# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

**2025**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

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

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

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

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

**D** Check box if filing under:
- ☒ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

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

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

**1a** Name of plan
EMPLOYEES ANNUITY PLAN - PRODUCTS (SE)PIPE LINE CORPORATION

**1b** Three-digit plan number (PN) ▶ 002

**1c** Effective date of plan 07/01/1950

**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)
PRODUCTS (SE) PIPE LINE CORPORATION

1001 LOUISIANA STREET SUITE 1000
HOUSTON, TX 77002

**2b** Employer Identification Number (EIN) 58-0388035

**2c** Plan Sponsor's telephone number 713-420-2600

**2d** Business code (see instructions) 486000

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/14/2026 | CHRIS NOONAN |
| | **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

ADMINISTRATIVE COMMITTEE PRODUCTS (SE) PIPE LINE CORPORATION

1001 LOUISIANA STREET
SUITE 1000
HOUSTON, TX 77002

**3b** Administrator's EIN
58-0388035

**3c** Administrator's telephone number
713-420-2600

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

**a** Sponsor's name

**c** Plan Name

**4b** EIN

**4d** PN

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 106 |
| **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)** | 22 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 19 |
| **b** | Retired or separated participants receiving benefits | **6b** | 15 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 62 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 96 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 3 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 99 |
| **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** | |
| **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
EMPLOYEES ANNUITY PLAN - PRODUCTS (SE)PIPE LINE CORPORATION

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
PRODUCTS (SE) PIPE LINE CORPORATION

**D** Employer Identification Number (EIN)
58-0388035

**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** | 18058214 |
| **b** Actuarial value | **2b** | 18058214 |

**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 | 19 | 4135191 | 4135191 |
| **b** For terminated vested participants | 67 | 5008016 | 5008016 |
| **c** For active participants | 22 | 11435684 | 12231637 |
| **d** Total | 108 | 20578891 | 21374844 |

**4** If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐

| | | |
|---|---|---|
| **a** Funding target disregarding prescribed at-risk assumptions | **4a** | |
| **b** Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | **4b** | |

| | | |
|---|---|---|
| **5** Effective interest rate | **5** | 5.35 % |
| **6** Target normal cost | | |
| **a** Present value of current plan year accruals | **6a** | 721773 |
| **b** Expected plan-related expenses | **6b** | 220000 |
| **c** Target normal cost | **6c** | 941773 |

**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

08/14/2026
Date

KEVIN BILLS
Type or print name of actuary

26-07029
Most recent enrollment number

MERCER
Firm name

713-276-2100
Telephone number (including area code)

500 DALLAS STREET, SUITE 1400
HOUSTON, TX 77002-4800
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 | 1825 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 1825 |
| 9 | Amount remaining (line 7 minus line 8) | 0 | 0 |
| 10 | Interest on line 9 using prior year's actual return of 3.27 % | 0 | 0 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| a | Present value of excess contributions (line 38a from prior year) | | 1161 |
| 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 5.21 % | | 0 |
| b(2) | Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 38 |
| c | Total available at beginning of current plan year to add to prefunding balance | | 1199 |
| d | Portion of (c) to be added to prefunding balance | | 1199 |
| 12 | Other reductions in balances due to elections or deemed elections | 0 | 0 |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 0 | 1199 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 84.47 % |
| 15 | Adjusted funding target attainment percentage | 15 | 84.47 % |
| 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 | 87.84 % |
| 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 |
|---|---|---|---|---|---|
| 04/11/2025 | 377283 | 0 | | | |
| 07/10/2025 | 377283 | 0 | | | |
| 10/13/2025 | 288885 | 0 | | | |
| 01/12/2026 | 112089 | 0 | | | |
| 07/10/2026 | 174732 | 0 | | | |
| | | | | | |
| | | | Totals ► 18(b) | 1330272 | 18(c) 0 |

| | | | |
|---|---|---|---|
| 19 | Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: | | |
| a | Contributions allocated toward unpaid minimum required contributions from prior years | 19a | 0 |
| b | Contributions made to avoid restrictions adjusted to valuation date | 19b | 0 |
| c | Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | 1284133 |

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

**21** Discount rate:

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

| | | |
|---|---|---|
| **b** Applicable month (enter code) | **21b** | 0 |
| **22** Weighted average retirement age | **22** | 59 |

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

## Part VI Miscellaneous Items

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

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

**26** Demographic and benefit information

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

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

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

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

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

## Part VIII Minimum Required Contribution For Current Year

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

| | | |
|---|---|---|
| **a** Target normal cost (line 6c) | **31a** | 941773 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 0 |

| **32** Amortization installments: | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment | 3317829 | 342159 |
| **b** Waiver amortization installment | 0 | 0 |

| | | |
|---|---|---|
| **33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____ )_and the waived amount | **33** | |
| **34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) | **34** | 1283932 |

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances elected for use to offset funding requirement | 0 | 1199 | 1199 |

| | | |
|---|---|---|
| **36** Additional cash requirement (line 34 minus line 35) | **36** | 1282733 |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | **37** | 1284133 |
| **38** Present value of excess contributions for current year (see instructions) | | |
| **a** Total (excess, if any, of line 37 over line 36) | **38a** | 1400 |
| **b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | **38b** | 1199 |
| **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
EMPLOYEES ANNUITY PLAN - PRODUCTS (SE)PIPE LINE CORPORATION

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
PRODUCTS (SE) PIPE LINE CORPORATION

**D** Employer Identification Number (EIN)
58-0388035

## Part I Service Provider Information (see instructions)

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

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

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

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

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

MERCER US CORE REAL ESTATE PORTFOLI

87-1321612

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

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

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

MERCER INVESTMENT LLC

30-0282430

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 11 50 17 | NONE | 144119 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

MCCONNELL & JONES, LLP

76-0488832

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 10 50 | NONE | 22503 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

MERCER (US) INC.

61-0736136

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 51 52 | NONE | 17470 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [X] No [ ] |

**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)

NORTHERN TRUST CUSTODY

36-1561860

| (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 | N/A | 6469 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

TELUS HEALTH

52-1883918

| (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? |
|---|---|---|---|---|---|---|
| 14 50 | NONE | 5002 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

| (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? |
|---|---|---|---|---|---|---|
| | | | 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 |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

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

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

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

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

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

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

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

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

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

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

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

(complete as many entries as needed)

**a** Name:

**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
EMPLOYEES ANNUITY PLAN - PRODUCTS (SE)PIPE LINE CORPORATION

**B** Three-digit plan number (PN) ▶ 002

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
PRODUCTS (SE) PIPE LINE CORPORATION

**D** Employer Identification Number (EIN)
58-0388035

**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: MERCER LONG DUR PASSIVE FIX IN CT

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

| **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) |
|---|---|---|
| 51-0560117-010 | C | 2334139 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: MERCER PASSIVE LONG CREDIT FIX INC

**b** Name of sponsor of entity listed in (a): MERCER GROUP 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) |
|---|---|---|
| 45-6178743-004 | C | 4540936 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL ALL CAP INDEX N LENDIN

**b** Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

| **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) |
|---|---|---|
| 90-0337987-232 | C | 0 |

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

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

| **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) |
|---|---|---|
| 80-6243236-019 | C | 1223737 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: MERCER OPPORTUNISTIC FIXED INCOME

