Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
TAC RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 09/16/1969

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
TACENERGY, LLC

PO BOX 1481
TEXARKANA, TX 75504-1481

2b Employer Identification Number (EIN) 87-4665900

2c Plan Sponsor's telephone number 903-794-3835

2d Business code (see instructions) 424700

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	JAMES HENRY RUSSELL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	636
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)**	353
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	157
b	Retired or separated participants receiving benefits	**6b**	20
c	Other retired or separated participants entitled to future benefits	**6c**	236
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	413
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	3
f	Total. Add lines **6d** and **6e**.	**6f**	416
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)**	443
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)**	411
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	10
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:

2A 2E 2F 2G 2K 2R 2S 2T 3D

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)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] 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)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 1
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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
TAC RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TACENERGY, LLC

D Employer Identification Number (EIN)
87-4665900

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
AMERICAN UNITED LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0145825	60895	R00006	65	01/01/2025	12/31/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	464202
c	Additions: (1) Contributions deposited during the year	7c(1)	8162		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	10103		
	(4) Transferred from separate account	7c(4)	230748		
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	249013
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	713215
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	270960		
	(2) Administration charge made by carrier	7e(2)	2026		
	(3) Transferred to separate account	7e(3)	795		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	273781
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	439434

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

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

A Name of plan
TAC RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TACENERGY, LLC

D Employer Identification Number (EIN)
87-4665900

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

VOYA RETIREMENT INSURANCE AND ANNUI

71-0294708

(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)

ONEAMERICA RETIREMENT SERVICES

46-5378846

(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 37 38 64 65	RECORDKEEPER	72092	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CREATIVE PLANNING

84-4519624

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	70000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WHITELY PENN, LLP

75-2393478

(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	ACCOUNTANT	27560	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] 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)

MATRIX TRUST COMPANY

75-3182674

(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?
20	TRUSTEE	0	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MSCS FINANCIAL SERVICES

33-1151291

(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?
20	TRUSTEE	0	Yes [ ] No [X]	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

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(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
TAC RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
TACENERGY, LLC

D Employer Identification Number (EIN)
87-4665900

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: PUTNAM LARGE CAP VALUE TRUST CL-IA

b Name of sponsor of entity listed in (a): PUTNAM FIDUCIARY 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)
04-3159710-202	C	702398

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
TAC RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TACENERGY, LLC

D Employer Identification Number (EIN)
87-4665900

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	25367	67264
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1002009	
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	440062	622853
(2) U.S. Government securities	1c(2)	3631625	3468600
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	6108110	7666484
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	19731750	21010635
(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)	219343	323086
(9) Value of interest in common/collective trusts	1c(9)	435308	702398
(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)	25908258	29925148
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	464202	439434
(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)	2276000	2309000
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	60242034	66534902
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	60242034	66534902

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)	897763	
(B) Participants	2a(1)(B)	1494788	
(C) Others (including rollovers)	2a(1)(C)	18119	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2410670
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	4072	
(B) U.S. Government securities	2b(1)(B)	57765	
(C) Corporate debt instruments	2b(1)(C)	178118	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	20964	
(F) Other	2b(1)(F)	10103	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		271022
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	916542	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1548293	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2464835
(3) Rents	2b(3)		259933
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	3670178	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	3481277	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		188901
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	33000	
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		33000

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		111930
(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)		5526177
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		11266468
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4803323	
(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)		4803323
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)	72717	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	27560	
(5) Investment advisory and investment management fees	2i(5)	70000	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		170277
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4973600
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		6292868
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: WHITELY PENN, LLP **(2)** EIN: 75-2393478

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		80
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

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

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
TAC RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TACENERGY, LLC

D Employer Identification Number (EIN)
87-4665900

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): 75-3182674 71-0294708

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 |

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 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702327A .

