of interest which, if used to determine the Funding Target, would equal the Funding Target determined using the Plan Sponsor's above-elected discount rates. The EIR is used to discount contributions for minimum funding requirements and to accumulate excess contributions to the end of the year.

Funding Expected Return on Assets

Not applicable for funding calculation purposes. A smoothing method is not used to calculate the Actuarial Value of Assets; therefore, the Expected Return on Assets is not used.

Funding Administrative Expenses

Administrative expenses of $113,000 were included in the Normal Cost.

Expenses paid from the plan trust are estimated to be the same as prior year actual expenses.

Salary Scale

4.00% per year, compounded annually.

Funding Mortality

§430(h) Generational Separate Annuitant/Non-Annuitant Mortality Tables for the Current Plan Year.

Disability Mortality is assumed to be the same as that used for Healthy Retirees.

Withdrawal Rates

Withdrawal rates vary by age. Sample rates are shown below:

Age	Rate
20	8.56%
25	6.48%
30	5.15%
35	3.99%
40	2.92%
45	1.87%
50	0.67%
55	0.00%
60	0.00%

Disability Incidence

Disability rates vary by age. Sample rates are shown below:

Age	Rate
20	0.06%
25	0.09%
30	0.11%
35	0.15%
40	0.22%
45	0.36%
50	0.61%
55	1.01%
60	1.63%

Retirement Rates

Retirement rates for active participants vary by age as shown below:

Age	Rate
55	7.50%
56	4.00%
57	4.00%
58	4.00%
59	4.00%
60	4.00%
61	4.00%
62	4.00%
63	4.00%
64	4.00%
65	100.00%

Spousal Assumptions	72% of active participants are assumed to be married. Wives are assumed to be four years younger than their husbands.
Form of Payment	For Normal Retirement and Early Retirement Benefits, participants are assumed to elect annuities at the following rates: Single Life Annuity: 35% 50% Joint & Survivor Annuity: 25% 100% Joint & Survivor Annuity: 40% For Disability and Withdrawal Benefits, participants are assumed to elect a Single Life Annuity payable at Normal Retirement Date.
Changes in funding assumptions since the prior valuation	In accordance with federal law, the discount rates for funding and PBGC purposes were updated from the discount rates disclosed in the 2024 Actuarial Valuation Report to the discount rates shown above.

SUMMARY OF METHODS

Actuarial Cost Method	The Pension Protection Act (PPA) requires the calculation of the Target Liability and Target Normal Cost. The Target Liability represents the present value of the benefit accumulated as of the valuation date. The present value is calculated by projecting future payments of the accrued benefit, adjusting for probability of receipt according to demographic assumptions, and discounting the payments back to the valuation date using the segment interest rates. Payments expected within five years of the valuation date are discounted using the first segment rate, payments expected at least five but within 20 years of the valuation date are discounted using the second segment rate, and payments expected at least 20 years from the valuation date are discounted using the third segment rate. The calculation of the Target Normal Cost is identical, except that the future payment stream is based on the benefit expected to accrue during the plan year.
Funding Actuarial Value of Assets Method	Actuarial Value of Assets is equal to the Market Value of Assets. Accrued contributions are discounted back to the valuation date at the prior year's effective interest rate.
Changes in methods since the prior valuation	None.

SUMMARY OF PRINCIPAL PLAN PROVISIONS

Plan Effective Date	The Texas United Corporation Pension Plan was amended and restated in its entirety effective January 1, 2014, and amended as of January 1, 2019.
Eligibility Requirements	Employees are eligible to participate on the first day of the month next following the attainment of age 21 and the completion of one year of Credited Service. The plan shall exclude employees covered by a collective bargaining agreement whose benefits are not covered by the plan.
Vesting	A participant does not have any rights to his Accrued Benefit until he has five years of vesting service. Once the employee has completed five years of vesting service, he becomes 100% vested in his Accrued Benefit. Payment of deferred vested benefits begins at Normal Retirement Date (or earlier on an actuarially equivalent basis if the employee is eligible for earlier commencement and so elects). A participant is also 100% vested upon attainment of age 65, regardless of years of vesting service completed.
Accrued Benefit Formula	A participant's Accrued Normal Retirement Benefit at any time is equal to the monthly pension the participant would have received if it had been computed under "Normal Retirement Benefit" and had he continued in Credited Service to Normal Retirement Date at the level of monthly plan Compensation he was receiving at the time of determination, multiplied by a fraction not to exceed one. The numerator of the fraction is the actual years of Credited Service with the Company at the time of determination, and the denominator is the years of Credited Service with the Company the participant would have had if he had remained in Credited Service until Normal Retirement Date.
Credited Service	One Year upon working 1,000 hours in a Plan Year.
Vesting Service	One Year upon working 1,000 hours in a Plan Year.
Normal Retirement Eligibility	The first day of the month coincident with or next following the attainment of age 65.
Normal Retirement Benefit	The amount of pension payable at Normal Retirement Date shall be an amount equal to 30% of monthly plan Compensation reduced by 1/20 for each year of Credited Service less than 20 years completed at Normal Retirement Date, plus 1% of monthly plan Compensation for each year of Credited Service over 20 years up to 10 additional years.