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

| **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) |
|---|---|---|
| 36-7630030-020 | C | 2505677 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SSGA INTL STOCK NL SF CLASS A

**b** Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

| **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) |
|---|---|---|
| 90-0337987-157 | C | 0 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SSGA EMERGING MKTS EQUITY INDX A

**b** Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

| **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) |
|---|---|---|
| 04-0025081-496 | C | 0 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: MERCER US CORE T REAL ESTATE

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

| **c** EIN-PN 87-1321612-022 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: NORTHERN TRUST COLLECTIVE ALL COUNT

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

| **c** EIN-PN 45-6138589-150 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7790207 |
|---|---|---|

**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
EMPLOYEES ANNUITY PLAN - PRODUCTS (SE)PIPE LINE CORPORATION

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
PRODUCTS (SE) PIPE LINE CORPORATION

**D** Employer Identification Number (EIN)
58-0388035

## 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 | 46660 | 0 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 517555 | 286821 |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | 0 | 223 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 196568 | 117066 |
| **(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) | 17301703 | 18394696 |
| **(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) | | |
| **(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 | 18062486 | 18798806 |
| **Liabilities** | | | |
| **1g** Benefit claims payable | 1g | | |
| **1h** Operating payables | 1h | 37890 | 930 |
| **1i** Acquisition indebtedness | 1i | | |
| **1j** Other liabilities | 1j | | |
| **1k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 37890 | 930 |
| **Net Assets** | | | |
| **1l** Net assets (subtract line 1k from line 1f) | 1l | 18024596 | 18797876 |

## 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) | 1330272 | |
| **(B)** Participants | 2a(1)(B) | | |
| **(C)** Others (including rollovers) | 2a(1)(C) | | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 1330272 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 226093 | |
| **(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) | | 226093 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| **(B)** Common stock | 2b(2)(B) | | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 0 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | 2147612 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 3703977 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 2648558 | |
| (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) | | 2648558 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Recordkeeping fees | 2i(3) | 5002 | |
| (4) IQPA audit fees | 2i(4) | 22503 | |
| (5) Investment advisory and investment management fees | 2i(5) | 144119 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | 6469 | |
| (7) Actuarial fees | 2i(7) | 17470 | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | 86576 | |
| (12) Total administrative expenses. Add lines **2i(1)** through **(11)** | 2i(12) | | 282139 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 2930697 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 773280 |
| 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: MCCONNELL & JONES, LLP **(2)** EIN: 76-0488832

**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 | | 25000000 |
| **f** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | **4f** | | X | |
| **g** Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4g** | | X | |
| **h** Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4h** | | X | |
| **i** Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | **4i** | X | | |
| **j** Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | **4j** | X | | |
| **k** Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | **4k** | | X | |
| **l** Has the plan failed to provide any benefit when due under the plan? | **4l** | | X | |
| **m** If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | **4m** | | | |
| **n** If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | **4n** | | | |

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 591912.

# 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
EMPLOYEES ANNUITY PLAN - PRODUCTS (SE)PIPE LINE CORPORATION

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
PRODUCTS (SE) PIPE LINE CORPORATION

**D** Employer Identification Number (EIN)
58-0388035

## 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): 36-1561860

**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 | 7

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

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

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

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

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

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

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

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

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

## Part III Amendments

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

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

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

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

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

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

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

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

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

## Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

| 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>EMPLOYEES ANNUITY PLAN - PRODUCTS (SE)PIPE LINE CORPORATION | **B** Three-digit Plan number (PN)..... ▶ 002 |
| **C** Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF<br>ADMINISTRATIVE COMMITTEE PRODUCTS (SE) PIPE LINE CORPORATION | **D** Administrator's EIN<br>58-0388035 |

## 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) EMPLOYEES ANNUITY PLAN (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 |
|---|---|---|---|
| PLANTATION PIPE LINE COMPANY | 58-0388035 | 100.00 | |
| **2a** Name of Participating Employer | **2b** EIN | **2c** Percentage of Total Contributions for the Plan Year | **2d** Aggregate Account Balances Attributable to Participating Employer |
| KINDER MORGAN INC. | 80-0682103 | 0.00 | |

**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 |
|---|---|---|---|
| KMGP SERVICES COMPANY, INC. | 76-0661680 | 0.00 | |
| 2a Name of Participating Employer | 2b EIN | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| 2a Name of Participating Employer | 2b EIN | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| 2a Name of Participating Employer | 2b EIN | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| 2a Name of Participating Employer | 2b EIN | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| 2a Name of Participating Employer | 2b EIN | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| 2a Name of Participating Employer | 2b EIN | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| 2a Name of Participating Employer | 2b EIN | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| 2a Name of Participating Employer | 2b EIN | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |

**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 _____

# EMPLOYEES ANNUITY PLAN - PRODUCTS (SE) PIPE LINE CORPORATION

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES
WITH INDEPENDENT AUDITOR'S REPORT

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

# Employees Annuity Plan - Products (SE) Pipe Line Corporation
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* Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended, have been omitted because they are not applicable.

McConnell Jones

# INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator of the
Employees Annuity Plan – Products (SE) Pipe Line Company:

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

We have performed audits of the financial statements of the Employees Annuity Plan – Products (SE) Pipe Line Company (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, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements (collectively, the financial statements).

Plan management (Management), having determined it is permissible in the circumstances, has elected to have the audits of the 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 December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

## *Opinion*

In our opinion, based on our audits and on the procedures performed as described in the *Auditor's 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 (US GAAP).
- 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 the institution that Management determined meets the requirements of ERISA Section 103(a)(3)(C).

## *Basis for Opinion*

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the

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*Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

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

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

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

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

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

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for 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 auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with US 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 US 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 controls. 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 US GAAP.

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

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

***Other Matters Supplemental Schedules Required by ERISA***

The Schedule of Assets (Held at End of Year) as of December 31, 2025, and the Schedule of Reportable Transactions for the year then ended, are presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL 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 US GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

McConnell Jones

In our opinion:

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

McConnell & Jones LLP

Houston, Texas
August 25, 2026

## Employees Annuity Plan - Products (SE) Pipe Line Corporation
## Statements of Net Assets Available for Benefits

| | December 31, | |
|---|---|---|
| | **2025** | **2024** |
| **ASSETS** | | |
| Investments at fair value: | | |
| Short-term investment funds | 117,066 | 243,228 |
| Common collective trusts | 18,394,696 | 17,301,703 |
| Investments at fair value | 18,511,762 | 17,544,931 |
| Contributions receivable | 286,821 | 517,555 |
| Interest receivable | 223 | — |
| Total assets | 18,798,806 | 18,062,486 |
| | | |
| **LIABILITIES** | | |
| Administrative expenses payable | 930 | 37,890 |
| Total liabilities | 930 | 37,890 |
| | | |
| Net assets available for benefits | $ 18,797,876 | $ 18,024,596 |

