# 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
- [X] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [ ] a DFE (specify) _____

**B** This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

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

**D** Check box if filing under:
- [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
MFA EMPLOYEES RETIREMENT PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 07/01/1951

**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)
MFA OIL COMPANY

ONE RAY YOUNG DR.
COLUMBIA, MO 65201

**2b** Employer Identification Number (EIN)
43-0415115

**2c** Plan Sponsor's telephone number
573-442-0171

**2d** Business code (see instructions)
424700

**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 | HANNAH COOK |
| | **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 ☐ Same as Plan Sponsor

MFA EMPLOYEES DB RETIREMENT COMMITTEE

ONE RAY YOUNG DRIVE
COLUMBIA, MO 65201

**3b** Administrator's EIN: 39-3455201

**3c** Administrator's telephone number: 573-876-5310

**4** If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

**a** Sponsor's name

**4b** EIN

**c** Plan Name

**4d** PN

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 1861 |
| **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)** | 551 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 530 |
| **b** | Retired or separated participants receiving benefits | **6b** | 772 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 375 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 1677 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 149 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 1826 |
| **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** | 18 |
| **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)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

**9b** Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (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) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☒ **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 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
MFA EMPLOYEES RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
MFA OIL COMPANY

**D** Employer Identification Number (EIN)
43-0415115

**E** Type of plan: ☐ Single ☐ Multiple-A ☒ Multiple-B

**F** Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

## Part I Basic Information

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

**2** Assets:

| | | |
|---|---|---|
| **a** Market value | **2a** | 156304952 |
| **b** Actuarial value | **2b** | 156304952 |

**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 | 872 | 85472748 | 85472748 |
| **b** For terminated vested participants | 397 | 15539745 | 15539745 |
| **c** For active participants | 609 | 49997561 | 53879101 |
| **d** Total | 1878 | 151010054 | 154891594 |

**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** | 5.37 % |
| **6** Target normal cost | | |
| **a** Present value of current plan year accruals | **6a** | 5362423 |
| **b** Expected plan-related expenses | **6b** | 0 |
| **c** Target normal cost | **6c** | 5362423 |

**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

10/02/2026
Date

NATHAN SCHILLY
Type or print name of actuary

26-09131
Most recent enrollment number

AON CONSULTING, INC.
Firm name

314-854-0739
Telephone number (including area code)

4220 DUNCAN AVENUE, SUITE 401
ST. LOUIS, MO 63110

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 | 0 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | | |
| 9 | Amount remaining (line 7 minus line 8) | 0 | 0 |
| 10 | Interest on line 9 using prior year's actual return of _____% | | |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | a Present value of excess contributions (line 38a from prior year) | | 0 |
| | 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 5.16 % | | 0 |
| | b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return | | |
| | c Total available at beginning of current plan year to add to prefunding balance | | 0 |
| | d Portion of (c) to be added to prefunding balance | | |
| 12 | Other reductions in balances due to elections or deemed elections | | |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 0 | 0 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 100.91 % |
| 15 | Adjusted funding target attainment percentage | 15 | % |
| 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 | % |
| 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 |
|---|---|---|---|---|---|
| 08/04/2025 | 996886 | 0 | | | |
| 10/23/2025 | 986131 | 0 | | | |
| 01/23/2026 | 1420996 | 0 | | | |
| 04/20/2026 | 1693108 | 0 | | | |
| | | | | | |
| | | | | | |
| | | | Totals ► 18(b) | 5097121 | 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 | |
| | b Contributions made to avoid restrictions adjusted to valuation date | 19b | |
| | c Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | |

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
|---|---|---|---|
| | | | |

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

**21** Discount rate:

**a** Segment rates:

| 1st segment: | 2nd segment: | 3rd segment: | |
|---|---|---|---|
| 5.07 % | 5.31 % | 5.50 % | ☐ N/A, full yield curve used |

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

**22** Weighted average retirement age ..... **22** 62

**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** 1

## 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**

**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** 0

**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 0

**32** Amortization installments:

| | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment ..... | | |
| **b** Waiver amortization installment ..... | | |

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

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

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances elected for use to offset funding requirement ..... | | | |

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

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

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

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

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

**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<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2025**<br>**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
MFA EMPLOYEES RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
MFA OIL COMPANY

**D** Employer Identification Number (EIN)
43-0415115

## Part I Service Provider Information (see instructions)

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

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

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

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

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

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

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

JOHN HANCOCK RETIREMENT PLAN SVCS

01-0233346

| (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 62 64 | SERVICE PROVIDER | 88275 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [X] No [ ] |

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

AON HEWITT

36-2235791

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 17 11 | SERVICE PROVIDER | 82350 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

MFA INCORPORATED

43-0415080

| (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? |
|---|---|---|---|---|---|---|
| 36 49 35 30 | SERVICE PROVIDER | 81930 | Yes [X] No [ ] | Yes [ ] No [X] | 0 | Yes [ ] No [X] |

**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)

BAKER TILLY, LLP

30-1413443

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 10 | SERVICE PROVIDER | 20606 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

PENSION CONSULTANTS

43-1685158

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 27 | SERVICE PROVIDER | 14399 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

SPENCER FANE, LLP

44-0561981

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 29 | SERVICE PROVIDER | 532 | Yes ☐ No ☒ | 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 |
|---|---|---|
| MFA INCORPORATED | 30 | 42662 |
| **(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. | |
| HANNAH COOK<br><br>43-1187036 | PAYROLL REIMBURSEMENT EXPENSE | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| MFA INCORPORATED | 30 | 29152 |
| **(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. | |
| REBEKAH KIRKPATRICK<br><br>43-1187036 | PAYROLL REIMBURSEMENT EXPENSE | |

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

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

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

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

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

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

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

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

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

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

(complete as many entries as needed)

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

# SCHEDULE D (Form 5500)

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
MFA EMPLOYEES RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
MFA OIL COMPANY

**D** Employer Identification Number (EIN)
43-0415115

## 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: ALLSPRING SPECIAL MC VAL E1

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

| **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) |
|---|---|---|
| 84-6615098-001 | C | 8222232 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**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
MFA EMPLOYEES RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
MFA OIL COMPANY

**D** Employer Identification Number (EIN)
43-0415115

## 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 | 696227 | 16414 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 2529516 | 3119204 |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | 375 | 375 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 699327 | 744668 |
| **(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) | 7383484 | 8222232 |
| **(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) | 143763240 | 157196673 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | (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 | 155072169 | 169299566 |
| **Liabilities** | | | |
| **1g** Benefit claims payable | 1g | | |
| **1h** Operating payables | 1h | 32041 | 22170 |
| **1i** Acquisition indebtedness | 1i | | |
| **1j** Other liabilities | 1j | | |
| **1k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 32041 | 22170 |
| **Net Assets** | | | |
| **1l** Net assets (subtract line 1k from line 1f) | 1l | 155040128 | 169277396 |

## 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) | 5097121 | |
| **(B)** Participants | 2a(1)(B) | | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 31 | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 5097152 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| **(B)** U.S. Government securities | 2b(1)(B) | | |
| **(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) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 0 |
| **(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) | 4085036 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 4085036 |
| **(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) | | 472632 |
| (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) | | 14018715 |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 23673535 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 9103280 | |
| (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) | | 9103280 |
| 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) | 71815 | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Recordkeeping fees | 2i(3) | 88275 | |
| (4) IQPA audit fees | 2i(4) | 20606 | |
| (5) Investment advisory and investment management fees | 2i(5) | 14399 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | 1294 | |
| (7) Actuarial fees | 2i(7) | 82350 | |
| (8) Legal fees | 2i(8) | 532 | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | 53716 | |
| (12) Total administrative expenses. Add lines **2i(1)** through **(11)** | 2i(12) | | 332987 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 9436267 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 14237268 |
| 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: BAKER TILLY LLP **(2)** EIN: 30-1413443

**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 | | 500000 |
| **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** | | X | |
| **n** If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | **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 582268.

# 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
MFA EMPLOYEES RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
MFA OIL COMPANY

**D** Employer Identification Number (EIN)
43-0415115

## 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): 80-0709115

**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 | 34

## 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: 55.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 32.0 %
High-Yield Debt: 8.0 % Real Assets: 5.0 % Cash or Cash Equivalents: 0.0 % Other: 0.0 %

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

## Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

| SCHEDULE MEP (Form 5500) | MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration | 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)<br>▶ **File as an attachment to Form 5500.** | **2025**<br>**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<br>MFA EMPLOYEES RETIREMENT PLAN | **B** Three-digit Plan number (PN)..... ▶ 001 |
| **C** Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF<br>MFA EMPLOYEES DB RETIREMENT COMMITTEE | **D** Administrator's EIN<br>39-3455201 |

## Part I Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.

**1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).**

- **a** ☐ association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- **b** ☐ professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- **c** ☐ pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- **d** ☒ other multiple-employer pension plan (Describe) EMPLOYERS WITH BUSINESS NEXUS (Complete Part II)

## Part II Participating Employer Information.

**2** All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

| **2a** Name of Participating Employer | **2b** EIN | **2c** Percentage of Total Contributions for the Plan Year | **2d** Aggregate Account Balances Attributable to Participating Employer |
|---|---|---|---|
| MFA OIL | 43-6246569 | 76.59 | |
| **2a** Name of Participating Employer | **2b** EIN | **2c** Percentage of Total Contributions for the Plan Year | **2d** Aggregate Account Balances Attributable to Participating Employer |
| MARSHALL CENTRAL MO AGRISERVICES | 43-1856403 | 11.76 | |

**CAUTION** Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

| | | | |
|---|---|---|---|
| **2e** | Does the plan include any individuals not participating through an employer or who are individual working owners? | **2e** | ☐ Yes ☐ No |
| **2f** | If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year. | **2f** | |
| **2g** | If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a. | **2g** | |

## Part II Participating Employer Information (Continued).

**Use this page for additional participating employer information.**

**2** All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

**Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

| 2a Name of Participating Employer | 2b EIN | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
|---|---|---|---|
| MFA INC. | 43-1187036 | 3.49 | |
| BUFFALO FARMERS EXCHANGE | 44-0218550 | 2.31 | |
| WASHINGTON COOP ASSN | 43-0220840 | 2.02 | |
| UNIONVILLE PUTNAM COUNTY MFA | 44-0534181 | 0.00 | |
| LINCOLN PRODUCERS EXCHANGE | 44-0397710 | 1.14 | |
| WINDSOR FARMERS COOP | 44-0241480 | 0.91 | |
| FREISTATT FARMERS EXCHANGE | 43-0836600 | 0.82 | |
| AURORA COOP ASSN | 44-0157070 | 0.55 | |
| LOHMAN PRODUCERS EXCHANGE | 44-0330360 | 0.42 | |

**CAUTION** Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

## Part III Pooled Employer Plan Information

**Line 3.** All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

**3a** Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44) ☐ Yes ☐ No

**3b** If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

ACK ID _____

# MFA Employees Retirement Plan

Financial Statements and
Supplementary Information

December 31, 2025 and 2024

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# Independent Auditors' Report

To the Plan Administrator of
MFA Employees Retirement Plan

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

We have performed audits of the financial statements of MFA Employees Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits 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 statement of accumulated plan benefits as of December 31, 2024 and the related statement of changes in accumulated plan benefits for the year 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. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

**Opinion on the Financial Statements**

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

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

Baker Tilly Advisory Group, LP and Baker Tilly US, LLP, trading as Baker Tilly, are members of the global network of Baker Tilly International Ltd., the members of which are separate and independent legal entities. Baker Tilly US, LLP is a licensed CPA firm that provides assurance services to its clients. Baker Tilly Advisory Group, LP and its subsidiary entities provide tax and consulting services to their clients and are not licensed CPA firms.

**Basis for Opinion on the Financial Statements**

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

**Emphasis of Matter - Plan Termination**

The accompanying financial statements have been prepared assuming that the Plan will continue as a going concern. As discussed in Notes 2 and 7 to the financial statements, the Board of Trustees of MFA Employees Retirement Plan, and MFA Oil Company, the Plan's sponsor, decided in September 2026 to terminate the Plan effective December 31, 2026, which indicates that the Plan is not a going concern. The financial statements do not include any adjustments that might be necessary upon termination. Our opinion is not modified with respect to that matter

**Responsibilities of Management for the Financial Statements**

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

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

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

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

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

In performing an audit in accordance with GAAS, we:

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

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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 accounting principles generally accepted in the United States of America.