TAC RETIREMENT PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES

As of December 31, 2025 and 2024 and
For the Year Ended December 31, 2025
with Report of Independent Auditors

TAC RETIREMENT PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES

As of December 31, 2025 and 2024 and
For the Year Ended December 31, 2025

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whitleypenn

Plano Office
5908 Headquarters Drive
Suite 300
Plano, Texas 75024
469.776.3610 Main

whitleypenn.com

REPORT OF INDEPENDENT AUDITORS

To the Advisory Committee of
TAC Retirement Plan

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

We have performed audits of the financial statements of the TAC Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note E 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 ("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 an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

HLB WE ARE AN INDEPENDENT MEMBER OF THE GLOBAL ADVISORY AND ACCOUNTING NETWORK

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are 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 section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

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

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

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

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

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

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

Other Matter – Supplemental Schedules Required by ERISA

The supplemental schedules of Form 5500, Schedule H, Line 4a – Schedule of Delinquent Participant Contributions, Schedule H, Line 4i – Schedule of Assets (Held at End of Year), and Schedule H, Line 4j – Schedule of Reportable Transactions as of December 31, 2025, are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Plano, Texas
October 14, 2026

TAC RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31, 2025	December 31, 2024
Assets		
Investments, at fair value		
Money market fund	$ 622,853	$ 440,062
United States government securities	1,311,578	1,715,390
Mutual funds	29,925,148	25,908,258
Common collective trust fund	702,398	435,308
Corporate bonds	7,666,484	6,108,110
Common stocks	21,010,635	19,731,750
Mortgage backed securities	2,157,022	1,916,235
Real estate	2,309,000	2,276,000
Total investments at fair value	65,705,118	58,531,113
Investment, at contract value	439,434	464,202
Receivables:		
Employer contributions	1,076,465	1,002,009
Notes receivable from participants	323,086	219,343
Total receivables	1,399,551	1,221,352
Non-interest bearing cash	67,264	25,367
Net assets available for benefits	$ 67,611,367	$ 60,242,034

See accompanying notes to financial statements.

TAC RETIREMENT PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended December 31, 2025

Additions to Net Assets	
Investment income:	
Net realized and unrealized gains on investments	$ 7,023,773
Interest and dividends	1,548,293
Lease income	259,933
Total investment income	8,831,999
Interest income from notes receivable from participants	20,964
Contributions:	
Participant	1,494,788
Employer	1,974,228
Rollover	18,119
Total contributions	3,487,135
Total additions to net assets	12,340,098
Deductions from Net Assets	
Benefits paid to participants	4,803,323
Administrative expenses	167,442
Total deductions from net assets	4,970,765
Net increase in net assets available for benefits	7,369,333
Net assets available for benefits at beginning of year	60,242,034
Net assets available for benefits at end of year	$ 67,611,367

See accompanying notes to financial statements.

TAC RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2025 and 2024

A. Description of the Plan

General

The following brief description of the TAC Retirement Plan (the "Plan") is provided for general information purposes only. The Plan is sponsored by TACenergy, LLC (the "Company" or "Plan Sponsor"). Participants should refer to the Plan document for more complete information. The Company's corporate offices are located in Dallas, Texas.

The Plan is a defined contribution plan, effective September 16, 1969, restated most recently effective July 1, 2022, covering substantially all full-time employees of the Plan Sponsor, Arnold Capital Management, LLC, and The Arnold Companies X, LLC (collectively, the "Plan Employer"). In addition, employees must be age eighteen or older and must have at least one year of service to be eligible for profit-sharing contributions and 90 days of service to be eligible for elective deferrals, qualified non-elective contributions, and safe harbor matching contributions.

The purpose of the Plan is to encourage the Company's employees to save and invest, systematically, a portion of their current compensation so that they and their families may have a source of additional income upon their retirement or in the event of death.

Effective December 5, 2025, the Plan changed its recordkeeper from OneAmerica Retirement Services ("One America") to Voya Institutional Trust Company ("Voya"). OneAmerica was acquired by Voya causing the change in recordkeeper. Voya assumed responsibility as a trustee as well and provided certification from January 1, 2025 through December 31, 2025. There were no changes to the Plan's provisions.

Contributions

Participants may contribute up to 80% of eligible compensation, as defined by the Plan document. Contributions are subject to limitations on annual additions and other limitations imposed by the Internal Revenue Code (the "Code") as defined in the Plan document. Eligible participants may make rollover contributions to the Plan.