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

## Employees Annuity Plan - Products (SE) Pipe Line Corporation
## Statements of Changes in Net Assets Available for Benefits

| | Year Ended December 31, | |
|---|---|---|
| | **2025** | **2024** |
| Additions to net assets attributable to: | | |
| Investment income: | | |
| Net appreciation in fair value of: | | |
| Common collective trusts | $ 2,147,612 | $ 752,900 |
| Interest income | 226,093 | 9,464 |
| Total investment income | 2,373,705 | 762,364 |
| Plan contributions | 1,330,272 | 1,566,152 |
| Total additions | 3,703,977 | 2,328,516 |
| | | |
| Deductions from net assets attributable to: | | |
| Benefits paid to Participants | 2,648,558 | 4,913,781 |
| Administrative and other expenses | 282,139 | 332,291 |
| Total deductions | 2,930,697 | 5,246,072 |
| | | |
| Net increase (decrease) in net assets available for benefits | 773,280 | (2,917,556) |
| | | |
| Net assets available for benefits: | | |
| Beginning of year | 18,024,596 | 20,942,152 |
| End of year | $ 18,797,876 | $ 18,024,596 |

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

# Employees Annuity Plan - Products (SE) Pipe Line Corporation
# Notes to Financial Statements

## 1. DESCRIPTION OF THE PLAN

### General

The following description of the Employees Annuity Plan - Products (SE) Pipe Line Corporation (the Plan) provides only general information. Plan participants (Participants) should refer to the Plan document for a more complete description of the Plan's provisions.

The Plan is a noncontributory defined benefit pension plan intended to provide employees of Kinder Morgan, Inc. who were hired by Products (SE) Pipe Line Corporation (the Sponsor) prior to January 1, 2001, and who have completed a minimum of five years of service, with a regular monthly income after retirement. As of January 1, 2001, the Plan was closed to new Participants. Effective January 1, 2025, all employees were moved from Kinder Morgan, Inc. to KMGP Services Company, Inc. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

### Plan Administration

The Plan is administered by the Administrative Committee (Plan Administrator) for the Sponsor. The Northern Trust Company (Northern Trust) serves as the trustee of the Plan.

### Pension Benefits/Vesting

All employees are 100% vested in their accrued benefits. Employees who have attained the age of 65 are eligible for normal retirement; reduced benefits are available for employees electing early retirement under the terms of the Plan. Retirement benefits are calculated based on the Participant's annual salary and the number of years of service, and are reduced by the Participant's social security benefit. Annual salary amounts are determined based on the annual average of the 36 consecutive highest salary months of the last ten years of employment.

The forms of benefit payment are life annuities, joint and survivor annuities, or lump-sum payments.

### Death and Disability Benefits

If a married employee dies, a surviving spouse annuity is payable to the surviving spouse. The Plan also provides disability payments to active employees who become totally disabled. In such event, disability payments commence the first of the month following the termination of employment.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

### Basis of Presentation

The accompanying financial statements are prepared on the accrual basis of accounting in conformity with accounting principles contained in the Financial Accounting Standards Board's (FASB) Accounting Standards Codification (ASC), the single source of generally accepted accounting principles in the United States of America (U.S. GAAP). Additionally, certain amounts from the prior year have been reclassified to conform to the current presentation.

### Use of Estimates

The preparation of the Plan's financial statements in conformity with U.S. GAAP requires the Plan's management to make estimates and assumptions. These estimates and assumptions affect the reported amounts of assets, liabilities and changes therein, the disclosure of contingent assets and liabilities and changes therein, and the actuarial present value of accumulated plan benefits. Actual results could differ from these estimates.

### Risks and Uncertainties

The Plan has various investments in common collective trusts and short-term investment funds. Investments, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risk. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least

reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect investment balances and amounts reported in the accompanying Statements of Net Assets Available for Benefits and the Statements of Changes in Net Assets Available for Benefits.

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

**Investment Valuation and Income Recognition**

The assets of the Plan are maintained by Northern Trust. Certain assets are held in common collective trusts. The Plan's interest in common collective trusts is based on the fair value of the underlying investments based on information reported by the investment advisor using the audited financial statements of the common collective trusts at year-end. The Plan's interest in the short-term investment funds is valued at cost which approximates fair value. See Note 4 for a further discussion of fair value.

The Plan presents in the accompanying Statements of Changes in Net Assets Available for Benefits the appreciation or depreciation in the fair value of investments, which consists of realized gains and losses, and the net change in unrealized appreciation or depreciation on investments. Unrealized appreciation or depreciation is the difference between the fair value of the investment at the end of the Plan year and the fair value of the investment at the beginning of the Plan year, or if acquired during the Plan year, the cost of the investment purchased. Purchases and sales of the marketable securities are reflected on a trade date basis. Interest income is recognized when earned. Dividends are recorded on the ex-dividend date.

**Contributions**

Contributions to the Plan are recorded in the period that Mercer (US) Inc., the Plan's actuary, determines they relate to except that a contribution receivable is recorded to the extent that amounts due are pursuant to formal commitments as well as legal or contractual requirements in existence at the end of the Plan year.

**Administrative and Other Expenses**

Except to the extent paid by the Sponsor, all expenses and liabilities incurred in the administration of the Plan and by its trustee are paid from the assets of the Plan. Expenses paid by the Sponsor are not included in these financial statements.

**Expense Offset Arrangements**

Fees incurred by the Plan for certain investment management services are included in net appreciation or depreciation in fair value of investments, as they are paid through revenue sharing, rather than a direct payment. Expenses paid by the Sponsor are not included in these financial statements.

**Payment of Benefits**

Benefits paid to Participants are recorded upon distribution.

**Subsequent Events**

Plan management has evaluated all subsequent events through August 25, 2026, which is the date the financial statements were issued, and has concluded that there are no other significant events to be reported.

### 3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, expected to be paid to (a) retired or terminated Participants or their beneficiaries; (b) beneficiaries of Participants who have died; and (c) active Participants or their beneficiaries.

The actuarial present value of accumulated plan benefits is determined by the Plan's actuary and is the 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 those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025. Had the evaluations been performed as of December 31, 2024, there would have been no material differences.

The actuarial present value of accumulated plan benefits as of January 1, 2025 was as follows:

| | | |
|---|---|---|
| Vested benefits: | | |
| Active Participants | $ | 10,777,387 |
| Participants currently receiving payments | | 3,760,274 |
| Vested terminated Participants | | 4,631,920 |
| Total vested benefits | | 19,169,581 |
| Nonvested benefits | | 840,373 |
| Total actuarial present value of accumulated plan benefits | $ | 20,009,954 |

The changes in the actuarial present value of accumulated plan benefits from January 1, 2024 to January 1, 2025 are as follows:

| | | |
|---|---|---|
| Actuarial present value of accumulated plan benefits at January 1, 2024 | $ | 21,363,377 |
| Increase (decrease) attributable to: | | |
| Benefits accumulated and experience losses | | 1,874,727 |
| Interest | | 1,215,613 |
| Changes in actuarial assumptions | | 470,018 |
| Benefits paid | | (4,913,781) |
| Net decrease | | (1,353,423) |
| Actuarial present value of accumulated plan benefits at January 1, 2025 | $ | 20,009,954 |

The more significant assumptions underlying the actuarial computations are as follows:

- Investment return: 6.50% compounded annually
- Mortality rates:
  - Pri-2012 sex-distinct separate employee and retiree tables with contingent survivor adjustments for existing survivors and no collar adjustments with future improvement using the MSS-2024 projection scale.
- Salary increases: 3.50% per year
- Lump sum conversion interest rates: November 2024 spot segment rates

- Retirement rates:

**Participants are assumed to retire in accordance with the following schedule**

| Attained Age | Percentage |
|---|---|
| 55-58 | 15.0% |
| 59-64 | 30.0% |
| 65 | 40.0% |
| 66-69 | 35.0% |
| 70 and above | 100.0% |

- Withdrawal rates:

**Participants are assumed to withdraw (or terminate) in accordance with the following schedule**

| Age | Percentage |
|---|---|
| 20 and 25 | 13.0% |
| 30 and 35 | 9.0% |
| 40, 45, and 50 | 7.0% |
| 55 and 60 | 11.0% |

The assumptions underlying these computations represent the consulting actuary's estimates of anticipated plan experience (e.g., mortality rates, employee turnover rates, rate of return on plan assets, etc.). These assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. Changes to assumptions used in determining the actuarial present value of accumulated plan benefits included: (i) the mortality projection scale was updated from the MSS-2023 scale to the MSS-2024 scale; and (ii) for lump sum payments for certain employee groups designated by the Plan, the interest rate changed from the November 2023 spot segment rate to the November 2024 spot segment rate and the mortality table was updated to the 2025 417(e) tables projected with generational MP-2021 mortality improvements (adjusted as required per the PPA2024 improvement scale).

**4. FAIR VALUE MEASUREMENTS**

Investments held by the Plan are carried at fair value. Fair value is a market-based measurement that is determined based on assumptions (inputs) that market participants would use in pricing an asset or liability. Inputs may be observable or unobservable, and valuation techniques used to measure fair value should maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The Plan uses a hierarchical disclosure framework that ranks the quality and reliability of information used to determine fair values.

The hierarchy is associated with the level of pricing observability utilized in measuring fair value and defines three levels of inputs to the fair value measurement process—quoted prices are the most reliable valuation inputs, whereas model values that include inputs based on unobservable data are the least reliable.

The three broad levels of inputs defined by the fair value hierarchy are 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 at the measurement date.

Level 2 Inputs to the valuation methodology include:

- 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; and
- 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 Unobservable inputs for the asset or liability. These unobservable inputs reflect the entity's own assumptions about the assumptions that market participants would use in pricing the asset or liability, and are developed based on the best information available in the circumstances (which might include the reporting entity's own data).

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

In determining fair value, the Plan uses two different approaches (the cost approach and the market approach) depending on the nature of the assets and liabilities. The cost approach is the amount that would be currently required to replace an asset and indicates the cost to the Plan to acquire a substitute asset. The market approach uses prices and other relevant data based on the market transactions involving identical or comparable assets and liabilities.

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

*Short-term investment funds (money market)*: Valued at amortized cost, which approximates fair value. (Cost approach)

*Common collective trusts:* Valued at the net asset value (NAV) of units of the common 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. Were the Plan to initiate a full redemption of the 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. (Market approach)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value on a recurring basis as of December 31, 2025 and 2024:

| | Assets at Fair Value as of December 31, 2025 | | |
|---|---|---|---|
| | Level 1 | Level 2 | Total |
| Short-term investment funds (money market) | $ — | $ 117,066 | $ 117,066 |
| Total assets in fair value hierarchy | $ — | $ 117,066 | 117,066 |
| Investments measured at NAV(a)(b) | | | 18,394,696 |
| Investments at fair value | | | $ 18,511,762 |

| | Assets at Fair Value as of December 31, 2024 | | |
|---|---|---|---|
| | Level 1 | Level 2 | Total |
| Short-term investment funds (money market) | $ — | $ 243,228 | $ 243,228 |
| Total assets in fair value hierarchy | $ — | $ 243,228 | 243,228 |
| Investments measured at NAV(a)(b) | | | 17,301,703 |
| Investments at fair value | | | $ 17,544,931 |

(a) In accordance with the FASB's ASC Subtopic 820-10, certain investments that were measured using NAV per share (or its equivalent) as a practical expedient 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.

(b) The common collective trusts are valued based on the NAV as a practical expedient. They (1) have no unfunded commitments, (2) no redemption periods, and (3) redemption frequencies are daily.

**5. SUMMARY OF INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE AND CUSTODIANS (UNAUDITED)**

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, certain information related to investments disclosed in the accompanying financial statements and supplemental schedules, including investments held at December 31, 2025 and 2024, net appreciation in fair value of investments, and interest and dividends for the years ended December 31, 2025 and 2024, was obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by the trustee of the Plan.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the accompanying financial statements and supplemental schedules.

**6. CONTRIBUTIONS**

The Plan's funding policy requires the Sponsor to make annual contributions to the Plan in amounts that are necessary to meet the ERISA minimum funding requirements as determined by the consulting actuaries. The Plan is currently in compliance with the ERISA minimum funding requirements. After applying credit balances, the minimum contribution required for 2025 and 2024 was $1,282,733 and $1,507,308, respectively.

**7. PLAN TERMINATION**

Although it has not expressed any intent to do so, the Sponsor has the right to discontinue contributions and to terminate the Plan at any time subject to the provisions of ERISA and the Internal Revenue Code (IRC). In the event of Plan termination, the 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. Benefits attributable to employee contributions, taking into account those paid out before termination.
2. 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.

3. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.
4. All other vested benefits (that is, vested benefits not insured by the PBGC).
5. All non-vested 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 types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all Participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan Sponsor and the level of benefits guaranteed by the PBGC. Any assets remaining after all Plan expenses have been paid and all accrued liabilities have been provided for by the purchase of annuities or otherwise will revert to the Sponsor.

**8. TAX STATUS**

The Plan received its latest determination letter from the IRS dated November 2, 2017, in which the IRS stated that the Plan, as then designed, was in compliance with Section 401(a) of the IRC. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan is currently being operated in accordance with IRS guidelines and is tax exempt as of the financial statement dates.

Company contributions to the Plan and all income from Plan investments are not taxable to Participants until a partial or complete distribution of such contributions or income is made.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if it 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.

**9. PARTY-IN-INTEREST TRANSACTIONS**

Certain Plan investments are held in funds managed by Northern Trust and Mercer Funds. Northern Trust and Mercer Funds were service providers for the Plan, and therefore, these transactions qualify as party-in-interest transactions, as defined by ERISA. Any purchases and sales of these investments are open market transactions at fair market value. Consequently, such transactions are permitted under the provisions of the Plan and are exempt from the prohibition of 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. These transactions are party-in-interest transactions under ERISA.

**Employees Annuity Plan - Products (SE) Pipe Line Corporation**
**Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)**
**As of December 31, 2025**
**EIN: 58-0388035**
**Plan: 002**

| (a) | (b) Identity of Issue, Borrower, Lessor or Similar Party | (c) Description of Investment | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | **Short-term investment funds** | | | |
| * | Mercer Collective Trust | Cash Held at Mercer Hedge Fund | $ 17,066 | $ 17,066 |
| * | The Northern Trust Company | Northern Trust Collective Government Short Term Investment Fund | 100,000 | 100,000 |
| | | Total short-term investment funds | 100,000 | 100,000 |
| | **Common collective trusts** | | | |
| * | The Northern Trust Company | Northern Trust Collective All Country World Index Fund Non-Lending | 6,677,187 | 7,790,207 |
| * | Mercer Collective Trust | Mercer Passive Long Credit Fixed Income Portfolio | 4,030,285 | 4,540,936 |
| * | Mercer Collective Trust | Mercer Long Duration Passive Fixed Income Collective Trust | 2,267,073 | 2,334,139 |
| * | Mercer Collective Trust | Mercer Opportunistic Fixed Income Portfolio Fund | 2,233,740 | 2,505,677 |
| * | Mercer Collective Trust | Mercer Long STRIPS Fixed Income Portfolio | 1,291,205 | 1,223,737 |
| | | Total common collective trusts | 16,499,490 | 18,394,696 |
| | | | $ 16,616,556 | $ 18,511,762 |

* Represents party-in-interest transaction (Note 9).