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 supplemental schedules, Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2025, and Schedule H, Line 4(j) - 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the 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 is 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 information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Minneapolis, Minnesota
October 12, 2026

# MFA Employees Retirement Plan

Statements of Net Assets Available for Benefits

December 31, 2025 and 2024

| | 2025 | 2024 |
|---|---|---|
| **Assets** | | |
| Cash and cash equivalents | $ 16,414 | $ 696,227 |
| **Investments** | | |
| Investments at fair value | 166,163,573 | 151,846,051 |
| **Receivables** | | |
| Employer contributions | 3,119,204 | 2,529,516 |
| Other receivables | 375 | 375 |
| **Total receivables** | 3,119,579 | 2,529,891 |
| **Total assets** | 169,299,566 | 155,072,169 |
| **Liabilities** | | |
| **Payables** | | |
| Other payables | 22,170 | 32,041 |
| **Total liabilities** | 22,170 | 32,041 |
| **Net assets available for benefits** | $ 169,277,396 | $ 155,040,128 |

*See notes to financial statements*

# MFA Employees Retirement Plan

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2025 and 2024

| | 2025 | 2024 |
|---|---|---|
| **Additions** | | |
| **Investment income** | | |
| Interest and dividends | $ 4,085,036 | $ 4,115,656 |
| Net appreciation in fair value of investments | 14,491,347 | 11,077,887 |
| **Total investment income** | 18,576,383 | 15,193,543 |
| **Contributions** | | |
| Employer contributions | 5,097,152 | 3,788,378 |
| **Total additions** | 23,673,535 | 18,981,921 |
| **Deductions** | | |
| Benefits paid to participants | 9,103,280 | 8,619,353 |
| Administrative expenses | 332,987 | 389,697 |
| **Total deductions** | 9,436,267 | 9,009,050 |
| **Net increase** | 14,237,268 | 9,972,871 |
| Net assets available for benefits | | |
| Beginning of year | 155,040,128 | 145,067,257 |
| **End of year** | $ 169,277,396 | $ 155,040,128 |

*See notes to financial statements*

# MFA Employees Retirement Plan

Statement of Accumulated Plan Benefits

December 31, 2024

| | |
|---|---|
| **Actuarial present value of accumulated plan benefits** | |
| **Vested benefits** | |
| Participants currently receiving payments | $ 77,059,340 |
| Vested benefits for other participants | 55,795,555 |
| **Total vested benefits** | 132,854,895 |
| Nonvested benefits | 2,841,353 |
| **Total actuarial present value of accumulated plan benefits** | $ 135,696,248 |

*See notes to financial statements*

# MFA Employees Retirement Plan

Statement of Changes in Accumulated Plan Benefits

Year Ended December 31, 2024

| | |
|---|---|
| Actuarial present value of accumulated plan benefits at beginning of year | $ 130,650,817 |
| **Increase during the year attributable to:** | |
| Interest accumulation | 8,848,285 |
| Benefit payments | (8,619,353) |
| Benefits accumulated and other changes | 4,816,499 |
| **Net increase** | 5,045,431 |
| **Actuarial present value of accumulated plan benefits at end of year** | $ 135,696,248 |

*See notes to financial statements*

## 1. Description of Plan

The following description of the MFA Employees Retirement Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

### General

The Plan is a noncontributory multiple-employer defined benefit plan established effective July 1, 1951, as restated January 1, 2018. The Plan is administered by MFA Oil Company (the Sponsor or Company) and covers eligible participants of the participating employers subscribing the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The board of trustees is responsible for oversight of the Plan. The Plan's retirement committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan's board of trustees.

The Plan shares certain administrative expenses with the MFA Incorporated Retirement Plan and the MFA 401(k) Plan. Administrative expenses includes fees paid to related parties totaling $81,930 and $81,431 for the years ended December 31, 2025 and 2024, respectively.

### Funding Policy

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. The amount of contributions is determined based on actuarial valuations performed in accordance with applicable funding requirements, using actuarial assumptions regarding factors such as interest rates, participant demographics and expected benefit payments. The minimum funding requirements of ERISA were met or exceeded in 2025 and 2024.

### Eligibility

Employees are eligible to participate in the Plan on the first January 1 or July 1 of the Plan year after completing one year of service with the Employers. Leased employees, employees in a collective bargaining unit that has not agreed to participate, Jiffy Lube, Big O Tires and Break Time employees that are not managers, management trainees, district supervisors or administrative personnel and MFA Oil Company employees hired after December 31, 2018 are not eligible.

### Pension Benefits

Participants are entitled to monthly pension benefits beginning at normal retirement age (65) equal to the sum of 1.40% of their average monthly compensation in the highest 20 consecutive quarters during the period of 40 consecutive calendar quarters immediately preceding the date that employment terminates multiplied by years of participating service not to exceed 35 years. The calculation is impacted if a participant's monthly salary consistently exceeded the FICA maximum taxable covered wage. The Plan permits early retirement at ages 55 to 64 and provides for death and disability benefits.

### Death and Disability Benefits

If a participant dies while an Employee, or after Severance from Employment with a vested benefit that has not yet commenced, the participant's eligible beneficiary is entitled to a preretirement death benefit based on the participant's accrued normal retirement benefit. For a surviving spouse, the benefit is adjusted for applicable early retirement reductions and actuarially converted to a 100% joint and survivor annuity. For a nonspouse beneficiary, the benefit is actuarially converted to a five-year certain and life annuity. Active employees who become totally disabled and satisfy the applicable eligibility requirements are entitled to disability retirement benefits based on their accrued normal retirement benefit as of the date of disability. Applicable early retirement reductions may apply depending on the participant's eligibility for disability benefits under Social Security.

### Vesting

The Plan provides for vesting of benefits for eligible employees who complete five years of service. A participant accrues one year of vesting service for each calendar year in which the participant completes at least 1,000 hours of service.

## 2. Summary of Accounting Policies

### Basis of Accounting

The 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 requires management to make estimates and assumptions that affect the reported amounts of assets and 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's investment committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company, as applicable. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

### Payment of Benefits

Benefits payments to participants are recorded upon distribution.

### Administrative Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation in fair value of investments in the statements of changes in net assets available for benefits.

### Subsequent Events

Subsequent events were evaluated through October 12, 2026, the date the financial statements were available to be issued.

On September 2, 2026, the Board of Trustees approved the termination of the Plan effective December 31, 2026, and the freezing of benefit accruals as of that date. In connection with the Plan's termination, in-service distributions will be permitted beginning at age 65, and a lump-sum distribution window will be offered in 2027. The Board also approved the cessation of employer contributions following the contribution for the quarter ending September 30, 2026.

## 3. 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 employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances, such as retirement, death, disability and termination of employment, are included, to the extent they are attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The actuarial valuation was performed as of January 1, 2025. Had the valuation been performed as of December 31, 2024, there would have been no material differences in the reported amounts. The significant actuarial assumptions used in the valuation were:

| Assumption | December 31, 2024 |
|---|---|
| Interest rate used to discount | 7.00% |
| Mortality | Pri-2012 Blue Collar Mortality with Scale MP-2021 |
| Retirement age | Age 65 |
| Salary increase | Graded increases through age 65 |

Method changes:

- The funding valuation does not reflect any method changes from prior year.

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

## 4. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in 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 authoritative guidance are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs 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 asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement 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 maximize the use of relevant observables and minimize the use of unobservable inputs.

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.

*Interest-bearing cash:* These investments are stated at cost, which approximates fair value.

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

*Investment measured at NAV:* Consisting of a common-collective trust, valued at the NAV of units of a collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the common-collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024:

| **Assets at Fair Value as of December 31, 2025** | **Level 1** | **Level 2** | **Level 3** | **Total** |
|---|---|---|---|---|
| Interest-bearing cash | $ 744,668 | $ - | $ - | $ 744,668 |
| Mutual funds | 157,196,673 | - | - | 157,196,673 |
| **Total assets in the fair value hierarchy** | 157,941,341 | - | - | 157,941,341 |
| Investment measured at NAV (a) | - | - | - | 8,222,232 |
| **Total investments at fair value** | $ 157,941,341 | $ - | $ - | $ 166,163,573 |

| **Assets at Fair Value as of December 31, 2024** | **Level 1** | **Level 2** | **Level 3** | **Total** |
|---|---|---|---|---|
| Interest-bearing cash | $ 699,327 | $ - | $ - | $ 699,327 |
| Mutual funds | 143,763,240 | - | - | 143,763,240 |
| **Total assets in the fair value hierarchy** | 144,462,567 | - | - | 144,462,567 |
| Investment measured at NAV (a) | - | - | - | 7,383,484 |
| **Total investments at fair value** | $ 144,462,567 | $ - | $ - | $ 151,846,051 |

(a) In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

**Fair Value of Investments That Calculate NAV**

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2025 and 2024. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

| December 31, 2025 | Fair Value | Unfunded Commitments | Redemption Frequency (if Currently Eligible) | Redemption Notice Period |
|---|---|---|---|---|
| Allspring Special Mid Cap Value CIT E | $ 8,222,232 | $ - | Daily | 5 Days |

| December 31, 2024 | Fair Value | Unfunded Commitments | Redemption Frequency (if Currently Eligible) | Redemption Notice Period |
|---|---|---|---|---|
| Allspring Special Mid Cap Value CIT E | $ 7,383,484 | $ - | Daily | 5 Days |

## 5. Concentrations

As of December 31, 2025 and 2024, the Plan had investments of $94,426,115 and $86,584,733, respectively, concentrated in four funds.

## 6. Information Certified by Trustee

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2025 and 2024. Accordingly, John Hancock Trust Company LLC, the Trustee of the Plan, has certified to the completeness and accuracy of all investments reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2025 and 2024, and the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2025, and the related investment activity reported in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2025 and 2024, and the information reported in the supplemental Schedule H, Line 4(j) - Schedule of Reportable Transactions for the year ended December 31, 2025. Such information was obtained by management and agreed to or derived from information certified as complete and accurate by a qualified institution.

## 7. Plan Termination and Going Concern

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:

1. 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.

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

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

4. All nonvested benefits.

Certain benefits under the Plan are insured by 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 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.

As disclosed in Note 2, in September 2026, the Company made the decision to terminate the Plan. These circumstances indicate the Plan is not a going concern. The financial statements do not include any adjustments that might be necessary upon termination

## 8. Related Party and Party-in-Interest Transactions

The Plan's investments are administered under a contract with John Hancock Trust Company LLC, the Trustee of the Plan. Contributions are held and managed by John Hancock Trust Company LLC, who invests cash received, interest and dividend income and makes distributions to participants. These transactions are party-in-interest transactions under ERISA.

As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers. Additionally, certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. These transactions are party-in-interest transactions under ERISA.

## 9. Tax Status

The Internal Revenue Service has determined and informed the Sponsor by a letter dated February 14, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The plan administrator believes that the Plan is designed and is currently being operated, in compliance with the applicable requirements of the IRC.