Participants who are eligible to make salary deferral contributions under the Plan and who have attained age 50 before the close of the year may make catch-up contributions in accordance with, and subject to, the limitations imposed by the Code.

The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 3 percent of eligible compensation and their contributions invested in a designated balance fund until changed by the participant. This deferral percentage will increase by 1 percent each Plan year up to a maximum of 6 percent, absent instruction by the employee.

A. Description of the Plan – continued

Contributions – continued

The Plan's QACA safe harbor matching contributions are equal to 100% of participant elective deferrals that do not exceed 5% of the participants' total compensation. Additionally, the Company may make discretionary annual profit-sharing contributions for all participants who are employed as of the last day of the Plan year to the Plan as determined by management. Participants must meet the same eligibility requirements to participate in the Plan to receive the discretionary profit-sharing contributions. The Company made a total of $1,076,465 in discretionary profit-sharing contributions for 2025.

Effective January 1, 2025, the Plan permitted eligible participants who attain ages 60 through 63 during the plan year to make additional elective deferrals in excess of the standard age 50 catch-up contribution limit, as permitted under section 109 of the SECURE 2.0 Act of 2022 ("Super catch-up contributions"). Super catch-up contributions are subject to annual limits established by the Code and are adjusted periodically for inflation. The availability of super catch-up contributions is optional, and the plan elected to adopt this provision with the 2025 plan year.

Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of (a) the Company's matching and profit-sharing contributions and (b) Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings or account balances, as defined in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the Company matching and profit-sharing contribution portion of accounts, plus actual earnings thereon, is as follows:

Years of Service	Profit Sharing Contributions	Keystone Merged Matching Contributions	QACA Safe Harbor Matching Contributions
0 – 1 years	0%	0%	0%
2 years	20%	25%	100%
3 years	40%	50%	100%
4 years	60%	75%	100%
5 years	80%	100%	100%
6 years	100%	100%	100%

A. Description of the Plan – continued

Vesting – continued

In the event of disability or death, the participant will become fully vested.

Participant Loans

Participants may borrow from their accounts a minimum of $1,000 up to a maximum amount equal to the lesser of $50,000 or 50% of their vested account balance. Loan terms range up to five years, or longer for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates determined by the Company. As of December 31, 2025 and 2024, interest rates were at 4.25% to 9.50%. Principal and interest are paid ratably through payroll deductions. Participant loans are classified as notes receivable from participants in the accompanying statements of net assets available for benefits.

Benefit Payments

Participants withdrawing during the year for reasons of service or disability, retirement, death, or termination are entitled to their vested account balances. Benefits are distributed in the form of rollovers, lump-sum, partial payment, and installment payments. If withdrawing participants are not entitled to their entire account balances, the amounts not received are forfeited. Vested benefits will be paid to an employee's beneficiary in the case of death. The Advisory Committee shall direct the trustee to distribute a married participant's vested account balance in the form of a qualified joint and survivor annuity, and an unmarried participant's vested account balance will be paid in the form of a life annuity, unless the participant makes a valid waiver election within the 180-day period ending on the date the Plan will commence paying benefits. A participant may elect to withdraw all or a portion of his/her vested account balance while employed after reaching age 59 ½.

Forfeitures

Forfeited balances of terminated participants' non-vested accounts are used to offset future employer contributions. As of December 31, 2025 and 2024, forfeited non-vested accounts totaled $21,224 and $44,637, respectively. Forfeitures of $105,815 were allocated to reduce employer matching contributions during 2025.

Investment Options

Upon enrollment in the Plan, a participant may direct his/her salary deferrals in 1% increments into any of the Plan's investment options.

B. Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of the financial statements in conformity with GAAP requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from these estimates.

Contributions

Contributions from the Company and participants are accrued as they become obligations of the Company, as determined by the Plan administrator, and in the period in which they are deducted, in accordance with participants' salary deferral agreements.

Investment Valuation and Income

The investments of the Plan are stated at fair value, except for the fully benefit-responsive investment contract, which is reported at contract value, as of December 31, 2025 and 2024, and are subject to market or credit risks customarily associated with equity investments. Fair value measurements are determined in accordance with GAAP, which defines fair value, establishes a framework for measuring fair value, and expands disclosures about assets and liabilities measured at fair value. See Notes C and D for information related to the Plan's valuation methodologies.