**Employees Annuity Plan - Products (SE) Pipe Line Corporation**
**Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions**
**For the Year Ended December 31, 2025**
**EIN: 58-0388035**
**Plan: 002**

| | (a) Identity of Party Involved | (b) Description of Asset | (c) Purchase Price | (d) Sales Price | (g) Cost of Asset | (h) Current Value of Asset on Transaction Date | (i) Net Gain or (Loss) |
|---|---|---|---|---|---|---|---|
| | **Single Transactions:** | | | | | | |
| | State Street and Trust Company | State Street Emerging Markets Equity Index Class A | $ — | $ 38.603 | $ 1,033,552 | $ 1,247,942 | $ 214,390 |
| | State Street and Trust Company | State Street International Stock Selection Fund Class A | — | 30.605 | 1,862,422 | 2,477,671 | 615,249 |
| * | Mercer Collective Trust | Mercer Long Duration Passive Fixed Income Collective Trust | 18.930 | — | 2,377,000 | 2,377,000 | — |
| * | Mercer Collective Trust | Mercer Long STRIPS Fixed Income Portfolio | — | 9.550 | 2,578,959 | 2,377,000 | (201,959) |
| * | Mercer Collective Trust | Mercer Opportunistic Fixed Income Portfolio Fund | 12.510 | — | 1,258,119 | 1,258,119 | — |
| * | Northern Trust Company | Northern Trust Collective All Country World Index Fund Non-Lending | 270.092 | — | 7,515,018 | 7,515,018 | — |
| * | Northern Trust Company | Northern Trust Collective All Country World Index Fund Non-Lending | — | 256.284 | 1,423,049 | 1,352,920 | (70,129) |
| * | Northern Trust Company | Northern Trust Collective Government Short Term Investment Fund | 1.000 | — | 898,035 | 898,035 | — |
| * | Northern Trust Company | Northern Trust Collective Government Short Term Investment Fund | 1.000 | — | 1,317,350 | 1,317,350 | — |
| * | Northern Trust Company | Northern Trust Collective Government Short Term Investment Fund | — | 1.000 | 1,217,318 | 1,217,318 | — |
| | State Street and Trust Company | SSgA Russell All Cap Index Non-Lending Series Fund Class A | — | 98.786 | 2,694,793 | 4,649,237 | 1,954,444 |

* Represents party-in-interest transactions (Note 9)

**Employees Annuity Plan - Products (SE) Pipe Line Corporation**
**Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions**
**For the Year Ended December 31, 2025**
**EIN: 58-0388035**
**Plan: 002**

| | (a) Identity of Party Involved | (b) Description of Asset | Number of Transactions | (c) Purchase Price | (d) Sales Price | (g) Cost of Asset | (h) Current Value of Asset on Transaction Date | (i) Net Gain or (Loss) |
|---|---|---|---|---|---|---|---|---|
| | **Series Transactions:** | | | | | | | |
| * | Mercer Collective Trust | Mercer Long Duration Passive Fixed Income Collective Trust | 4 | $ 2,377,000 | $ 115,302 | $ 2,486,927 | $ 2,492,302 | $ 5,375 |
| * | Mercer Collective Trust | Mercer Long STRIPS Fixed Income Portfolio | 13 | 774,852 | 2,932,849 | 3,914,779 | 3,707,700 | (207,079) |
| * | Mercer Collective Trust | Mercer Opportunistic Fixed Income Portfolio Fund | 10 | 1,586,692 | 295,541 | 1,854,498 | 1,882,233 | 27,735 |
| * | Mercer Collective Trust | Mercer Passive Long Credit Fixed Income Portfolio | 11 | 563,166 | 656,590 | 1,158,522 | 1,219,756 | 61,234 |
| * | Northern Trust Company | Northern Trust Collective All Country World Index Fund Non-Lending | 10 | 8,801,248 | 2,099,803 | 10,925,308 | 10,901,050 | (24,258) |
| * | Northern Trust Company | Northern Trust Collective Government Short Term Investment Fund | 73 | 5,527,383 | 5,623,952 | 11,151,335 | 11,151,335 | — |

* Represents party-in-interest transactions (Note 9)

***Schedule SB, line 26 — Schedule of Active Participant Data***

| Attained age | Years of credited service | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Under 1 | 1–4 | 5–9 | 10–14 | 15–19 | 20–24 | 25–29 | 30–34 | 35–39 | 40 & up | Total |
| Under 25 | | | | | | | | | | | |
| | | | | | | | | | | | |
| 25–29 | | | | | | | | | | | |
| | | | | | | | | | | | |
| 30–34 | | | | | | | | | | | |
| | | | | | | | | | | | |
| 35–39 | | | | | | | | | | | |
| | | | | | | | | | | | |
| 40–44 | | | | | | | 1 | | | | 1 |
| | | | | | | | | | | | |
| 45–49 | | | | | | | | | | | |
| | | | | | | | | | | | |
| 50–54 | | | | | | 1 | 5 | 1 | | | 7 |
| | | | | | | | | | | | |
| 55–59 | | | | | | 1 | 3 | 5 | 1 | | 10 |
| | | | | | | | | | | | |
| 60–64 | | | | | | | 2 | | 1 | | 3 |
| | | | | | | | | | | | |
| 65–69 | | | | | | | | | | | |
| | | | | | | | | | | | |
| 70 & up | | | | | | | | | | 1 | 1 |
| | | | | | | | | | | | |
| Total | | | | | | 2 | 11 | 6 | 2 | 1 | 22 |
| | | | | | | | | | | | |

In each cell, the number is the count of active participants for each age/service combination. Average pay is not shown for plans with less than 1,000 active participants.