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

## 10. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

# MFA Employees Retirement Plan

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

EIN: 43-0415115 Plan Number: 001

December 31, 2025

| (a) | (b) Identity of Issue, Borrower, Lessor or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| Common Collective Trust | | | | |
| | SEI Trust Company | Allspring Special Mid Cap Value CIT E | $ 6,146,769 | $ 8,222,232 |
| Mutual Funds | | | | |
| | SEI Trust Company | Allspring Special LC Val R6 | 20,848,668 | 21,804,710 |
| | Artisan Partners Funds | Artisan High Income Fund | 13,572,985 | 13,229,570 |
| | Cohen and Steers | Cohen & Steers Real Estate Securities Z | 7,690,718 | 8,062,306 |
| | Emerald | Emerald Growth Institutional | 7,531,090 | 8,665,585 |
| | Fidelity Investments | Fidelity Large Cap Growth Index | 11,110,110 | 19,760,729 |
| | Fidelity Investments | Fidelity Mid Cap Growth Index | 5,230,839 | 6,322,638 |
| | JOHCM | JOHCM Intl Opport Fd Instl | 10,768,050 | 11,625,380 |
| | Paydenfunds | Payden Corporation Bond SI | 24,301,893 | 24,650,257 |
| | Vanguard | Vanguard MrtgBack Sec Idx Inst | 27,653,530 | 28,210,419 |
| | RBC Global Asset Management Inc. | RBC Emerging Markets Equity R6 | 2,568,402 | 3,487,256 |
| | J.P. Morgan | Undiscovered Managers Behavioral Value Fund Class R6 | 9,815,980 | 11,377,823 |
| | | Total mutual funds | 141,092,265 | 157,196,673 |
| * | John Hancock Trust Company | Interest-bearing cash | 744,668 | 744,668 |
| | | | $ 147,983,702 | $ 166,163,573 |

*A party-in-interest as defined by ERISA.

# MFA Employees Retirement Plan

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 43-0415115 Plan Number: 001

Year Ended December 31, 2025

| | (a) Identity of Party | (b) Description of Asset | (c) Purchase Price | (d) Selling Price | (e) Lease Rental | (f) Expenses | (g) Cost | (h) Current Value | (i) Net Gain/ (Loss) |
|---|---|---|---|---|---|---|---|---|---|
| **Single Transactions** | | | | | | | | | |
| | Lazard | Lazard Inter Str Eq Prt Ins | $ - | $ 11,486,114 | $ - | $ - | $ 11,649,364 | $ 11,486,114 | $ (163,250) |
| | J.P. Morgan | JP Morgan Mortgage Bk SEC R6 | - | 26,296,895 | - | - | 28,352,720 | 26,296,895 | (2,055,825) |
| | Fidelity | Fidelity LC Val Idx Inst Prem | - | 20,160,614 | - | - | 15,961,360 | 20,160,614 | 4,199,254 |
| | Allspring | Allspring Special LC Val R6 | 19,741,136 | - | - | - | 19,741,136 | 19,741,136 | - |
| | Vanguard | Vanguard MrtgBack Sec Idx Inst | 25,815,332 | - | - | - | 25,815,332 | 25,815,332 | - |
| | JOHCM | JOHCM Intl Opport Fd Instl | 10,629,842 | - | - | - | 10,629,842 | 10,629,842 | - |
| **Total Single Transactions** | | | $ 56,186,310 | $ 57,943,623 | $ - | $ - | $112,149,754 | $114,129,933 | $ 1,980,179 |

# MFA Employees Retirement Plan

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 43-0415115 Plan Number: 001

Year Ended December 31, 2025

| | (a) Identity of Party | (b) Description of Asset | (c) Purchase Price | (d) Selling Price | (e) Lease Rental | (f) Expenses | (g) Cost | (h) Current Value | (i) Net Gain/ (Loss) |
|---|---|---|---|---|---|---|---|---|---|
| **Series Transactions** | | | | | | | | | |
| | Lazard | Lazard Inter Str Eq Prt Ins | $ - | $ 11,596,164 | $ - | $ - | $ 11,764,093 | $ 11,596,164 | $ (167,929) |
| | J.P. Morgan | JP Morgan Mortgage Bk SEC R6 | - | 26,561,498 | - | - | 28,640,232 | 26,561,498 | (2,078,734) |
| | Fidelity | Fidelity LC Val Idx Inst Prem | - | 20,364,995 | - | - | 16,119,586 | 20,364,995 | 4,245,409 |
| | Allspring | Allspring Special LC Val R6 | 21,994,050 | - | - | - | 21,994,050 | 21,994,050 | - |
| | Vanguard | Vanguard MrtgBack Sec Idx Inst | 29,440,267 | - | - | - | 29,440,267 | 29,440,267 | - |
| | JOHCM | JOHCM Intl Opport Fd Instl | 11,637,795 | - | - | - | 11,637,795 | 11,637,795 | - |
| **Total Series Transactions** | | | $ 63,072,112 | $ 58,522,657 | $ - | $ - | $119,596,023 | $121,594,769 | $ 1,998,746 |

*A party-in-interest as defined by ERISA.
There were no category (2) or (4) transactions.
This schedule has been prepared based on the information certified as complete and accurate by John Hancock Trust Company LLC.

Schedule B, Line 8c — Schedule of Active Participant Data as of January 1, 2025

## Schedule SB, Line 26—Schedule of Active Participant Data As of January 1, 2025

**MFA Oil Company**
**MFA Employees Retirement Plan**
**Active Employees**

**EIN: 43--041508 PN: 006**

Number of Participants and Average Compensation

| Attained Age | Years of Credited Service | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | <1 | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40+ |
| <25 | 11 | 4 | | | | | | | | |
| 25-29 | 3 | 8 | 6 | | | | | | | |
| 30-34 | 5 | 8 | 18 | 3 | | | | | | |
| 35-39 | 3 | 8 | 19 | 14 | 3 | | | | | |
| 40-44 | 5 | 8 | 19 | 9 | 12 | 2 | | | | |
| 45-49 | 3 | 6 | 26<br>$59,978 | 10 | 13 | 10 | 4 | | | |
| 50-54 | 3 | 7 | 30<br>$62,395 | 14 | 14 | 12 | 17 | | | |
| 55-59 | 3 | 4 | 28<br>$64,520 | 17 | 16 | 13 | 18 | 4 | 1 | |
| 60-64 | 2 | 9 | 25<br>$61,110 | 18 | 14 | 18 | 12 | 6 | 7 | |
| 65-69 | | 4 | 8 | 5 | 4 | 2 | 1 | 2 | 2 | |
| 70+ | 1 | 5 | 3 | 1 | 1 | | 1 | 1 | | |

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# Schedule SB Attachment (Form 5500)—2025 Plan Year
# MFA Employees Retirement Plan
# EIN: 43-0415115 PN: 001

## Schedule B, Line 6 — Statement of Actuarial Assumptions/Methods

Interest Rates

| | |
|---|---|
| Funding | 7.00% per year, compounded annually, net of investment expenses, and net of a 0.30% reduction to reflect administrative expenses paid out of the trust. |
| Current Liability (based on PPA) | 5.50% (reflecting interest rate stabilization)<br>5.36% (without regard to interest rate stabilization) |
| Maximum Deductible | Based on segment rates with a four-month lookback (as of September 2024), without regard to interest rate stabilization |
| 1st Segment Rate | 5.07% |
| 2nd Segment Rate | 5.33% |
| 3rd Segment Rate | 5.36% |

Salary Increases

| Age | Rate |
|---|---|
| Under 25 | 0.090 |
| 25□29 | 0.075 |
| 30□34 | 0.070 |
| 35□39 | 0.060 |
| 40□44 | 0.060 |
| 45□49 | 0.050 |
| 50□54 | 0.040 |
| 55□59 | 0.035 |
| 60□64 | 0.030 |
| 65-69 | 0.030 |
| 70+ | 0.025 |

| | |
|---|---|
| Optional Payment Form Election Percentage | 50% life annuity<br>50% joint and survivor annuity |
| Retirement Age | |
| Active Participants | See Table 1 |
| Terminated Vested Participants | Age 62 |

| | |
|---|---|
| Mortality Rates | |
| Healthy and Disabled | Pri-2012 blue collar combined healthy mortality table with a fully generational projection using Scale MP-2021 |
| Current Liability—Healthy and Disabled | 2012 base mortality rates for annuitants and nonannuitants per §1.430(h)(3)-1(d), projected generationally for years beyond 2012 using IRSprescribed mortality improvement rates per §1.430(h)(3)-1(b)(1)(iii)) |
| Withdrawal Rates | See Table 2 |
| Disability Rates | See Table 3 |
| Surviving Spouse Benefit | It is assumed that 85% of males and 85% of females have an eligible spouse, and that males are three years older than their spouses |
| Valuation Compensation | 2024 Pensionable earnings rolled forward one year with the salary increase assumption |
| Benefit and Compensation Limits | Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of $280,000 and the 401(a)(17) compensation limit of $350,000. |
| Valuation of Plan Assets | Assets are assumed to increase at the valuation interest rate from the previous valuation date, and to reflect contributions and disbursements made during the year. This expected value is then adjusted by 20% of the difference between it and the current market value. The valuation value of assets calculated in this manner is further limited to not less than 80% nor more than 120% of market value. |
| Trust Expenses Included in Target Normal Cost | None |
| Actuarial Method | Entry Age Normal (Level Percent) Cost Method |
| Valuation Date | January 1, 2025 |

## Changes in Funding Methods/Assumptions Since the Prior Year

**Method Changes**

The fuding valuation does not reflect any method changes.

**Assumption Changes**

- A change in the current liability interest rate assumption from 5.59% as of January 1, 2024 to 5.50% as of January 1, 2025, each which fall within the prescribed range.

# Schedule SB Attachment (Form 5500)—2025 Plan Year
# MFA Employees Retirement Plan
# EIN: 43-0415115 PN: 001

## Table 1

**Retirement Rates**

| Age/ Service | Under 20 Years | 20+ Years |
|---|---|---|
| 55 | 10% | 6% |
| 56 | 10% | 6% |
| 57 | 10% | 6% |
| 58 | 8% | 10% |
| 59 | 8% | 15% |
| | | |
| 60 | 8% | 15% |
| 61 | 8% | 15% |
| 62 | 8% | 10% |
| 63 | 30% | 20% |
| 64 | 8% | 35% |
| | | |
| 65 | 30% | 35% |
| 66 | 30% | 35% |
| 67 | 30% | 35% |
| 68 | 30% | 35% |
| 69 | 30% | 35% |
| | | |
| 70 | 30% | 35% |
| 71 | 30% | 35% |
| 72 | 30% | 35% |
| 73 | 30% | 35% |
| 74 | 30% | 35% |
| 75+ | 100% | 100% |

# Schedule SB Attachment (Form 5500)—2025 Plan Year
# MFA Employees Retirement Plan
# EIN: 43-0415115 PN: 001

## Table 2—Part 1 of 2

**Withdrawal Rates**

| Years of Service | | | | | | |
|---|---|---|---|---|---|---|
| **Age** | **0** | **1** | **2** | **3** | **4** | **5+** |
| <20 | 0.391 | 0.391 | 0.391 | 0.391 | 0.391 | 0.391 |
| 20 | 0.391 | 0.391 | 0.391 | 0.391 | 0.391 | 0.391 |
| 21 | 0.391 | 0.391 | 0.391 | 0.391 | 0.391 | 0.391 |
| 22 | 0.368 | 0.368 | 0.368 | 0.368 | 0.368 | 0.368 |
| 23 | 0.345 | 0.345 | 0.345 | 0.345 | 0.345 | 0.345 |
| 24 | 0.322 | 0.322 | 0.322 | 0.322 | 0.322 | 0.322 |
| 25 | 0.350 | 0.321 | 0.321 | 0.321 | 0.321 | 0.297 |
| 26 | 0.350 | 0.302 | 0.302 | 0.302 | 0.302 | 0.278 |
| 27 | 0.350 | 0.296 | 0.296 | 0.296 | 0.296 | 0.274 |
| 28 | 0.350 | 0.286 | 0.265 | 0.265 | 0.265 | 0.245 |
| 29 | 0.350 | 0.286 | 0.254 | 0.254 | 0.254 | 0.234 |
| 30 | 0.350 | 0.286 | 0.247 | 0.239 | 0.239 | 0.193 |
| 31 | 0.350 | 0.286 | 0.247 | 0.231 | 0.231 | 0.187 |
| 32 | 0.350 | 0.286 | 0.247 | 0.226 | 0.226 | 0.183 |
| 33 | 0.350 | 0.286 | 0.247 | 0.221 | 0.208 | 0.168 |
| 34 | 0.350 | 0.286 | 0.247 | 0.221 | 0.195 | 0.158 |
| 35 | 0.350 | 0.286 | 0.247 | 0.221 | 0.163 | 0.154 |
| 36 | 0.350 | 0.286 | 0.247 | 0.221 | 0.147 | 0.151 |
| 37 | 0.350 | 0.286 | 0.247 | 0.221 | 0.136 | 0.148 |
| 38 | 0.350 | 0.286 | 0.247 | 0.221 | 0.136 | 0.145 |
| 39 | 0.350 | 0.286 | 0.247 | 0.221 | 0.136 | 0.142 |
| 40 | 0.350 | 0.286 | 0.247 | 0.221 | 0.136 | 0.116 |
| 41 | 0.350 | 0.286 | 0.247 | 0.221 | 0.136 | 0.116 |
| 42 | 0.350 | 0.286 | 0.247 | 0.221 | 0.136 | 0.116 |
| 43 | 0.350 | 0.286 | 0.247 | 0.221 | 0.136 | 0.116 |
| 44 | 0.350 | 0.286 | 0.247 | 0.221 | 0.136 | 0.116 |