Investment gains and losses are accounted for using the average cost basis of the securities sold. The net realized and unrealized gains and losses on investments include realized gains and losses on sales of investments during the periods and unrealized increases in the market value of investments held at December 31, 2025. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Notes Receivable from Participants

Notes receivable from participants are recorded at the unpaid principal balance plus accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred.

Payment of Benefits

Benefits are recorded when paid.

B. Summary of Significant Accounting Policies – continued

Plan Expenses

Employees of the Company perform certain administrative functions with no compensation from the Plan. In accordance with Plan provisions, the Company or the Plan can pay costs relating to asset management charges and recordkeeping. All administrative expenses paid by the Company are not reflected in the accompanying financial statements.

C. Fair Value Measurements

GAAP defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date and establishes a three-tier hierarchy that is used to identify assets and liabilities measured at fair value. The hierarchy focuses on the inputs used to measure fair value and requires that the lowest level input be used. The three levels defined are as follows:

Level 1 Observable inputs that are based upon quoted market prices for identical assets or liabilities within active markets.

Level 2 Observable inputs other than Level 1 that are based upon quoted market prices for similar assets or liabilities, based upon quoted prices within inactive markets, or inputs other than quoted market prices that are observable through market data for substantially the full term of the asset or liability.

Level 3 Inputs that are unobservable for the particular asset or liability due to little or no market activity and are significant to the fair value of the asset or liability. These inputs reflect assumptions that market participants would use when valuing the particular asset or liability.

GAAP requires that we describe the methodologies used to measure the fair value of assets and liabilities. The methodologies used to measure the fair value of the Plan's investments are as follows:

- Common stocks are valued at the closing price reported on the active market on which the individual securities are traded and classified within Level 1 of the valuation hierarchy.

- Money market funds are valued based on the short-term cash component as of the measurement date and classified within Level 1 of the valuation hierarchy.

- Mutual funds are presented at fair value based on the net asset value ("NAV") as of the close of each business day. This unadjusted quoted price is readily observable in active markets. As such, these are categorized as Level 1 within the fair value hierarchy. There are no significant restrictions on redeeming these investments at NAV.

C. Fair Value Measurements – continued

- The pricing inputs other than quoted prices included in Level 1 are either directly or indirectly observable for the asset or liability as of the measurement date. These inputs are derived principally from, or corroborated by, observable market data. The Plan's Level 2 measurements consist of mortgage-backed securities, U.S. government securities, and corporate bonds.

- The common collective trust is composed primarily of common stocks, short-term investments, and futures contracts. Participant transactions (purchases and sales) may occur daily. The unit values are based on the fair value of the underlying investments held by each fund, adjusted for fund-level assets and liabilities. Because significant valuation inputs are observable in the marketplace, these investments are classified within Level 2 of the fair value hierarchy.

- The fair value of the investment in real estate is shown at the appraised value which has been determined by a third-party independent appraiser. The appraisal is based on the cost approach, sales comparison, and income approach. The value determined is by a blend of the approaches and thus is classified within Level 3 of the valuation hierarchy.

The following table details the Plan's investments at fair value by level, within the fair value hierarchy, as of December 31, 2025 and 2024.

	December 31, 2025			
	Level 1	**Level 2**	**Level 3**	**Total**
Common stocks	$21,010,635	$ -	$ -	$21,010,635
Money market fund	622,853	-	-	622,853
Mutual funds	29,925,148	-	-	29,925,148
Mortgage-backed securities	-	2,157,022	-	2,157,022
U.S. government securities	-	1,311,578	-	1,311,578
Corporate bonds	-	7,666,484	-	7,666,484
Common collective trust	-	702,398	-	702,398
Real estate	-	-	2,309,000	2,309,000
Total investments at fair value	$51,558,636	$11,837,482	$ 2,309,000	$65,705,118