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

## Actuarial assumptions for January 1, 2025 funding valuation

| Economic assumptions | | |
|---|---|---|
| **Discount rate sponsor elections** | | |
| • Segment rates or full yield curve | Segment | |
| • Look-back months | 0 | |
| | **Stabilized** | **Nonstabilized** |
| • First 5 years | 5.00% | 5.00% |
| • Next 15 years | 5.27% | 5.27% |
| • Over 20 years | 5.50% | 5.40% |
| **Mortality sponsor elections** | | |
| • Healthy participants | Section 430(h)(3) prescribed generational annuitant and nonannuitant mortality tables for 2025 plan year funding valuations. These tables are based on the Pri-2012 mortality tables projected with the IRS-modified MP-2021 mortality improvement scale, in accordance with IRS regulation 1.430(h)(3)-1. | |
| • Pre-1995 disabilities | Same as healthy. | |
| • Post-1994 disabilities | Same as healthy. | |
| **417(e) lump sums** | Liabilities are determined based on the underlying annuity used by the plan to determine the lump sum amount, rather than valuing the lump sum payment. This annuity is valued based on funding interest rates rather than 417(e) rates and current year 417(e) unisex mortality. | |
| **Other economic assumptions** | | |
| • Salary increases | 3.50% per year | |
| • Social Security wage base | 3.25% per year | |
| • Inflation | 2.50% per year | |
| • Expenses | $220,000 added to current year normal cost | |

## Rationale for significant economic assumptions

- Salary increases – This assumption reflects management's expectation of short and long term base salary increases.
- Expenses – The administrative expense load is determined based on prior year actual expenses, adjusted for the difference in expected PBGC premiums for the upcoming plan year, rounded to the nearest $10,000.

| Demographic assumptions | |
|---|---|
| • Withdrawal | See table of sample rates. |
| • Disability incidence | 1985 Pension Disability Study – class 3. See table of sample rates. |

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

- Retirement age

| Attained age | Percentage |
|---|---|
| 55-58 | 15.0% |
| 59-64 | 30.0% |
| 65 | 40.0% |
| 66-69 | 35.0% |
| 70 and above | 100.0% |

- Benefit commencement age for
  - Future vested deferred: 65
  - Future vested disabilities: 55 (if eligible)
  - Current vested deferred: 65

| • Spouse assumptions | Male participants | Female participants |
|---|---|---|
| – Percentage married | 80% | 60% |
| – Spouse age difference | 3 years younger | 3 years older |

| Form of payment | Lump sum | 5 year C&L | 50% J&S |
|---|---|---|---|
| • Active retirements | 100% | 0% | 0% |
| • Future vested deferred | 80% | 20% | 0% |
| • Future disabilities | 0% | 100% | 0% |
| • Future deaths | 0% | 0% | 100% |
| • Current vested deferred | 80% | 20% | 0% |

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

### Table of sample rates

| Attained age | Withdrawal percentage | | | |
|---|---|---|---|---|
| | Year 0 | Year 1 | Year 2 | Year 3+ |
| 20 | 31.0% | 30.0% | 30.0% | 13.0% |
| 25 | 21.5 | 20.0 | 15.0 | 13.0 |
| 30 | 15.0 | 20.0 | 15.0 | 9.0 |
| 35 | 12.5 | 20.0 | 15.0 | 9.0 |
| 40 | 12.5 | 17.0 | 13.0 | 7.0 |
| 45 | 13.5 | 17.0 | 13.0 | 7.0 |
| 50 | 13.5 | 17.0 | 13.0 | 7.0 |
| 55 | 15.0 | 17.0 | 13.0 | 11.0 |
| 60 | 10.0 | 17.0 | 13.0 | 11.0 |

| Attained age | Disability percentage | |
|---|---|---|
| | Male | Female |
| 20 | 0.15% | 0.09% |
| 25 | 0.22 | 0.15 |
| 30 | 0.31 | 0.25 |
| 35 | 0.43 | 0.39 |
| 40 | 0.60 | 0.55 |
| 45 | 0.83 | 0.78 |
| 50 | 1.22 | 1.20 |
| 55 | 2.12 | 1.96 |
| 60 | 3.24 | 2.33 |
| 65 | 4.37 | 2.72 |

## Rationale for significant demographic assumptions

- Withdrawal rates, retirement rates, vested deferred commencement age and form of payment – These assumptions are based on an experience study undertaken by Mercer in 2021 using experience from January 1, 2017 through January 1, 2021. The resulting assumptions balance the plan's historical experience with future expectations based on input and concurrence from the plan sponsor.

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

## Actuarial methods for funding

### Asset methods

The asset valuation method is the fair market value.

### Participant methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts**: The plan does not have any insurance contracts.

### Minimum funding methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual is the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

**Employees Annuity Plan - Products (SE) Pipe Line Corporation**
**Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions**
**For the Year Ended December 31, 2025**
**EIN: 58-0388035**
**Plan: 002**

| | (a) Identity of Party Involved | (b) Description of Asset | (c) Purchase Price | (d) Sales Price | (g) Cost of Asset | (h) Current Value of Asset on Transaction Date | (i) Net Gain or (Loss) |
|---|---|---|---|---|---|---|---|
| | **Single Transactions:** | | | | | | |
| | State Street and Trust Company | State Street Emerging Markets Equity Index Class A | $ — | $ 38.603 | $ 1,033,552 | $ 1,247,942 | $ 214,390 |
| | State Street and Trust Company | State Street International Stock Selection Fund Class A | — | 30.605 | 1,862,422 | 2,477,671 | 615,249 |
| * | Mercer Collective Trust | Mercer Long Duration Passive Fixed Income Collective Trust | 18.930 | — | 2,377,000 | 2,377,000 | — |
| * | Mercer Collective Trust | Mercer Long STRIPS Fixed Income Portfolio | — | 9.550 | 2,578,959 | 2,377,000 | (201,959) |
| * | Mercer Collective Trust | Mercer Opportunistic Fixed Income Portfolio Fund | 12.510 | — | 1,258,119 | 1,258,119 | — |
| * | Northern Trust Company | Northern Trust Collective All Country World Index Fund Non-Lending | 270.092 | — | 7,515,018 | 7,515,018 | — |
| * | Northern Trust Company | Northern Trust Collective All Country World Index Fund Non-Lending | — | 256.284 | 1,423,049 | 1,352,920 | (70,129) |
| * | Northern Trust Company | Northern Trust Collective Government Short Term Investment Fund | 1.000 | — | 898,035 | 898,035 | — |
| * | Northern Trust Company | Northern Trust Collective Government Short Term Investment Fund | 1.000 | — | 1,317,350 | 1,317,350 | — |
| * | Northern Trust Company | Northern Trust Collective Government Short Term Investment Fund | — | 1.000 | 1,217,318 | 1,217,318 | — |
| | State Street and Trust Company | SSgA Russell All Cap Index Non-Lending Series Fund Class A | — | 98.786 | 2,694,793 | 4,649,237 | 1,954,444 |

* Represents party-in-interest transactions (Note 9)

**Employees Annuity Plan - Products (SE) Pipe Line Corporation**
**Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions**
**For the Year Ended December 31, 2025**
**EIN: 58-0388035**
**Plan: 002**

| | (a) Identity of Party Involved | (b) Description of Asset | Number of Transactions | (c) Purchase Price | (d) Sales Price | (g) Cost of Asset | (h) Current Value of Asset on Transaction Date | (i) Net Gain or (Loss) |
|---|---|---|---|---|---|---|---|---|
| | **Series Transactions:** | | | | | | | |
| * | Mercer Collective Trust | Mercer Long Duration Passive Fixed Income Collective Trust | 4 | $ 2,377,000 | $ 115,302 | $ 2,486,927 | $ 2,492,302 | $ 5,375 |
| * | Mercer Collective Trust | Mercer Long STRIPS Fixed Income Portfolio | 13 | 774,852 | 2,932,849 | 3,914,779 | 3,707,700 | (207,079) |
| * | Mercer Collective Trust | Mercer Opportunistic Fixed Income Portfolio Fund | 10 | 1,586,692 | 295,541 | 1,854,498 | 1,882,233 | 27,735 |
| * | Mercer Collective Trust | Mercer Passive Long Credit Fixed Income Portfolio | 11 | 563,166 | 656,590 | 1,158,522 | 1,219,756 | 61,234 |
| * | Northern Trust Company | Northern Trust Collective All Country World Index Fund Non-Lending | 10 | 8,801,248 | 2,099,803 | 10,925,308 | 10,901,050 | (24,258) |
| * | Northern Trust Company | Northern Trust Collective Government Short Term Investment Fund | 73 | 5,527,383 | 5,623,952 | 11,151,335 | 11,151,335 | — |