## Table 2—Part 2 of 2

**Withdrawal Rates**

| Years of Service | | | | | | |
|---|---|---|---|---|---|---|
| **Age** | **0** | **1** | **2** | **3** | **4** | **5+** |
| 45 | 0.350 | 0.286 | 0.247 | 0.221 | 0.136 | 0.107 |
| 46 | 0.350 | 0.286 | 0.247 | 0.221 | 0.136 | 0.107 |
| 47 | 0.350 | 0.286 | 0.247 | 0.221 | 0.136 | 0.107 |
| 48 | 0.350 | 0.286 | 0.247 | 0.221 | 0.136 | 0.107 |
| 49 | 0.350 | 0.286 | 0.247 | 0.221 | 0.136 | 0.107 |
| | | | | | | |
| 50 | 0.350 | 0.286 | 0.247 | 0.221 | 0.136 | 0.102 |
| 51 | 0.350 | 0.286 | 0.247 | 0.221 | 0.136 | 0.098 |
| 52 | 0.350 | 0.286 | 0.247 | 0.221 | 0.136 | 0.096 |
| 53 | 0.350 | 0.286 | 0.247 | 0.221 | 0.136 | 0.096 |
| 54 | 0.350 | 0.286 | 0.247 | 0.221 | 0.136 | 0.096 |

## Table 3

**Disability Rates**

| Age | Male | Female | Age | Male | Female |
|---|---|---|---|---|---|
| 15 | 0.000000 | 0.000000 | 40 | 0.001980 | 0.001910 |
| 16 | 0.000485 | 0.000185 | 41 | 0.002140 | 0.002030 |
| 17 | 0.000515 | 0.000215 | 42 | 0.002300 | 0.002150 |
| 18 | 0.000540 | 0.000245 | 43 | 0.002560 | 0.002400 |
| 19 | 0.000570 | 0.000275 | 44 | 0.002820 | 0.002650 |
| | | | | | |
| 20 | 0.000600 | 0.000300 | 45 | 0.003080 | 0.002900 |
| 21 | 0.000625 | 0.000330 | 46 | 0.003340 | 0.003150 |
| 22 | 0.000655 | 0.000360 | 47 | 0.003600 | 0.003400 |
| 23 | 0.000685 | 0.000385 | 48 | 0.004140 | 0.003790 |
| 24 | 0.000715 | 0.000415 | 49 | 0.004680 | 0.004180 |
| | | | | | |
| 25 | 0.000745 | 0.000445 | 50 | 0.005220 | 0.004570 |
| 26 | 0.000770 | 0.000470 | 51 | 0.005760 | 0.004960 |
| 27 | 0.000800 | 0.000500 | 52 | 0.006300 | 0.005350 |
| 28 | 0.000850 | 0.000590 | 53 | 0.007230 | 0.006120 |
| 29 | 0.000900 | 0.000680 | 54 | 0.008160 | 0.006890 |
| | | | | | |
| 30 | 0.000950 | 0.000770 | 55 | 0.009090 | 0.007660 |
| 31 | 0.001000 | 0.000860 | 56 | 0.010020 | 0.008430 |
| 32 | 0.001050 | 0.000950 | 57 | 0.010950 | 0.009200 |
| 33 | 0.001140 | 0.001070 | 58 | 0.011840 | 0.009260 |
| 34 | 0.001230 | 0.001190 | 59 | 0.012730 | 0.009320 |
| | | | | | |
| 35 | 0.001320 | 0.001310 | 60 | 0.013620 | 0.009380 |
| 36 | 0.001410 | 0.001430 | 61 | 0.014510 | 0.009440 |
| 37 | 0.001500 | 0.001550 | 62 | 0.015400 | 0.009500 |
| 38 | 0.001660 | 0.001670 | 63 | 0.016290 | 0.009560 |
| 39 | 0.001820 | 0.001790 | 64 | 0.017180 | 0.009620 |
| | | | 65+ | 0.000000 | 0.000000 |

# MFA Employees Retirement Plan

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 43-0415115 Plan Number: 001

Year Ended December 31, 2025

| | (a) Identity of Party | (b) Description of Asset | (c) Purchase Price | (d) Selling Price | (e) Lease Rental | (f) Expenses | (g) Cost | (h) Current Value | (i) Net Gain/ (Loss) |
|---|---|---|---|---|---|---|---|---|---|
| **Single Transactions** | | | | | | | | | |
| | Lazard | Lazard Inter Str Eq Prt Ins | $ - | $ 11,486,114 | $ - | $ - | $ 11,649,364 | $ 11,486,114 | $ (163,250) |
| | J.P. Morgan | JP Morgan Mortgage Bk SEC R6 | - | 26,296,895 | - | - | 28,352,720 | 26,296,895 | (2,055,825) |
| | Fidelity | Fidelity LC Val Idx Inst Prem | - | 20,160,614 | - | - | 15,961,360 | 20,160,614 | 4,199,254 |
| | Allspring | Allspring Special LC Val R6 | 19,741,136 | - | - | - | 19,741,136 | 19,741,136 | - |
| | Vanguard | Vanguard MrtgBack Sec Idx Inst | 25,815,332 | - | - | - | 25,815,332 | 25,815,332 | - |
| | JOHCM | JOHCM Intl Opport Fd Instl | 10,629,842 | - | - | - | 10,629,842 | 10,629,842 | - |
| **Total Single Transactions** | | | $ 56,186,310 | $ 57,943,623 | $ - | $ - | $112,149,754 | $114,129,933 | $ 1,980,179 |

# MFA Employees Retirement Plan

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 43-0415115 Plan Number: 001

Year Ended December 31, 2025

| | (a) Identity of Party | (b) Description of Asset | (c) Purchase Price | (d) Selling Price | (e) Lease Rental | (f) Expenses | (g) Cost | (h) Current Value | (i) Net Gain/ (Loss) |
|---|---|---|---|---|---|---|---|---|---|
| **Series Transactions** | | | | | | | | | |
| | Lazard | Lazard Inter Str Eq Prt Ins | $ - | $ 11,596,164 | $ - | $ - | $ 11,764,093 | $ 11,596,164 | $ (167,929) |
| | J.P. Morgan | JP Morgan Mortgage Bk SEC R6 | - | 26,561,498 | - | - | 28,640,232 | 26,561,498 | (2,078,734) |
| | Fidelity | Fidelity LC Val Idx Inst Prem | - | 20,364,995 | - | - | 16,119,586 | 20,364,995 | 4,245,409 |
| | Allspring | Allspring Special LC Val R6 | 21,994,050 | - | - | - | 21,994,050 | 21,994,050 | - |
| | Vanguard | Vanguard MrtgBack Sec Idx Inst | 29,440,267 | - | - | - | 29,440,267 | 29,440,267 | - |
| | JOHCM | JOHCM Intl Opport Fd Instl | 11,637,795 | - | - | - | 11,637,795 | 11,637,795 | - |
| **Total Series Transactions** | | | $ 63,072,112 | $ 58,522,657 | $ - | $ - | $119,596,023 | $121,594,769 | $ 1,998,746 |

*A party-in-interest as defined by ERISA.
There were no category (2) or (4) transactions.
This schedule has been prepared based on the information certified as complete and accurate by John Hancock Trust Company LLC.

# 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
MFA EMPLOYEES RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Mfa Oil Company

**D** Employer Identification Number (EIN)
43-0415115

**E** Type of plan: ☐ Single ☐ Multiple-A ☒ Multiple-B

**F** Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

## Part I Basic Information

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

**2** Assets:

| | | |
|---|---|---|
| **a** Market value | **2a** | 156,304,952 |
| **b** Actuarial value | **2b** | 156,304,952 |

**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 | 872 | 85,472,748 | 85,472,748 |
| **b** For terminated vested participants | 397 | 15,539,745 | 15,539,745 |
| **c** For active participants | 609 | 49,997,561 | 53,879,101 |
| **d** Total | 1,878 | 151,010,054 | 154,891,594 |

**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** | 5.37% |
| **6** Target normal cost | | |
| **a** Present value of current plan year accruals | **6a** | 5,362,423 |
| **b** Expected plan-related expenses | **6b** | |
| **c** Target normal cost | **6c** | 5,362,423 |

**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**

NATHAN SCHILLY — Signature of actuary

10/02/2026 — Date

NATHAN SCHILLY — Type or print name of actuary

2609131 — Most recent enrollment number

AON CONSULTING, INC. — Firm name

314-854-0739 — Telephone number (including area code)

4220 DUNCAN AVENUE, SUITE 401

ST. LOUIS MO 63110 — 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 | 0 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | | |
| 9 | Amount remaining (line 7 minus line 8) | 0 | 0 |
| 10 | Interest on line 9 using prior year's actual return of _____% | | |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | **a** Present value of excess contributions (line 38a from prior year) | | 0 |
| | **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 5.16% | | 0 |
| | **b(2)** Interest on line 38b from prior year Schedule SB, using prior year's actual return | | |
| | **c** Total available at beginning of current plan year to add to prefunding balance | | 0 |
| | **d** Portion of (c) to be added to prefunding balance | | |
| 12 | Other reductions in balances due to elections or deemed elections | | |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 0 | 0 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 100.91 % |
| 15 | Adjusted funding target attainment percentage | 15 | % |
| 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 | % |
| 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 |
|---|---|---|---|---|---|
| 08/04/2025 | 996,886 | 0 | | | |
| 10/23/2025 | 986,131 | 0 | | | |
| 01/23/2026 | 1,420,996 | 0 | | | |
| 04/20/2026 | 1,693,108 | 0 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Totals ► 18(b) | 5,097,121 | 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 | |
| **b** Contributions made to avoid restrictions adjusted to valuation date. | 19b | |
| **c** Contributions allocated toward minimum required contribution for current year adjusted to valuation date. | 19c | |

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
|---|---|---|---|
| | | | |

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

**21** Discount rate:

**a** Segment rates:

| 1st segment: | 2nd segment: | 3rd segment: | ☐ N/A, full yield curve used |
|---|---|---|---|
| 5.07 % | 5.31 % | 5.50 % | |

| | | |
|---|---|---|
| **b** Applicable month (enter code) | **21b** | 4 |
| **22** Weighted average retirement age | **22** | 62 |

**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** | 1 |

## 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** | |
| **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** | 0 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 0 |

**32** Amortization installments:

| | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment | | |
| **b** Waiver amortization installment | | |

| | | |
|---|---|---|
| **33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____ ) and the waived amount | **33** | |
| **34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) | **34** | 0 |

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances elected for use to offset funding requirement | | | |

| | | |
|---|---|---|
| **36** Additional cash requirement (line 34 minus line 35) | **36** | 0 |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | **37** | |

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

| | | |
|---|---|---|
| **a** Total (excess, if any, of line 37 over line 36) | **38a** | 0 |
| **b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | **38b** | |
| **39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) | **39** | 0 |
| **40** Unpaid minimum required contributions for all years | **40** | 0 |

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

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

# Schedule SB Attachment (Form 5500)—2025 Plan Year
# MFA Employees Retirement Plan
# EIN: 43-0415115  PN: 001

## Schedule SB, Line 27 — Actuarial Information based on Pre-PPA Funding Rules

MFA is entitled to a delayed effective date for PPA funding rules. MFA is a multiple-employer plan maintained by a rural cooperative as described in Section 104 of PPA. This is “Code 1” under the Alternative Funding Rules in the 2025 Schedule SB instructions.