C. Fair Value Measurements – continued

	December 31, 2024			
	Level 1	**Level 2**	**Level 3**	**Total**
Common stocks	$19,731,750	$ -	$ -	$19,731,750
Money market fund	440,062	-	-	440,062
Mutual funds	25,908,258	-	-	25,908,258
Mortgage-backed securities	-	1,916,235	-	1,916,235
U.S. government securities	-	1,715,390	-	1,715,390
Corporate bonds	-	6,108,110	-	6,108,110
Common collective trust	-	435,308	-	435,308
Real estate	-	-	2,276,000	2,276,000
Total investments at fair value	$46,080,070	$10,175,043	$ 2,276,000	$58,531,113

These items are classified in their entirety based on the lowest priority level of input that is significant to the fair value measurement. The assessment of the significance of a particular input to the fair value measurement requires judgment and may affect the placement of assets and liabilities within the levels of the fair value hierarchy.

The real estate classified in Level 3 of the fair value hierarchy was purchased in a prior year. There were no realized gains/losses, sales, or transfers out of Level 3 as of December 31, 2025 and 2024, or for the year ended December 31, 2025. There were no transfers between levels.

Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements

The following table represents the Plan's Level 3 financial instrument, the valuation techniques used to measure the fair value of the financial instrument as of December 31, 2025 and 2024, respectively, and the significant unobservable inputs:

Investment	Fair Value 12/31/2025	Fair Value 12/31/2024	Principal Valuation Approach	Valuation Techniques	Significant Unobservable Inputs
Real estate	$ 2,309,000	$ 2,276,000	Income, sales, cost approaches (blend)	Discounted Cash flow/ direct capitalization method/market	Yield or discount rate/market comparables

D. Guaranteed Investment Contract

The Plan holds a traditional investment contract, American United Life Insurance Company Stable Value Account ("AUL"), a group annuity insurance product of American United Life Insurance Company. The contract meets the fully benefit-responsive criteria as described by GAAP and, therefore, is reported at contract value.

Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate a permitted transaction under the terms of the Plan. The concept of a value other than contract value does not apply to these contracts even upon a discontinuance in which case contract value would be paid no later than 90 days from the date the sponsor provides notice to discontinue.

The Plan owns a promise to pay interest at crediting rates which are announced in advance and guaranteed for a specified period of time as outlined in the contracts. The minimum credit rate cannot be less than 0%. Contract value represents deposits made to the contract, plus earnings at guaranteed crediting rates, less withdrawals and fees.

There are no events that limit the ability of the Plan to transact at contract value with the issuer. There are also no events and circumstances that would allow the issuer to terminate the fully benefit responsive investment contracts with the Plan and settle at an amount different from contract value.

E. Certified Investment Information

Certain information in the accompanying financial statements and ERISA-required supplemental schedules related to investments and notes receivable from participants held as of December 31, 2025 and 2024, and net appreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2025, was obtained by management and agreed to or derived from information certified as complete and accurate by Voya, Matrix Trust Company, and Regions Trust, the trustees and/or custodians of the Plan, which are qualified institutions.

F. Real Estate

Real estate is held by a bank-administered trust and is leased to TACenergy, LLC (formerly leased to Truman Arnold Companies). The fair market value of this property as reflected in the financial statements at December 31, 2025 and 2024, was $2,309,000 and $2,276,000, respectively. The lease payments for this property are set in relation to the estimated fair market value at the beginning of the fiscal year. The total lease income received, net of expenses associated with the property which are the responsibility of the lessee, was $259,933 for the year ended December 31, 2025.

G. Nonparticipant-Directed Investments

Information about the net assets and the significant components of the changes in net assets relating to the nonparticipant-directed investments is as follows:

	December 31, 2025	December 31, 2024
Net Assets:		
Common stocks	$21,010,635	$19,731,750
Money market fund	622,853	440,062
Mutual funds	350,336	519,401
Mortgage-backed securities	2,157,022	1,916,235
U.S. government securities	1,311,578	1,715,390
Corporate bonds	7,666,484	6,108,110
Real Estate	2,309,000	2,276,000
	$35,427,908	$32,706,948

	Year Ended December 31, 2025
Changes in Net Assets:	
Contributions	$ 1,022,894
Interest and dividend income	916,542
Rent income	259,933
Net appreciation	3,236,993
Benefits paid to participants	(2,592,445)
Administrative expenses	(122,957)
	$ 2,720,960

H. Tax Status

The Plan is a qualified profit-sharing arrangement established under Section 401 of the Code and is exempt from income taxes under Section 401(a) of the Code. The Plan has executed an adoption agreement using a Friday Eldredge & Clark Nonstandardized Defined Contribution Plan and relies on the opinion letter issued for the nonstandardized plan on September 21, 2022. The Plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the Code.

Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Company believes that the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

H. Tax Status – continued

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

I. Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions set forth in ERISA. In the event the Plan terminates, all amounts credited to participants' accounts will become 100% vested.

J. Parties-in-Interest Transactions

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee organization, or relatives of such persons.

Certain Plan investments including shares of mutual funds, common collective trust, United States government securities, corporate bonds, common stocks, money market funds, and mortgage-backed securities, are managed by Voya, Regions Trust and Matrix Trust Company. Voya, Regions Trust, and Matrix Trust Company are the trustees as defined by the Plan and, therefore, qualify as parties-in-interest. Voya, and One America provides third-party administration services, including participant accounting, and also qualifies as a party-in-interest. In addition, the Company is a related party and party-in-interest with reference to its leasing of real estate from the Plan as stated in Note F. The related-party transactions were consummated on terms equivalent to those that prevail in arm's-length transactions.

K. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits as of December 31, 2025 per the accompanying financial statements to the Form 5500:

Net assets available for benefits per the financial statements	$67,611,367
Employer Contributions receivable per the financial statements	(1,076,465)
Net assets available for benefits per the Form 5500	$66,534,902

K. Reconciliation of Financial Statements to Form 5500 – continued

The following is a reconciliation of the net increase in net assets available for benefits for the year ended December 31, 2025, per the accompanying financial statements to the Form 5500:

Net increase in net assets available for benefits per the financial statements	$ 7,369,333
Current year employer contributions receivable per the financial statements	(1,076,465)
Net increase in net assets available for benefits per the Form 5500	$ 6,292,868

The reconciling items noted above are due to the difference in the method of accounting used in preparing the Form 5500 as compared to the Plan's financial statements. There were no reconciling items from the financial statement to Form 5500 as of December 31, 2024.

L. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

M. Subsequent Events

In preparing the accompanying financial statements, management of the Company has evaluated all subsequent events and transactions for potential recognition or disclosure through October 14, 2026, the date the financial statements were available for issuance.

SUPPLEMENTAL SCHEDULES

TAC RETIREMENT PLAN

FORM 5500, SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

Year Ended December 31, 2025

EIN: 87-4665900
Plan #: 001

	Participant Contributions Transferred Late to Plan (Check here if Late Participant Loan Repayments are included) ☐	Total that Constitutes Nonexempt Prohibited Transactions			
		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
*	$ 80	$ -	$ 80	$ -	$ -