* Represents party-in-interest transactions (Note 9)

# 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
EMPLOYEES ANNUITY PLAN PRODUCTS (SE) PIPE LINE CORPORATION

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
PRODUCTS (SE) PIPE LINE CORPORATION

**D** Employer Identification Number (EIN)
58-0388035

**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** | 18,058,214 |
| **b** Actuarial value | **2b** | 18,058,214 |

**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 | 19 | 4,135,191 | 4,135,191 |
| **b** For terminated vested participants | 67 | 5,008,016 | 5,008,016 |
| **c** For active participants | 22 | 11,435,684 | 12,231,637 |
| **d** Total | 108 | 20,578,891 | 21,374,844 |

**4** If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐

| | | |
|---|---|---|
| **a** Funding target disregarding prescribed at-risk assumptions | **4a** | |
| **b** Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | **4b** | |
| **5** Effective interest rate | **5** | 5.35% |
| **6** Target normal cost | | |
| **a** Present value of current plan year accruals | **6a** | 721,773 |
| **b** Expected plan-related expenses | **6b** | 220,000 |
| **c** Target normal cost | **6c** | 941,773 |

**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**

KB
Signature of actuary

08/14/2026
Date

KEVIN BILLS
Type or print name of actuary

2607029
Most recent enrollment number

MERCER
Firm name

713-276-2100
Telephone number (including area code)

500 DALLAS STREET, SUITE 1400
HOUSTON TX 77002-4800
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 | 1,825 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 1,825 |
| 9 | Amount remaining (line 7 minus line 8) | 0 | 0 |
| 10 | Interest on line 9 using prior year's actual return of 3.27% | 0 | 0 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | **a** Present value of excess contributions (line 38a from prior year) | | 1,161 |
| | **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 5.21% | | 0 |
| | **b(2)** Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 38 |
| | **c** Total available at beginning of current plan year to add to prefunding balance | | 1,199 |
| | **d** Portion of (c) to be added to prefunding balance | | 1,199 |
| 12 | Other reductions in balances due to elections or deemed elections | 0 | 0 |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 0 | 1,199 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 84.47% |
| 15 | Adjusted funding target attainment percentage | 15 | 84.47% |
| 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 | 87.84% |
| 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 |
|---|---|---|---|---|---|
| 04/11/2025 | 377,283 | 0 | | | |
| 07/10/2025 | 377,283 | 0 | | | |
| 10/13/2025 | 288,885 | 0 | | | |
| 01/12/2026 | 112,089 | 0 | | | |
| 07/10/2026 | 174,732 | 0 | | | |
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Totals ► 18(b) | 1,330,272 | 18(c) 0 |

| | | | |
|---|---|---|---|
| 19 | Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: | | |
| | **a** Contributions allocated toward unpaid minimum required contributions from prior years. | 19a | 0 |
| | **b** Contributions made to avoid restrictions adjusted to valuation date | 19b | 0 |
| | **c** Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | 1,284,133 |

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

**21** Discount rate:

**a** Segment rates:

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

| | | |
|---|---|---|
| **b** Applicable month (enter code) | **21b** | 0 |
| **22** Weighted average retirement age | **22** | 59 |

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

## Part VI Miscellaneous Items

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

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

**26** Demographic and benefit information

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

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

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

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

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

## Part VIII Minimum Required Contribution For Current Year

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

| | | |
|---|---|---|
| **a** Target normal cost (line 6c) | **31a** | 941,773 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 0 |

**32** Amortization installments:

| | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment | 3,317,829 | 342,159 |
| **b** Waiver amortization installment | 0 | 0 |

| | | |
|---|---|---|
| **33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____ ) and the waived amount | **33** | |
| **34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) | **34** | 1,283,932 |

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances elected for use to offset funding requirement | 0 | 1,199 | 1,199 |

| | | |
|---|---|---|
| **36** Additional cash requirement (line 34 minus line 35) | **36** | 1,282,733 |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | **37** | 1,284,133 |

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

| | | |
|---|---|---|
| **a** Total (excess, if any, of line 37 over line 36) | **38a** | 1,400 |
| **b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | **38b** | 1,199 |
| **39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) | **39** | 0 |
| **40** Unpaid minimum required contributions for all years | **40** | 0 |

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

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

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

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 59.

| (A)<br>Retirement age | (B)<br>Retirement percent | (C)<br>Lx | (D)<br>Number of employees expected to retire<br>(B) x (C) | (E)<br>(A) x (D) |
|---|---|---|---|---|
| 55 | 15.00% | 10,000 | 1,500 | 82,500 |
| 56 | 15.00% | 8,500 | 1,275 | 71,400 |
| 57 | 15.00% | 7,225 | 1,084 | 61,774 |
| 58 | 15.00% | 6,141 | 921 | 53,429 |
| 59 | 30.00% | 5,220 | 1,566 | 92,395 |
| 60 | 30.00% | 3,654 | 1,096 | 65,773 |
| 61 | 30.00% | 2,558 | 767 | 46,808 |
| 62 | 30.00% | 1,790 | 537 | 33,303 |
| 63 | 30.00% | 1,253 | 376 | 23,688 |
| 64 | 30.00% | 877 | 263 | 16,845 |
| 65 | 40.00% | 614 | 246 | 15,968 |
| 66 | 35.00% | 368 | 129 | 8,512 |
| 67 | 35.00% | 240 | 84 | 5,617 |
| 68 | 35.00% | 156 | 54 | 3,705 |
| 69 | 35.00% | 101 | 35 | 2,444 |
| 70 | 100.00% | 66 | 66 | 4,604 |
| Total | | | 10,000 | 588,764 |
| Average | | | | 58.88 |

***Schedule SB — Information for Each Individual Employer***

The Employees Annuity Plan Products (SE) Pipe Line Corporation (“the Plan”) is a multiple employer plan consisting of two employers – Products (SE) Pipe Line Corporation and Kinder Morgan, Inc.

The Plan became a multiple employer plan in 2001 and all liabilities are the responsibility of Products (SE) Pipe Line Corporation. As a result, Kinder Morgan, Inc. has no assets or liabilities in the Plan, and 100% of the assets and liabilities are for Products (SE) Pipe Line Corporation.

As such, the Schedule SB data for Products (SE) Pipe Line Corporation is identical to the information for the plan in total as shown on the Schedule SB, and the Schedule SB data for Kinder Morgan, Inc. is all 0’s.