Following is the 2025 plan year information summarized in a 2007 Schedule B format.

**SCHEDULE B (Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974, referred to as ERISA, except when attached to Form 5500–EZ and, in all cases, under section 6059(a) of the Internal Revenue Code, referred to as the Code.

▶ **Attach to Form 5500 or 5500–EZ if applicable.**
▶ **See separate instructions.**

Official Use Only

OMB No. 1210-0110

**2007**

**This Form is Open to Public Inspection (except when attached to Form 5500–EZ).**

For calendar plan year 2007 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: MFA Employees Retirement Plan

**B** Three-digit plan number ▶: 001

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500–EZ: MFA Oil Company

**D** Employer Identification Number: 43-0415115

**E** Type of plan: (1) [ ] Multiemployer (2) [ ] Single-employer (3) [X] Multiple-employer

**F** [ ] 100 or fewer participants in prior plan year

**Part I Basic Information** (To be completed by all plans)

**1a** Enter the actuarial valuation date: Month 01 Day 01 Year 2025

**b** Assets:

| | | |
|---|---|---|
| (1) Current value of assets | b(1) | 154,105,403 |
| (2) Actuarial value of assets for funding standard account | b(2) | 158,702,751 |
| **c** (1) Accrued liability for plans using immediate gain methods | c(1) | 150,637,778 |
| (2) Information for plans using spread gain methods: | | |
| (a) Unfunded liability for methods with bases | c(2)(a) | |
| (b) Accrued liability under entry age normal method | c(2)(b) | |
| (c) Normal cost under entry age normal method | c(2)(c) | |

**Statement by Enrolled Actuary (see instructions before signing):**

To the best of my knowledge, the information supplied in this schedule and on the accompanying schedules, statements, and attachments, if any, is complete and accurate, and in my opinion each assumption, used in combination, represents my best estimate of anticipated experience under the plan. Furthermore, in the case of a plan other than a multiemployer plan, each assumption used (a) is reasonable (taking into account the experience of the plan and reasonable expectations) or (b) would, in the aggregate, result in a total contribution equivalent to that which would be determined if each such assumption were reasonable; in the case of a multiemployer plan, the assumptions used, in the aggregate, are reasonable (taking into account the experience of the plan and reasonable expectations).

SIGN HERE

Signature of actuary — Date: 10/02/2026

Nathan Schilly

Type or print name of actuary

**G** 26-9131 Most recent enrollment number

AON CONSULTING, INC.

Firm name

314-854-0739 Telephone number (including area code)

4220 Duncan Avenue, Suite 401

ST. LOUIS MO 63110

Address of the firm

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

**For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500–EZ.** v10.1 **Schedule B (Form 5500) 2007**

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Schedule B (Form 5500) 2007 Page **2**

Official Use Only

**1d** Information on current liabilities of the plan:

| | | |
|---|---|---|
| (1) Amount excluded from current liability attributable to pre-participation service (see instructions) | d(1) | 0 |
| (2) "RPA '94" information: | | |
| (a) Current liability | d(2)(a) | 158,336,873 |
| (b) Expected increase in current liability due to benefits accruing during the plan year | d(2)(b) | 5,253,470 |
| (c) Current liability computed at highest allowable interest rate (see instructions) | d(2)(c) | 158,336,873 |
| (d) Expected release from "RPA '94" current liability for the plan year | d(2)(d) | |
| (3) Expected plan disbursements for the plan year | d(3) | 8,955,201 |

**2** Operational information as of beginning of this plan year:

| | | |
|---|---|---|
| **a** Current value of the assets (see instructions) | 2a | 154,105,403 |

**b** "RPA '94" current liability:

| | (1) No. of Persons | (2) Vested Benefits | (3) Total Benefits |
|---|---|---|---|
| (1) For retired participants and beneficiaries receiving payments | 872 | 85,588,112 | 85,588,112 |
| (2) For terminated vested participants | 397 | 16,113,134 | 16,113,134 |
| (3) For active participants | 609 | 52,645,850 | 56,635,627 |
| (4) Total | 1,878 | 154,347,096 | 158,336,873 |

**c** If the percentage resulting from dividing line 2a by line 2b(4), column (3), is less than 70%, enter such percentage | 2c | %

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

| (a) Month-Day-Year | (b) Amount paid by employer | (c) Amount paid by employees | (a) Month-Day-Year | (b) Amount paid by employer | (c) Amount paid by employees |
|---|---|---|---|---|---|
| 08/04/2025 | 996,886 | 0 | | | |
| 10/23/2025 | 986,131 | 0 | | | |
| 01/23/2026 | 1,420,996 | 0 | | | |
| 04/20/2026 | 1,693,108 | 0 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | 3 Totals ▶ (b) | 5,097,121 | (c) 0 |

**4** Quarterly contributions and liquidity shortfall(s):

**a** Plans other than multiemployer plans, enter funded current liability percentage for preceding year (see instructions) | 4a | 102.2 %

**b** If line 4a is less than 100%, 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 |

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Schedule B (Form 5500) 2007 Page 3

Official Use Only

**5** Actuarial cost method used as the basis for this plan year's funding standard account computation:

**a** ☐ Attained age normal **b** ☒ Entry age normal **c** ☐ Accrued benefit (unit credit)

**d** ☐ Aggregate **e** ☐ Frozen initial liability **f** ☐ Individual level premium

**g** ☐ Individual aggregate **h** ☐ Other (specify) ▶

**i** Has a change been made in funding method for this plan year? ☐ Yes ☒ No

**j** If line i is "Yes," was the change made pursuant to Revenue Procedure 2000-40? ☐ Yes ☐ No

**k** If line i is "Yes," and line j is "No" enter the date of the ruling letter (individual or class) approving the change in funding method — Month: Day: Year:

**6** Checklist of certain actuarial assumptions:

| | | | | |
|---|---|---|---|---|
| **a** Interest rate for "RPA '94" current liability | 6a | 5.50 % | | ☐ N/A |
| **b** Weighted average retirement age | 6b | 62 | | ☐ N/A |
| | | Pre-retirement | Post-retirement | |
| **c** Rates specified in insurance or annuity contracts ☐ N/A | 6c | ☐ Yes ☒ No | ☐ Yes ☒ No | ☐ N/A |
| **d** Mortality table code for valuation purposes: | | | | |
| (1) Males | d(1) | A | A | |
| (2) Females | d(2) | A | A | |
| **e** Valuation liability interest rate ☐ N/A | 6e | 7.00 % | 7.00 % | ☐ N/A |
| **f** Expense loading ☐ N/A | 6f | 0.0 % | 0.0 % | ☐ N/A |
| | | Male | Female | |
| **g** Annual withdrawal rates: | | Rate Code | Rate Code | |
| (1) Age 25 | g(1) | S 35.00 % | S 35.00 % | |
| (2) Age 40 | g(2) | S 35.00 % | S 35.00 % | |
| (3) Age 55 | g(3) | S 0 % | S 0 % | |
| **h** Salary scale ☐ N/A | 6h | 4.21 % | 4.21 % | ☐ N/A |
| **i** Estimated investment return on actuarial value of assets for year ending on the valuation date | 6i | 6.10 % | | |
| **j** Estimated investment return on current value of assets for year ending on the valuation date | 6j | 9.55 % | | |

**7** New amortization bases established in the current plan year:

| (1) Type of Base | (2) Initial Balance | (3) Amortization Charge/Credit |
|---|---|---|
| 1 | 1,856,191 | 423,091 |
| | | |
| | | |
| | | |
| | | |
| | | |

**8** Miscellaneous information:

**a** If a waiver of a funding deficiency or an extension of an amortization period has been approved for this plan year, enter the date of the ruling letter granting the approval — Month: Day: Year:

0 8 0 7 3 2 0 3 0 N

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**8b** If one or more alternative methods or rules (as listed in the instructions) were used for this plan year, enter the appropriate code in accordance with the instructions ▶ _____

**c** Is the plan required to provide a Schedule of Active Participant Data? (see instructions) If "Yes," attach schedule . . . . . ☒ Yes ☐ No

| | | | | | |
|---|---|---|---|---|---|
| **9** | Funding standard account statement for this plan year: | | | | |
| | **Charges to funding standard account:** | | | | |
| **a** | Prior year funding deficiency, if any | | | 9a | 0 |
| **b** | Employer's normal cost for plan year as of valuation date | | | 9b | 1,798,300 |
| **c** | Amortization charges as of valuation date: | Outstanding Balance | | | |
| | (1) All bases except funding waivers ▶ | ($ 14,933,657 ) | | c(1) | 6,302,989 |
| | (2) Funding waivers ▶ | ($ 0 ) | | c(2) | 0 |
| **d** | Interest as applicable on lines 9a, 9b, and 9c | | | 9d | 567,090 |
| **e** | Additional interest charge due to late quarterly contributions, if applicable | | | 9e | 0 |
| **f** | Adjusted additional funding charge from Part II, line 12q, if applicable ☐ N/A | | | 9f | |
| **g** | Total charges. Add lines 9a through 9f | | | 9g | 8,668,379 |
| | **Credits to funding standard account:** | | | | |
| **h** | Prior year credit balance, if any | | | 9h | 14,933,657 |
| **i** | Employer contributions. Total from column (b) of line 3 | | | 9i | 5,097,121 |
| | | Outstanding Balance | | | |
| **j** | Amortization credits as of valuation date ▶ | ($ 0 ) | | 9j | 0 |
| **k** | Interest as applicable to end of plan year on lines 9h, 9i, and 9j | | | 9k | 1,085,967 |
| **l** | Full funding limitation (FFL) and credits | | | | |
| | (1) ERISA FFL (accrued liability FFL) | l(1) | 14,192,835 | | |
| | (2) "RPA '94" override (90% current liability FFL) | l(2) | 0 | | |
| | (3) FFL credit | | | l(3) | 0 |
| **m** | (1) Waived funding deficiency | | | m(1) | 0 |
| | (2) Other credits | | | m(2) | 0 |
| **n** | Total credits. Add lines 9h through 9k, 9l(3), 9m(1), and 9m(2) | | | 9n | 21,116,745 |
| **o** | Credit balance: If line 9n is greater than line 9g, enter the difference | | | 9o | 12,448,366 |
| **p** | Funding deficiency: If line 9g is greater than line 9n, enter the difference | | | 9p | 0 |
| | **Reconciliation account:** | | | | |
| **q** | Current year's accumulated reconciliation account: | | | | |
| | (1) Due to additional funding charges as of the beginning of the plan year | q(1) | 0 | | |
| | (2) Due to additional interest charges as of the beginning of the plan year | q(2) | 0 | | |
| | (3) Due to waived funding deficiencies: | | | | |
| | (a) Reconciliation outstanding balance as of valuation date | q(3)(a) | 0 | | |
| | (b) Reconciliation amount. Line 9c(2) balance minus line 9q(3)(a) | q(3)(b) | 0 | | |
| | (4) Total as of valuation date ▶ | | | q(4) | 0 |
| **10** | Contribution necessary to avoid an accumulated funding deficiency. Enter the amount in line 9p or the amount required under the alternative funding standard account if applicable | | | 10 | 0 |

**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions . . . . . ☐ Yes ☒ No

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**Part II Additional Information for Certain Plans Other Than Multiemployer Plans**

Please see **Who Must File** in the Schedule B instructions to determine if you must complete Part II.