Early Retirement Eligibility	The first day of the month coincident with or next following the attainment of age 55 and the completion of five years of Credited Service.
Early Retirement Benefit	The amount of pension payable at Early Retirement Date is equal to the Actuarial Equivalent of the Accrued Normal Retirement Benefit.
Late Retirement Eligibility	A participant may retire later than his Normal Retirement Date.
Late Retirement Benefit	The pension payable on late retirement is the pension computed at actual retirement increased actuarially from age 65 to reflect the participant's greater age and later commencement.
Pre-Retirement Death Eligibility	If a participant dies after the completion of five years of Credited Service, their beneficiary shall be entitled to a benefit.
Pre-Retirement Death Benefit	If the participant is less than age 60, the benefit is equal to 50% of the participant's vested Accrued Benefit actuarially reduced for joint and survivorship and early commencement when applicable. If the participant is age 60 or older, the benefit is equal to 100% of the participant's vested Accrued Benefit actuarially reduced for joint and survivorship and early commencement when applicable. The benefit is payable for the life of the beneficiary commencing on the participant's earliest retirement date.
Normal Form of Payment	Life only. However, if a participant has been married to the same person during the entire year ending on his annuity starting date, such benefit shall be paid in the form of a Qualified Joint and Survivor Annuity in lieu of the pension to which he otherwise is entitled, unless he elects otherwise. Optional forms of payment are available on an Actuarially Equivalent basis.
Compensation	Plan Compensation shall mean the participant's monthly Eligible Earnings during the five highest plan years out of the last 10 plan years next preceding the date on which his service with the Company terminates for any reason. Prior to January 1, 2008, Eligible Earnings shall mean the employee's base pay. For hourly employees the base pay shall be the hourly rate applicable to each such employee as of the end of the plan year times 2,080 hours. For truck drivers, the hourly rate shall be the Class A truck driver's rate in all cases. Beginning January 1, 2008 for all employees, Eligible Earnings shall mean earnings as reported on Form W-2 including amounts deferred under eligible cash or deferred arrangements.

Changes since the prior valuation	None.

SCHEDULE SB ATTACHMENT
Line 19 - Discounted Employer Contributions

Plan Name: Texas United Corporation Pension Plan
EIN/PN: 74-1663878/001
Valuation Date: January 1, 2025

Date	Amount of Contribution	Plan Year Beginning	Effective Interest Rate	Amount Discounted	Penalty Interest Rate	Additional Amount Discounted	Present Value on Valuation Date
3/28/2025	4,000,000	1/1/2025	5.35%	48,819	N/A	N/A	3,951,181
Total	4,000,000						3,951,181

SCHEDULE SB ATTACHMENT
Line 22 - Description of Weighted Average Retirement Age

Plan Name: Texas United Corporation Pension Plan
EIN/PN: 74-1663878/001
Valuation Date: January 1, 2025

Age	No. of Lives Remaining		Rate of Retirement		No. of Retirees	Age Times Retirees		
55	100.00	X	7.50%	=	7.50	412.50		
56	92.50	X	4.00%	=	3.70	207.20		
57	88.80	X	4.00%	=	3.55	202.46		
58	85.25	X	4.00%	=	3.41	197.78		
59	81.84	X	4.00%	=	3.27	193.14		
60	78.56	X	4.00%	=	3.14	188.55		
61	75.42	X	4.00%	=	3.02	184.03		
62	72.41	X	4.00%	=	2.90	179.56		
63	69.51	X	4.00%	=	2.78	175.16		
64	66.73	X	4.00%	=	2.67	170.83		
65	64.06	X	100.00%	=	64.06	4,163.86		
					100.00	6,275.07	=	62.75
						100.00		

The weighted average retirement age was calculated by using a hypothetical beginning number of active lives and the rates of retirement listed above to arrive at a weighted average retirement age for the plan.

SUMMARY OF PRINCIPAL PLAN PROVISIONS

Plan Effective Date	The Texas United Corporation Pension Plan was amended and restated in its entirety effective January 1, 2014, and amended as of January 1, 2019.
Eligibility Requirements	Employees are eligible to participate on the first day of the month next following the attainment of age 21 and the completion of one year of Credited Service. The plan shall exclude employees covered by a collective bargaining agreement whose benefits are not covered by the plan.
Vesting	A participant does not have any rights to his Accrued Benefit until he has five years of vesting service. Once the employee has completed five years of vesting service, he becomes 100% vested in his Accrued Benefit. Payment of deferred vested benefits begins at Normal Retirement Date (or earlier on an actuarially equivalent basis if the employee is eligible for earlier commencement and so elects). A participant is also 100% vested upon attainment of age 65, regardless of years of vesting service completed.
Accrued Benefit Formula	A participant's Accrued Normal Retirement Benefit at any time is equal to the monthly pension the participant would have received if it had been computed under "Normal Retirement Benefit" and had he continued in Credited Service to Normal Retirement Date at the level of monthly plan Compensation he was receiving at the time of determination, multiplied by a fraction not to exceed one. The numerator of the fraction is the actual years of Credited Service with the Company at the time of determination, and the denominator is the years of Credited Service with the Company the participant would have had if he had remained in Credited Service until Normal Retirement Date.
Credited Service	One Year upon working 1,000 hours in a Plan Year.
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Normal Retirement Benefit	The amount of pension payable at Normal Retirement Date shall be an amount equal to 30% of monthly plan Compensation reduced by 1/20 for each year of Credited Service less than 20 years completed at Normal Retirement Date, plus 1% of monthly plan Compensation for each year of Credited Service over 20 years up to 10 additional years.