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

## Summary of major plan provisions

| | |
|---|---|
| Effective date and plan year | Original plan: July 1, 1950<br>Plan year: Calendar year |
| Status of the plan | Frozen to new entrants |
| **Definitions** | |
| • Participation | For employees hired prior to January 1, 1998, upon date of employment. For employees hired on or after January 1, 1998, upon completing one year of Vesting Service. Employees hired after December 31, 2000 are not eligible to participate. |
| • Employee contributions | None required except before January 1, 1970, participants were required to contribute to the plan. |
| • Employer contributions | The employer contributes the amount necessary to provide the benefits, based on the recommendation of annual actuarial valuations. |
| • Vesting service | Years and months of employment subject to the break in service rules. |
| • Benefit accrual service | Shall be equal to Vesting Service except to exclude service prior to participation in plan and any periods while not actively employed and earning compensation as an employee of the company. |
| • Anticipated Social Security benefit | The estimated annual primary insurance benefit under the federal Social Security Act determined as of age 62 or the retirement date, if later. Excludes pay except during periods of benefit accrual under the plan. |
| • Social Security Supplement | If the Early Retirement Date precedes age 62, a Social Security Supplement shall be paid equal to the Social Security offset. The Social Security Supplement shall be paid from the Early Retirement Date to age 62. |
| • Compensation | Regular base compensation including shift differential bonuses and incentive compensation and elective deferrals to the Thrift Plan and the Flexible Benefits Plan. |
| • Average Compensation | Annual total compensation averaged over the highest 36 consecutive months out of the last 10 consecutive completed years immediately preceding the date of determination. |
| **Normal retirement** | |
| • Eligibility | First day of the month in which a participant reaches age 65. |
| • Benefit | Monthly annuity payable at the Normal Retirement Date equal to 1.6% of Average Compensation times years of Benefit Accrual Service, minus 1.5% of the Anticipated Social Security Benefit times years of Benefit Accrual Service (maximum 33 1/3 years). |
| **Early retirement** | |
| • Eligibility | First day of the month in which a participant reaches age 55 and 15 years of Vesting Service. |
| • Benefit | Normal pension accrued, reduced by 5% for each year that the Early Retirement Date precedes age 60. Social Security offset at Early Retirement will be calculated at age 62 if employee retires on or before that age. If an employee retirees after age 62, the Social Security offset will be calculated at his actual age. |

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

| | |
|---|---|
| **Late retirement** | |
| • Benefit | Accrued benefit to the date of actual retirement, including benefits accrued after age 65, or actuarial increased benefit accrued at Normal Retirement Date. |
| **Vested termination** | |
| • Eligibility | 5 Years of Vesting Service. A participant who is age 55 with 15 years of Vesting Service may commence before age 65. |
| • Benefit | Equal to the accrued benefit as of the date of termination: 100% vesting at Normal Retirement Date. Prior to age 65, the accrued benefit is reduced 1/180 for the first 60 months and 1/360 for each of the next 60 months. |
| **Disability** | |
| • Eligibility | Total and permanent disability as determined by the company, and completion of 15 years of credited service as determined under the company disability plan. |
| • Benefit | Same as Early Retirement Benefit |
| **Pre-retirement death** | |
| • Eligibility | The benefit is payable commencing on the employee's expected early retirement date or date of death, if later. |
| • Benefit prior to normal retirement | Benefit equal to the amount to which the spouse would have been entitled had the employee survived to his retirement date, retired having elected the 50% Joint and Survivor annuity form and then died. Additionally, upon death of a participant prior to retirement, his employee contributions, if any, plus interest will be paid as a death benefit. |
| **Form of benefits** | |
| • Normal | Life Annuity with 5 years certain |
| • Optional forms | • Joint and Survivor Annuity with 5 years certain<br>• 100% Joint and Survivor Annuity<br>• 75% Joint and Survivor Annuity<br>• 50% Joint and Survivor Annuity<br>• Lump sum distribution if eligible for Normal, Early, or Late Retirement |
| • Optional form conversion | UP-1984 mortality table (set forward one year for participants and set back 4 years for spouses) and a 7.00% interest rate |
| **Miscellaneous** | |
| • Maximum compensation | Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2025, the limit is $350,000. |
| • Maximum benefits | Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2025, the limit is $280,000. |

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

### Benefits included or excluded

Unless noted below, all benefits provided by the plan, as restated effective January 1, 2016, are included in this valuation.

- **Most recent plan amendments included:** Fourth Amendment, signed December 11, 2024.
- **Plan amendments excluded:** None.
- **Late retirement increases:**
  - *Active participants:* The plan provides benefit suspension notices to participants who work beyond normal retirement, and therefore the late retirement actuarial increase is not valued. Late retirement actuarial increases apply after age 70 ½, but our valuation does not include them as there are few (if any) actives above age 70 ½.
  - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

## Plan provisions specific to funding

### Additional benefits included or excluded

- **IRC Section 436 benefit restrictions:**
  - *Unpredictable contingent event benefits:* None.
  - *Plan amendments:* See above.
  - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
  - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

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

## Plan provision changes since prior valuation

- Maximum compensation amounts and maximum benefit amounts under IRS rules were updated from 2024 to 2025.

**Employees Annuity Plan - Products (SE) Pipe Line Corporation**
**Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)**
**As of December 31, 2025**
**EIN: 58-0388035**
**Plan: 002**

| (a) | (b) Identity of Issue, Borrower, Lessor or Similar Party | (c) Description of Investment | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | **Short-term investment funds** | | | |
| * | Mercer Collective Trust | Cash Held at Mercer Hedge Fund | $ 17,066 | $ 17,066 |
| * | The Northern Trust Company | Northern Trust Collective Government Short Term Investment Fund | 100,000 | 100,000 |
| | | Total short-term investment funds | 100,000 | 100,000 |
| | **Common collective trusts** | | | |
| * | The Northern Trust Company | Northern Trust Collective All Country World Index Fund Non-Lending | 6,677,187 | 7,790,207 |
| * | Mercer Collective Trust | Mercer Passive Long Credit Fixed Income Portfolio | 4,030,285 | 4,540,936 |
| * | Mercer Collective Trust | Mercer Long Duration Passive Fixed Income Collective Trust | 2,267,073 | 2,334,139 |
| * | Mercer Collective Trust | Mercer Opportunistic Fixed Income Portfolio Fund | 2,233,740 | 2,505,677 |
| * | Mercer Collective Trust | Mercer Long STRIPS Fixed Income Portfolio | 1,291,205 | 1,223,737 |
| | | Total common collective trusts | 16,499,490 | 18,394,696 |
| | | | $ 16,616,556 | $ 18,511,762 |

* Represents party-in-interest transaction (Note 9).

***Schedule SB, line 32 — Schedule of Amortization Bases***

The total shortfall amortization charge is the sum of the individual shortfall amortization installments for each plan year since the IRC Section 430 changes made by ARPA took effect for the plan. Although an individual shortfall amortization installment can be negative, the combined shortfall amortization charge cannot be less than $0.

| Shortfall bases | | | | | |
|---|---|---|---|---|---|
| **Year established** | | **Outstanding balance** | **Years remaining** | | **2025 installment** |
| 2023 | $ | 4,222,282 | 13 | $ | 432,968 |
| 2024 | | (1,515,524) | 14 | | (147,642) |
| 2025 | | 611,071 | 15 | | 56,833 |
| Total | $ | 3,317,829 | | $ | 342,159 |

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

The following changes were made for the January 1, 2025 funding valuation:

- Interest discounts and mortality rates were updated from 2024 to 2025 in accordance with PPA.
- The expense component of normal cost was adjusted to reflect our expectations for the current plan year.