**12** Additional required funding charge (see instructions):

| | | | | |
|---|---|---|---|---|
| **a** | Enter "Gateway %." Divide line 1b(2) by line 1d(2)(c) and multiply by 100. If line 12a is at least 90%, go to line 12q and enter −0−. If line 12a is less than 80%, go to line 12b. If line 12a is at least 80% (but less than 90%), see instructions and, if applicable, go to line 12q and enter −0−. Otherwise, go to line 12b | | 12a | % |
| **b** | "RPA '94" current liability. Enter line 1d(2)(a) | | 12b | |
| **c** | Adjusted value of assets (see instructions) | | 12c | |
| **d** | Funded current liability percentage. Divide line 12c by 12b and multiply by 100 | | 12d | % |
| **e** | Unfunded current liability. Subtract line 12c from line 12b | | 12e | |
| **f** | Liability attributable to any unpredictable contingent event benefit | | 12f | |
| **g** | Outstanding balance of unfunded old liability | | 12g | |
| **h** | Unfunded new liability. Subtract the total of lines 12f and 12g from line 12e. Enter −0− if negative | | 12h | |
| **i** | Unfunded new liability amount ( _____ % of line 12h) | | 12i | |
| **j** | Unfunded old liability amount | | 12j | |
| **k** | Deficit reduction contribution. Add lines 12i, 12j, and 1d(2)(b) | | 12k | |
| **l** | Net charges in funding standard account used to offset the deficit reduction contribution. Enter a negative number if less than zero | | 12l | |
| **m** | Unpredictable contingent event amount: | | | |
| | **(1)** Benefits paid during year attributable to unpredictable contingent event | m(1) | | |
| | **(2)** Unfunded current liability percentage. Subtract the percentage on line 12d from 100% | m(2) % | | |
| | **(3)** Enter the product of lines 12m(1) and 12m(2) | m(3) | | |
| | **(4)** Amortization of all unpredictable contingent event liabilities | m(4) | | |
| | **(5)** "RPA '94" additional amount (see instructions) | m(5) | | |
| | **(6)** Enter the greatest of lines 12m(3), 12m(4), or 12m(5) | | m(6) | |
| **n** | Preliminary additional funding charge: Enter the excess of line 12k over line 12l (if any), plus line 12m(6), adjusted to end of year with interest | | 12n | |
| **o** | Contributions needed to increase current liability percentage to 100% (see instructions) | | 12o | |
| **p** | Additional funding charge prior to adjustment: Enter the lesser of line 12n or 12o | | 12p | |
| **q** | Adjusted additional funding charge. ( .0 % of line 12p) | | 12q | 0 |

0 8 0 7 3 2 0 5 0 P

# Schedule SB Attachment (Form 5500)—2025 Plan Year
# MFA Employees Retirement Plan
# EIN: 43-0415115 PN: 001

## Schedule B, Line 6 — Statement of Actuarial Assumptions/Methods

Interest Rates

| | |
|---|---|
| Funding | 7.00% per year, compounded annually, net of investment expenses, and net of a 0.30% reduction to reflect administrative expenses paid out of the trust. |
| Current Liability (based on PPA) | 5.50% (reflecting interest rate stabilization)<br>5.36% (without regard to interest rate stabilization) |
| Maximum Deductible | Based on segment rates with a four-month lookback (as of September 2024), without regard to interest rate stabilization |
| 1st Segment Rate | 5.07% |
| 2nd Segment Rate | 5.33% |
| 3rd Segment Rate | 5.36% |

Salary Increases

| Age | Rate |
|---|---|
| Under 25 | 0.090 |
| 25□29 | 0.075 |
| 30□34 | 0.070 |
| 35□39 | 0.060 |
| 40□44 | 0.060 |
| 45□49 | 0.050 |
| 50□54 | 0.040 |
| 55□59 | 0.035 |
| 60□64 | 0.030 |
| 65-69 | 0.030 |
| 70+ | 0.025 |

| | |
|---|---|
| Optional Payment Form Election Percentage | 50% life annuity<br>50% joint and survivor annuity |
| Retirement Age | |
| Active Participants | See Table 1 |
| Terminated Vested Participants | Age 62 |

| | |
|---|---|
| Mortality Rates | |
| Healthy and Disabled | Pri-2012 blue collar combined healthy mortality table with a fully generational projection using Scale MP-2021 |
| Current Liability—Healthy and Disabled | 2012 base mortality rates for annuitants and nonannuitants per §1.430(h)(3)-1(d), projected generationally for years beyond 2012 using IRSprescribed mortality improvement rates per §1.430(h)(3)-1(b)(1)(iii)) |
| Withdrawal Rates | See Table 2 |
| Disability Rates | See Table 3 |
| Surviving Spouse Benefit | It is assumed that 85% of males and 85% of females have an eligible spouse, and that males are three years older than their spouses |
| Valuation Compensation | 2024 Pensionable earnings rolled forward one year with the salary increase assumption |
| Benefit and Compensation Limits | Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of $280,000 and the 401(a)(17) compensation limit of $350,000. |
| Valuation of Plan Assets | Assets are assumed to increase at the valuation interest rate from the previous valuation date, and to reflect contributions and disbursements made during the year. This expected value is then adjusted by 20% of the difference between it and the current market value. The valuation value of assets calculated in this manner is further limited to not less than 80% nor more than 120% of market value. |
| Trust Expenses Included in Target Normal Cost | None |
| Actuarial Method | Entry Age Normal (Level Percent) Cost Method |
| Valuation Date | January 1, 2025 |

## Changes in Funding Methods/Assumptions Since the Prior Year

**Method Changes**

The fuding valuation does not reflect any method changes.

**Assumption Changes**

- A change in the current liability interest rate assumption from 5.59% as of January 1, 2024 to 5.50% as of January 1, 2025, each which fall within the prescribed range.

# Schedule SB Attachment (Form 5500)—2025 Plan Year
# MFA Employees Retirement Plan
# EIN: 43-0415115 PN: 001

## Table 1

**Retirement Rates**

| Age/ Service | Under 20 Years | 20+ Years |
|---|---|---|
| 55 | 10% | 6% |
| 56 | 10% | 6% |
| 57 | 10% | 6% |
| 58 | 8% | 10% |
| 59 | 8% | 15% |
| | | |
| 60 | 8% | 15% |
| 61 | 8% | 15% |
| 62 | 8% | 10% |
| 63 | 30% | 20% |
| 64 | 8% | 35% |
| | | |
| 65 | 30% | 35% |
| 66 | 30% | 35% |
| 67 | 30% | 35% |
| 68 | 30% | 35% |
| 69 | 30% | 35% |
| | | |
| 70 | 30% | 35% |
| 71 | 30% | 35% |
| 72 | 30% | 35% |
| 73 | 30% | 35% |
| 74 | 30% | 35% |
| 75+ | 100% | 100% |

# Schedule SB Attachment (Form 5500)—2025 Plan Year
# MFA Employees Retirement Plan
# EIN: 43-0415115 PN: 001

## Table 2—Part 1 of 2

**Withdrawal Rates**

| Years of Service | | | | | | |
|---|---|---|---|---|---|---|
| **Age** | **0** | **1** | **2** | **3** | **4** | **5+** |
| <20 | 0.391 | 0.391 | 0.391 | 0.391 | 0.391 | 0.391 |
| 20 | 0.391 | 0.391 | 0.391 | 0.391 | 0.391 | 0.391 |
| 21 | 0.391 | 0.391 | 0.391 | 0.391 | 0.391 | 0.391 |
| 22 | 0.368 | 0.368 | 0.368 | 0.368 | 0.368 | 0.368 |
| 23 | 0.345 | 0.345 | 0.345 | 0.345 | 0.345 | 0.345 |
| 24 | 0.322 | 0.322 | 0.322 | 0.322 | 0.322 | 0.322 |
| 25 | 0.350 | 0.321 | 0.321 | 0.321 | 0.321 | 0.297 |
| 26 | 0.350 | 0.302 | 0.302 | 0.302 | 0.302 | 0.278 |
| 27 | 0.350 | 0.296 | 0.296 | 0.296 | 0.296 | 0.274 |
| 28 | 0.350 | 0.286 | 0.265 | 0.265 | 0.265 | 0.245 |
| 29 | 0.350 | 0.286 | 0.254 | 0.254 | 0.254 | 0.234 |
| 30 | 0.350 | 0.286 | 0.247 | 0.239 | 0.239 | 0.193 |
| 31 | 0.350 | 0.286 | 0.247 | 0.231 | 0.231 | 0.187 |
| 32 | 0.350 | 0.286 | 0.247 | 0.226 | 0.226 | 0.183 |
| 33 | 0.350 | 0.286 | 0.247 | 0.221 | 0.208 | 0.168 |
| 34 | 0.350 | 0.286 | 0.247 | 0.221 | 0.195 | 0.158 |
| 35 | 0.350 | 0.286 | 0.247 | 0.221 | 0.163 | 0.154 |
| 36 | 0.350 | 0.286 | 0.247 | 0.221 | 0.147 | 0.151 |
| 37 | 0.350 | 0.286 | 0.247 | 0.221 | 0.136 | 0.148 |
| 38 | 0.350 | 0.286 | 0.247 | 0.221 | 0.136 | 0.145 |
| 39 | 0.350 | 0.286 | 0.247 | 0.221 | 0.136 | 0.142 |
| 40 | 0.350 | 0.286 | 0.247 | 0.221 | 0.136 | 0.116 |
| 41 | 0.350 | 0.286 | 0.247 | 0.221 | 0.136 | 0.116 |
| 42 | 0.350 | 0.286 | 0.247 | 0.221 | 0.136 | 0.116 |
| 43 | 0.350 | 0.286 | 0.247 | 0.221 | 0.136 | 0.116 |
| 44 | 0.350 | 0.286 | 0.247 | 0.221 | 0.136 | 0.116 |

## Table 2—Part 2 of 2

**Withdrawal Rates**

| Years of Service | | | | | | |
|---|---|---|---|---|---|---|
| **Age** | **0** | **1** | **2** | **3** | **4** | **5+** |
| 45 | 0.350 | 0.286 | 0.247 | 0.221 | 0.136 | 0.107 |
| 46 | 0.350 | 0.286 | 0.247 | 0.221 | 0.136 | 0.107 |
| 47 | 0.350 | 0.286 | 0.247 | 0.221 | 0.136 | 0.107 |
| 48 | 0.350 | 0.286 | 0.247 | 0.221 | 0.136 | 0.107 |
| 49 | 0.350 | 0.286 | 0.247 | 0.221 | 0.136 | 0.107 |
| | | | | | | |
| 50 | 0.350 | 0.286 | 0.247 | 0.221 | 0.136 | 0.102 |
| 51 | 0.350 | 0.286 | 0.247 | 0.221 | 0.136 | 0.098 |
| 52 | 0.350 | 0.286 | 0.247 | 0.221 | 0.136 | 0.096 |
| 53 | 0.350 | 0.286 | 0.247 | 0.221 | 0.136 | 0.096 |
| 54 | 0.350 | 0.286 | 0.247 | 0.221 | 0.136 | 0.096 |

## Table 3

**Disability Rates**

| Age | Male | Female | Age | Male | Female |
|---|---|---|---|---|---|
| 15 | 0.000000 | 0.000000 | 40 | 0.001980 | 0.001910 |
| 16 | 0.000485 | 0.000185 | 41 | 0.002140 | 0.002030 |
| 17 | 0.000515 | 0.000215 | 42 | 0.002300 | 0.002150 |
| 18 | 0.000540 | 0.000245 | 43 | 0.002560 | 0.002400 |
| 19 | 0.000570 | 0.000275 | 44 | 0.002820 | 0.002650 |
| | | | | | |
| 20 | 0.000600 | 0.000300 | 45 | 0.003080 | 0.002900 |
| 21 | 0.000625 | 0.000330 | 46 | 0.003340 | 0.003150 |
| 22 | 0.000655 | 0.000360 | 47 | 0.003600 | 0.003400 |
| 23 | 0.000685 | 0.000385 | 48 | 0.004140 | 0.003790 |
| 24 | 0.000715 | 0.000415 | 49 | 0.004680 | 0.004180 |
| | | | | | |
| 25 | 0.000745 | 0.000445 | 50 | 0.005220 | 0.004570 |
| 26 | 0.000770 | 0.000470 | 51 | 0.005760 | 0.004960 |
| 27 | 0.000800 | 0.000500 | 52 | 0.006300 | 0.005350 |
| 28 | 0.000850 | 0.000590 | 53 | 0.007230 | 0.006120 |
| 29 | 0.000900 | 0.000680 | 54 | 0.008160 | 0.006890 |
| | | | | | |
| 30 | 0.000950 | 0.000770 | 55 | 0.009090 | 0.007660 |
| 31 | 0.001000 | 0.000860 | 56 | 0.010020 | 0.008430 |
| 32 | 0.001050 | 0.000950 | 57 | 0.010950 | 0.009200 |
| 33 | 0.001140 | 0.001070 | 58 | 0.011840 | 0.009260 |
| 34 | 0.001230 | 0.001190 | 59 | 0.012730 | 0.009320 |
| | | | | | |
| 35 | 0.001320 | 0.001310 | 60 | 0.013620 | 0.009380 |
| 36 | 0.001410 | 0.001430 | 61 | 0.014510 | 0.009440 |
| 37 | 0.001500 | 0.001550 | 62 | 0.015400 | 0.009500 |
| 38 | 0.001660 | 0.001670 | 63 | 0.016290 | 0.009560 |
| 39 | 0.001820 | 0.001790 | 64 | 0.017180 | 0.009620 |
| | | | 65+ | 0.000000 | 0.000000 |