Early Retirement Eligibility	The first day of the month coincident with or next following the attainment of age 55 and the completion of five years of Credited Service.
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Late Retirement Benefit	The pension payable on late retirement is the pension computed at actual retirement increased actuarially from age 65 to reflect the participant's greater age and later commencement.
Pre-Retirement Death Eligibility	If a participant dies after the completion of five years of Credited Service, their beneficiary shall be entitled to a benefit.
Pre-Retirement Death Benefit	If the participant is less than age 60, the benefit is equal to 50% of the participant's vested Accrued Benefit actuarially reduced for joint and survivorship and early commencement when applicable. If the participant is age 60 or older, the benefit is equal to 100% of the participant's vested Accrued Benefit actuarially reduced for joint and survivorship and early commencement when applicable. The benefit is payable for the life of the beneficiary commencing on the participant's earliest retirement date.
Normal Form of Payment	Life only. However, if a participant has been married to the same person during the entire year ending on his annuity starting date, such benefit shall be paid in the form of a Qualified Joint and Survivor Annuity in lieu of the pension to which he otherwise is entitled, unless he elects otherwise. Optional forms of payment are available on an Actuarially Equivalent basis.
Compensation	Plan Compensation shall mean the participant's monthly Eligible Earnings during the five highest plan years out of the last 10 plan years next preceding the date on which his service with the Company terminates for any reason. Prior to January 1, 2008, Eligible Earnings shall mean the employee's base pay. For hourly employees the base pay shall be the hourly rate applicable to each such employee as of the end of the plan year times 2,080 hours. For truck drivers, the hourly rate shall be the Class A truck driver's rate in all cases. Beginning January 1, 2008 for all employees, Eligible Earnings shall mean earnings as reported on Form W-2 including amounts deferred under eligible cash or deferred arrangements.

Changes since the prior valuation	None.

Texas United Corporation Pension Plan

Schedule H (Form 5500), Line 4i – Schedule of Assets (Held at End of Year)

EIN: 74-1663878 **Plan Number: 001**

December 31, 2025

	(a)	(b) Identity of Issuer, 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
	Money Market Fund				
*		Fidelity Institutional Asset Management Trust Company	Money Market Fund	$ 855,566	$ 855,566
	Equity Exchange-traded Funds				
		VanEck	Gold Miners	570,013	667,977
		iShares	Silver Trust	147,947	190,297
		iShares	Gold Trust	543,713	755,043
		iShares	MSCI EAFE Value	2,495,348	2,514,989
	Total Equity Exchange-traded Funds			3,757,021	4,128,306
	Mutual Funds				
*		Fidelity Institutional Asset Management Trust Company	Capital and Income Fund	1,089	1,087
*		Fidelity Institutional Asset Management Trust Company	International Value Fund	3,496,796	3,551,373
*		Fidelity Institutional Asset Management Trust Company	Overseas Fund	3,653,304	3,530,123
	Total Mutual Funds			7,159,189	7,082,583
	Common Collective Trust Accounts				
*		Fidelity Institutional Asset Management Trust Company	Long Duration	19,136,233	18,624,775
*		Fidelity Institutional Asset Management Trust Company	Long US Treasury Strips Index	7,321,471	6,262,734
*		Fidelity Institutional Asset Management Trust Company	Select International Pool	6,113,714	7,098,703
*		Fidelity Institutional Asset Management Trust Company	Select International Small Cap	2,829,084	3,151,874
*		Fidelity Institutional Asset Management Trust Company	Select Canada Equity	2,393,158	3,181,579
*		Fidelity Institutional Asset Management Trust Company	US Real Estate Invest TR CIT	3,490,053	3,579,340
*		Fidelity Institutional Asset Management Trust Company	Emerging Markets Debt	5,692,196	6,704,529
*		Fidelity Institutional Asset Management Trust Company	Emerging Markets Commingled	4,255,932	6,136,930
*		Fidelity Institutional Asset Management Trust Company	Long Corporate	22,528,828	22,250,800
*		Fidelity Institutional Asset Management Trust Company	Small/Mid Cap Opportunities	4,929,124	5,310,700
*		Fidelity Institutional Asset Management Trust Company	Select Emerging Markets Equity	4,853,622	6,143,604
		Spartan Group Trust	Spartan 500 Index Pool	24,519,756	35,927,678
		Spartan Group Trust	Spartan World Minimum Volatility Index	23,930,828	25,452,851
	Total Common Collective Trust Accounts			131,993,999	149,826,097
				$ 143,765,775	$ 161,892,552

* Party-in-interest as defined by ERISA.