## Schedule B, Line 6 — Summary of Plan Provisions

| | |
|---|---|
| Eligibility | An employee of a participating employer becomes a participant on the January 1 or July 1 following one year of membership service. Effective January 1, 2008, an employee whose membership service began on January 2, 2007, or on any subsequent January 2, will become a participant on the following January 1, provided the hours of service requirement has been met. Effective January 1, 2019, the plan was closed to new hires of MFA Oil Company. |
| Normal Retirement | |
| Eligibility | Age 65. |
| Benefit | The monthly amount equal to the larger of (1) or (2) offset by (3) below.<br>(1) 1.40% of average monthly compensation plus 0.60% of average monthly compensation in excess of covered compensation multiplied by years of participating service, maximum 35 years. The excess percentage is limited in accordance with IRC section 401(l).<br>(2) $12.50 multiplied by years of participating service, maximum 35 years.<br>(3) The benefit provided due to the termination of the Missouri Farmers Association, Inc. Interim Retirement Plan, as follows:<br>(a) If the plan termination benefit was an annuity contract, the offset is the amount which would be payable under the contract if annuity payments commenced on the date benefit payments commence under this plan on a life only basis.<br>(b) If the plan termination benefit was a lump sum; and |

(i) The benefit under this plan is not a disability retirement benefit, then the offset is the amount which would have been paid under the Missouri Farmers Association, Inc. Interim Retirement Plan if that plan had remained in effect in all respects, without further benefit accrual, and if benefit payments under that plan had commenced on the date benefit payments commence under this plan on a life only basis;

(ii) The benefit under this plan is a disability retirement benefit, then the offset is the amount of monthly retirement benefit which is the actuarial equivalent of the sum of the lump sum payment plus interest to benefit commencement date at the rate used to calculate the lump sum, assuming benefits commence on the date benefit payments commence under this plan on a life only basis.

Early Retirement

Eligibility: Age 55.

Benefit: Accrued benefit times the early retirement factor in the following table. The excess percentage, after application of the early retirement factor, cannot exceed the limits specified in the plan document.

| | Years of Participating Service | | |
|---|---|---|---|
| Age | Less Than 20 | 20 or More | Age 59 With 85 Points |
| 65 | 1.00 | 1.00 | 1.00 |
| 64 | 0.96 | 1.00 | 1.00 |
| 63 | 0.92 | 1.00 | 1.00 |
| 62 | 0.88 | 1.00 | 1.00 |
| 61 | 0.84 | 0.96 | 1.00 |
| 60 | 0.80 | 0.92 | 1.00 |
| 59 | 0.76 | 0.88 | 1.00 |
| 58 | 0.72 | 0.84 | N/A |
| 57 | 0.68 | 0.80 | N/A |
| 56 | 0.64 | 0.76 | N/A |
| 55 | 0.60 | 0.72 | N/A |

| | |
|---|---|
| **Disability Retirement** | |
| Eligibility | Ten years of participating service or age 60. |
| Benefit | Accrued normal retirement benefit. Early retirement reductions only apply if the participant is not eligible for disability benefits under Social Security. |
| **Preretirement Death** | |
| Eligibility | Five years of vesting service. |
| Benefit Payable to Spouse | Accrued normal retirement benefit reduced for early retirement (85 point rule does not apply) and actuarially converted to 100% joint and survivor annuity. |
| Benefit Payable to Non-Spouse | Accrued normal retirement benefit actuarially converted to a 5-year certain and life annuity. The non-spouse beneficiary is entitled to five years of guaranteed payments or the actuarial equivalent lump sum if less than $25,000. |
| **Termination** | |
| Eligibility | Five years of vesting service. |
| Benefit | Accrued normal retirement benefit, actuarially reduced if early retirement is elected. |
| **Forms of Payment** | Lump sum for benefits less than $25,000<br>straight life annuity<br>50% joint and survivor<br>75% joint and survivor<br>100% joint and survivor<br>5-year certain and life annuity<br>10-year certain and life annuity |
| **Definitions** | |
| Average Monthly Compensation | Average of the highest 20 consecutive calendar quarters during the 40 calendar quarters immediately proceeding the retirement date. |
| Compensation | Earnings are based on total compensation, excluding reimbursement of business expenses. Earnings are limited to the 401(a)(17) pay cap. |

| | |
|---|---|
| Covered Compensation | The average of the Social Security maximum taxable wage basis during the 35 calendar year period that ends at the end of the calendar year during which the participant attains his Social Security retirement age, assuming no change in the maximum taxable wage base for calendar years after the calendar year of the participant's termination of employment. |
| Participating Service | Participating service through June 30, 1980 was calculated under the terms of the MFA Incorporated Retirement Plan in effect as of June 30, 1980. Subsequently, one year of participating service is credited for each calendar year including 2,000 or more hours of service as a participant. Proportionate parts of a year are credited for calendar years including 1,000 or more hours, for the calendar year of participation and for the calendar year of retirement date; provided the retirement date is on or after normal retirement date. Hours of service before becoming a participant are not counted. Participating service of employees who became participants on January 1, 1988, due to the removal of the "age 60 limitation" begins on January 1, 1988. |
| Vesting Service | One year of vesting service is credited for each plan year in which 1,000 hours of service are performed. |
| Actuarial Equivalence | |
| Mortality | The applicable mortality table in effect at the beginning of the plan year specified under Code section 417(e); specifically, the 1983 GAM (unisex) table. |
| Interest Rate | The applicable interest rate under Code section 417(e) for the second month preceding the beginning of the plan year, rounded to the next lower ¼%. |

## Plan Changes Since the January 1, 2024 Valuation

There have been no plan changes since the January 1, 2024 valuation.

## Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

The actuarial valuation was conducted on an ongoing (not termination) basis using personnel data furnished as of January 1, 2025, by MFA Oil Company. Asset information and the dates and amounts of contributions are based on information supplied by MFA Oil Company.

# Schedule SB Attachment (Form 5500)—2025 Plan Year
# MFA Employees Retirement Plan
# EIN: 43-0415115 PN: 001

## Schedule B, Line 6b — Description of Weighted Average Retirement Age

The assumed retirement age shown in line 6(b) is based on a probability by age and assuming mid-year decrements. The estimated whole age of retirement is age 62. This was developed as follows:

| (1) | (2) | | (3) | |
|---|---|---|---|---|
| | Percentage of | Weighted | Percentage of | Weighted |
| | Total Group | Retirement | Total Group | Retirement |
| Age at | Retiring | Age (1)*(2) | Retiring | Age (1)*(3) |
| Retirement | Less than 20 YOS | Less than 20 YOS | 20+ YOS | 20+ YOS |
| 55.5 | 10.00% | 5.55 | 6.00% | 3.33 |
| 56.5 | 10.00% | 5.09 | 6.00% | 3.19 |
| 57.5 | 10.00% | 4.66 | 6.00% | 3.05 |
| 58.5 | 8.00% | 3.41 | 10.00% | 4.86 |
| 59.5 | 8.00% | 3.19 | 15.00% | 6.67 |
| 60.5 | 8.00% | 2.99 | 15.00% | 5.77 |
| 61.5 | 8.00% | 2.79 | 15.00% | 4.98 |
| 62.5 | 8.00% | 2.61 | 10.00% | 2.87 |
| 63.5 | 30.00% | 9.15 | 20.00% | 5.25 |
| 64.5 | 8.00% | 1.74 | 35.00% | 7.46 |
| 65.5 | 30.00% | 6.08 | 35.00% | 4.93 |
| 66.5 | 30.00% | 4.32 | 35.00% | 3.25 |
| 67.5 | 30.00% | 3.07 | 35.00% | 2.14 |
| 68.5 | 30.00% | 2.18 | 35.00% | 1.41 |
| 69.5 | 30.00% | 1.55 | 35.00% | 0.93 |
| 70.5 | 30.00% | 1.10 | 35.00% | 0.62 |
| 71.5 | 30.00% | 0.78 | 35.00% | 0.41 |
| 72.5 | 30.00% | 0.55 | 35.00% | 0.27 |
| 73.5 | 30.00% | 0.39 | 35.00% | 0.18 |
| 74.5 | 30.00% | 0.28 | 35.00% | 0.12 |
| 75.5 | 100.00% | 0.66 | 100.00% | 0.22 |
| Total | | 61.76 | | 61.89 |

An assumption study performed in 2023 supported an Average Weighted Retirement Age of 62.

Schedule B, Line 8c — Schedule of Active Participant Data as of January 1, 2025

## Schedule SB, Line 26—Schedule of Active Participant Data As of January 1, 2025

**MFA Oil Company**
**MFA Employees Retirement Plan**
**Active Employees**

**EIN: 43--041508 PN: 006**

Number of Participants and Average Compensation

| Attained Age | Years of Credited Service | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | <1 | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40+ |
| <25 | 11 | 4 | | | | | | | | |
| 25-29 | 3 | 8 | 6 | | | | | | | |
| 30-34 | 5 | 8 | 18 | 3 | | | | | | |
| 35-39 | 3 | 8 | 19 | 14 | 3 | | | | | |
| 40-44 | 5 | 8 | 19 | 9 | 12 | 2 | | | | |
| 45-49 | 3 | 6 | 26<br>$59,978 | 10 | 13 | 10 | 4 | | | |
| 50-54 | 3 | 7 | 30<br>$62,395 | 14 | 14 | 12 | 17 | | | |
| 55-59 | 3 | 4 | 28<br>$64,520 | 17 | 16 | 13 | 18 | 4 | 1 | |
| 60-64 | 2 | 9 | 25<br>$61,110 | 18 | 14 | 18 | 12 | 6 | 7 | |
| 65-69 | | 4 | 8 | 5 | 4 | 2 | 1 | 2 | 2 | |
| 70+ | 1 | 5 | 3 | 1 | 1 | | 1 | 1 | | |

N-593

# Schedule SB Attachment (Form 5500)—2025 Plan Year
# MFA Employees Retirement Plan
# EIN: 43-0415115 PN: 001

## Schedule B, Lines 9c and 9j — Schedule of Funding Standard Account Bases

| Source | Date Established | Original Amount | Years Remaining | Annual Amortization Payment | Outstanding Balance |
|---|---|---|---|---|---|
| **Charges** | | | | | |
| Actuarial Loss | January 1, 2022 | $ 20,389,306 | 2 | $ 4,647,441 | $ 8,990,845 |
| Actuarial Loss | January 1, 2023 | $ 2,043,371 | 3 | $ 465,756 | $ 1,307,852 |
| Actuarial Loss | January 1, 2024 | $ 4,327,859 | 4 | $ 766,701 | $ 2,778,769 |
| Actuarial Loss | January 1, 2025 | $ 1,856,191 | 5 | $ 423,091 | $ 1,856,191 |
| Total Charges | | | | $ 6,302,989 | $ 14,933,657 |
| **Credits** | | | | | |
| Total Credits | | | | $ 0 | $ 0 |
| **Determination of Unfunded Accrued Liability, January 1, 2025** | | | | | |
| Total Charges less Total Credits | | | | | $ 14,933,657 |
| Less: Funding Standard Account Credit Balance, January 1, 2025 | | | | | $ 14,933,657 |
| Less: Accumulated Reconciliation Account Balance, January 1, 2025 | | | | | 0 |
| Unfunded Accrued Liability (Limited to Zero), January 1, 2025 | | | | | $ 0 |

# Schedule SB Attachment (Form 5500)—2025 Plan Year
# MFA Employees Retirement Plan
# EIN: 43-0415115  PN: 001

## Schedule B, Line 11 — Justification for Change in Actuarial Asusmptions

The RPA current liability interest rate decreased from 5.59% as of January 1, 2024 to 5.50% as of January 1, 2025. This rate was changed in accordance with Revenue Notice 90-11 within the prescribed range under the provisions of HATFA. Because this change is mandated, it is not subject to the approval requirements of IRC Section 412(c)(5)(B).

# Schedule SB Attachment (Form 5500)—2025 Plan Year
# MFA Employees Retirement Plan
# EIN: 43-0415115 PN: 001

## Schedule B, Line 6b — Description of Weighted Average Retirement Age

The assumed retirement age shown in line 6(b) is based on a probability by age and assuming mid-year decrements. The estimated whole age of retirement is age 62. This was developed as follows:

| (1) | (2) | | (3) | |
|---|---|---|---|---|
| | Percentage of | Weighted | Percentage of | Weighted |
| | Total Group | Retirement | Total Group | Retirement |
| Age at | Retiring | Age (1)*(2) | Retiring | Age (1)*(3) |
| Retirement | Less than 20 YOS | Less than 20 YOS | 20+ YOS | 20+ YOS |
| 55.5 | 10.00% | 5.55 | 6.00% | 3.33 |
| 56.5 | 10.00% | 5.09 | 6.00% | 3.19 |
| 57.5 | 10.00% | 4.66 | 6.00% | 3.05 |
| 58.5 | 8.00% | 3.41 | 10.00% | 4.86 |
| 59.5 | 8.00% | 3.19 | 15.00% | 6.67 |
| 60.5 | 8.00% | 2.99 | 15.00% | 5.77 |
| 61.5 | 8.00% | 2.79 | 15.00% | 4.98 |
| 62.5 | 8.00% | 2.61 | 10.00% | 2.87 |
| 63.5 | 30.00% | 9.15 | 20.00% | 5.25 |
| 64.5 | 8.00% | 1.74 | 35.00% | 7.46 |
| 65.5 | 30.00% | 6.08 | 35.00% | 4.93 |
| 66.5 | 30.00% | 4.32 | 35.00% | 3.25 |
| 67.5 | 30.00% | 3.07 | 35.00% | 2.14 |
| 68.5 | 30.00% | 2.18 | 35.00% | 1.41 |
| 69.5 | 30.00% | 1.55 | 35.00% | 0.93 |
| 70.5 | 30.00% | 1.10 | 35.00% | 0.62 |
| 71.5 | 30.00% | 0.78 | 35.00% | 0.41 |
| 72.5 | 30.00% | 0.55 | 35.00% | 0.27 |
| 73.5 | 30.00% | 0.39 | 35.00% | 0.18 |
| 74.5 | 30.00% | 0.28 | 35.00% | 0.12 |
| 75.5 | 100.00% | 0.66 | 100.00% | 0.22 |
| Total | | 61.76 | | 61.89 |

An assumption study performed in 2023 supported an Average Weighted Retirement Age of 62.

## Schedule B, Line 6 — Summary of Plan Provisions

| | |
|---|---|
| Eligibility | An employee of a participating employer becomes a participant on the January 1 or July 1 following one year of membership service. Effective January 1, 2008, an employee whose membership service began on January 2, 2007, or on any subsequent January 2, will become a participant on the following January 1, provided the hours of service requirement has been met. Effective January 1, 2019, the plan was closed to new hires of MFA Oil Company. |
| Normal Retirement | |
| Eligibility | Age 65. |
| Benefit | The monthly amount equal to the larger of (1) or (2) offset by (3) below.<br>(1) 1.40% of average monthly compensation plus 0.60% of average monthly compensation in excess of covered compensation multiplied by years of participating service, maximum 35 years. The excess percentage is limited in accordance with IRC section 401(l).<br>(2) $12.50 multiplied by years of participating service, maximum 35 years.<br>(3) The benefit provided due to the termination of the Missouri Farmers Association, Inc. Interim Retirement Plan, as follows:<br>(a) If the plan termination benefit was an annuity contract, the offset is the amount which would be payable under the contract if annuity payments commenced on the date benefit payments commence under this plan on a life only basis.<br>(b) If the plan termination benefit was a lump sum; and |

(i) The benefit under this plan is not a disability retirement benefit, then the offset is the amount which would have been paid under the Missouri Farmers Association, Inc. Interim Retirement Plan if that plan had remained in effect in all respects, without further benefit accrual, and if benefit payments under that plan had commenced on the date benefit payments commence under this plan on a life only basis;

(ii) The benefit under this plan is a disability retirement benefit, then the offset is the amount of monthly retirement benefit which is the actuarial equivalent of the sum of the lump sum payment plus interest to benefit commencement date at the rate used to calculate the lump sum, assuming benefits commence on the date benefit payments commence under this plan on a life only basis.

Early Retirement

Eligibility: Age 55.

Benefit: Accrued benefit times the early retirement factor in the following table. The excess percentage, after application of the early retirement factor, cannot exceed the limits specified in the plan document.

| | Years of Participating Service | | |
|---|---|---|---|
| Age | Less Than 20 | 20 or More | Age 59 With 85 Points |
| 65 | 1.00 | 1.00 | 1.00 |
| 64 | 0.96 | 1.00 | 1.00 |
| 63 | 0.92 | 1.00 | 1.00 |
| 62 | 0.88 | 1.00 | 1.00 |
| 61 | 0.84 | 0.96 | 1.00 |
| 60 | 0.80 | 0.92 | 1.00 |
| 59 | 0.76 | 0.88 | 1.00 |
| 58 | 0.72 | 0.84 | N/A |
| 57 | 0.68 | 0.80 | N/A |
| 56 | 0.64 | 0.76 | N/A |
| 55 | 0.60 | 0.72 | N/A |

| | |
|---|---|
| **Disability Retirement** | |
| Eligibility | Ten years of participating service or age 60. |
| Benefit | Accrued normal retirement benefit. Early retirement reductions only apply if the participant is not eligible for disability benefits under Social Security. |
| **Preretirement Death** | |
| Eligibility | Five years of vesting service. |
| Benefit Payable to Spouse | Accrued normal retirement benefit reduced for early retirement (85 point rule does not apply) and actuarially converted to 100% joint and survivor annuity. |
| Benefit Payable to Non-Spouse | Accrued normal retirement benefit actuarially converted to a 5-year certain and life annuity. The non-spouse beneficiary is entitled to five years of guaranteed payments or the actuarial equivalent lump sum if less than $25,000. |
| **Termination** | |
| Eligibility | Five years of vesting service. |
| Benefit | Accrued normal retirement benefit, actuarially reduced if early retirement is elected. |
| **Forms of Payment** | Lump sum for benefits less than $25,000<br>straight life annuity<br>50% joint and survivor<br>75% joint and survivor<br>100% joint and survivor<br>5-year certain and life annuity<br>10-year certain and life annuity |
| **Definitions** | |
| Average Monthly Compensation | Average of the highest 20 consecutive calendar quarters during the 40 calendar quarters immediately proceeding the retirement date. |
| Compensation | Earnings are based on total compensation, excluding reimbursement of business expenses. Earnings are limited to the 401(a)(17) pay cap. |

| | |
|---|---|
| Covered Compensation | The average of the Social Security maximum taxable wage basis during the 35 calendar year period that ends at the end of the calendar year during which the participant attains his Social Security retirement age, assuming no change in the maximum taxable wage base for calendar years after the calendar year of the participant's termination of employment. |
| Participating Service | Participating service through June 30, 1980 was calculated under the terms of the MFA Incorporated Retirement Plan in effect as of June 30, 1980. Subsequently, one year of participating service is credited for each calendar year including 2,000 or more hours of service as a participant. Proportionate parts of a year are credited for calendar years including 1,000 or more hours, for the calendar year of participation and for the calendar year of retirement date; provided the retirement date is on or after normal retirement date. Hours of service before becoming a participant are not counted. Participating service of employees who became participants on January 1, 1988, due to the removal of the "age 60 limitation" begins on January 1, 1988. |
| Vesting Service | One year of vesting service is credited for each plan year in which 1,000 hours of service are performed. |
| Actuarial Equivalence | |
| Mortality | The applicable mortality table in effect at the beginning of the plan year specified under Code section 417(e); specifically, the 1983 GAM (unisex) table. |
| Interest Rate | The applicable interest rate under Code section 417(e) for the second month preceding the beginning of the plan year, rounded to the next lower ¼%. |

## Plan Changes Since the January 1, 2024 Valuation

There have been no plan changes since the January 1, 2024 valuation.

## Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

The actuarial valuation was conducted on an ongoing (not termination) basis using personnel data furnished as of January 1, 2025, by MFA Oil Company. Asset information and the dates and amounts of contributions are based on information supplied by MFA Oil Company.

# MFA Employees Retirement Plan

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

EIN: 43-0415115 Plan Number: 001

December 31, 2025

| (a) | (b) Identity of Issue, Borrower, Lessor or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| Common Collective Trust | | | | |
| | SEI Trust Company | Allspring Special Mid Cap Value CIT E | $ 6,146,769 | $ 8,222,232 |
| Mutual Funds | | | | |
| | SEI Trust Company | Allspring Special LC Val R6 | 20,848,668 | 21,804,710 |
| | Artisan Partners Funds | Artisan High Income Fund | 13,572,985 | 13,229,570 |
| | Cohen and Steers | Cohen & Steers Real Estate Securities Z | 7,690,718 | 8,062,306 |
| | Emerald | Emerald Growth Institutional | 7,531,090 | 8,665,585 |
| | Fidelity Investments | Fidelity Large Cap Growth Index | 11,110,110 | 19,760,729 |
| | Fidelity Investments | Fidelity Mid Cap Growth Index | 5,230,839 | 6,322,638 |
| | JOHCM | JOHCM Intl Opport Fd Instl | 10,768,050 | 11,625,380 |
| | Paydenfunds | Payden Corporation Bond SI | 24,301,893 | 24,650,257 |
| | Vanguard | Vanguard MrtgBack Sec Idx Inst | 27,653,530 | 28,210,419 |
| | RBC Global Asset Management Inc. | RBC Emerging Markets Equity R6 | 2,568,402 | 3,487,256 |
| | J.P. Morgan | Undiscovered Managers Behavioral Value Fund Class R6 | 9,815,980 | 11,377,823 |
| | | Total mutual funds | 141,092,265 | 157,196,673 |
| * | John Hancock Trust Company | Interest-bearing cash | 744,668 | 744,668 |
| | | | $ 147,983,702 | $ 166,163,573 |

*A party-in-interest as defined by ERISA.

# Schedule SB Attachment (Form 5500)—2025 Plan Year
# MFA Employees Retirement Plan
# EIN: 43-0415115 PN: 001

## Schedule B, Lines 9c and 9j — Schedule of Funding Standard Account Bases

| Source | Date Established | Original Amount | Years Remaining | Annual Amortization Payment | Outstanding Balance |
|---|---|---|---|---|---|
| **Charges** | | | | | |
| Actuarial Loss | January 1, 2022 | $ 20,389,306 | 2 | $ 4,647,441 | $ 8,990,845 |
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| **Credits** | | | | | |
| Total Credits | | | | $ 0 | $ 0 |
| **Determination of Unfunded Accrued Liability, January 1, 2025** | | | | | |
| Total Charges less Total Credits | | | | | $ 14,933,657 |
| Less: Funding Standard Account Credit Balance, January 1, 2025 | | | | | $ 14,933,657 |
| Less: Accumulated Reconciliation Account Balance, January 1, 2025 | | | | | 0 |
| Unfunded Accrued Liability (Limited to Zero), January 1, 2025 | | | | | $ 0 |

# Schedule SB Attachment (Form 5500)—2025 Plan Year
# MFA Employees Retirement Plan
# EIN: 43-0415115  PN: 001

## Schedule B, Line 11 — Justification for Change in Actuarial Asusmptions

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