* 2024 remittals fully corrected with lost earnings in 2025

TAC RETIREMENT PLAN

FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2025

EIN: 87-4665900
Plan #: 001

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
Money Market Fund				
	Fidelity Government Portfolio	549,852 Shares	$ 622,853	$ 622,853
	Total		$ 622,853	$ 622,853
United States Government Securities				
	United States Treasury Note/Bond	3% 15 Feb 2048	$ 579,302	$ 440,532
	United States Treasury Note/Bond	3.875% 15 Aug 2033	274,514	275,687
	United States Treasury Note/Bond	1.25% 15 May 2050	247,642	201,041
	United States Treasury Note/Bond	4% 31 Jan 2029	192,405	192,419
	United States Treasury Note/Bond	2.875% 15 May 2043	152,078	135,074
	Federal Home Loan Mortgage Corp	6.25% 15 Jul 2032	70,405	66,825
	Total		$ 1,516,346	$ 1,311,578
Mutual Funds				
	American Funds 2035 Trgt Date Retire R6	Mutual Funds	**	$ 5,142,790
	iShares S&P 500 Index K	Mutual Funds	**	3,747,086
	American Funds 2040 Trgt Date Retire R6	Mutual Funds	**	3,068,257
	American Funds 2030 Trgt Date Retire R6	Mutual Funds	**	2,819,925
	American Funds 2050 Trgt Date Retire R6	Mutual Funds	**	1,815,925
	American Funds 2025 Trgt Date Retire R6	Mutual Funds	**	1,753,222
	American Funds 2060 Trgt Date Retire R6	Mutual Funds	**	1,706,650
	American Funds 2045 Trgt Date Retire R6	Mutual Funds	**	1,642,023
	American Funds 2055 Trgt Date Retire R6	Mutual Funds	**	1,610,243
	Fidelity® Contrafund®	Mutual Funds	**	1,400,824
	iShares US Aggregate Bond Index K	Mutual Funds	**	740,076
	Victory Sycamore Established Value R6	Mutual Funds	**	570,401
	DFA US Small Cap I	Mutual Funds	**	520,895
	American Funds 2015 Trgt Date Retire R6	Mutual Funds	**	479,412
	iShares Total US Stock Market Idx K	Mutual Funds	**	466,778
	PGIM Global Real Estate Z	Mutual Funds	**	415,162
	American Funds EuroPacific Growth R6	Mutual Funds	**	399,158
	iShares MSCI EAFE Intl Idx K	Mutual Funds	**	358,852
	American Funds 2020 Trgt Date Retire R6	Mutual Funds	**	357,925

TAC RETIREMENT PLAN

FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) ***(continued)***

December 31, 2025

EIN: 87-4665900
Plan #: 001

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Vanguard Emerging Markets Bond Fund	Mutual Funds	$ 315,488	$ 350,336
	PIMCO Income Instl	Mutual Funds	**	292,328
	Vanguard Inflation-Protected Secs Adm	Mutual Funds	**	169,215
	American Funds 2010 Trgt Date Retire R6	Mutual Funds	**	97,665
	Total		$ 315,488	$ 29,925,148
	Collective Fund			
	Putnam Large Cap Value Trust CHA	Common Collective Trust	**	$ 702,398
	Total		$ -	$ 702,398
	Corporate Bonds			
	iShares Core U.S. Aggregate Bond ETF	Bond	$ 2,475,498	$ 2,296,742
	PIMCO International Bond Fund U.S. Dollar-Hedged	Bond	796,701	806,543
	Artisan High Income Fund	Bond	566,624	579,454
	BrandywineGLOBAL High Yield Fund	Bond	578,962	579,061
	Royal Bank of Canada	.875% 20 Jan 2026	135,338	138,797
	JPMorgan Chase & Co Variable	3.782% 01 Feb 2028	142,342	137,692
	Procter & Gamble Co/The	3% 25 Mar 2030	78,910	71,398
	Williams Cos Inc/The	5.3% 30 Sep 2035	69,990	71,279
	Kroger Co/The	2.65% 15 Oct 2026	70,361	71,275
	Southwest Airlines Co	4.375% 15 Nov 2028	70,862	71,148
	Bank of America Corp Variable	3.559% 23 Apr 2027	72,424	70,870
	Shell Finance US Inc	2.375% 07 Nov 2029	68,949	70,760
	Chevron USA Inc	4.5% 15 Oct 2032	69,803	70,755
	Sherwin-Williams Co/The	4.5% 15 Aug 2030	70,004	70,725
	Anheuser-Busch InBev Worldwide Inc	4.9% 23 Jan 2031	73,228	70,507
	Southern Co/The	3.7% 30 Apr 2030	73,325	70,354
	Fidelity National Information Services Inc	1.65% 01 Mar 2028	70,789	70,267
	Pfizer Inc	4.5% 15 Nov 2032	69,990	70,246
	Comcast Corp	3.75% 01 Apr 2040	90,461	70,059
	Toyota Motor Credit Corp	.8% 09 Jan 2026	68,558	69,958
	Bank of New York Mellon Corp/The	.75% 28 Jan 2026	68,384	69,836
	Morgan Stanley Variable	4.654% 18 Oct 2030	68,466	69,835
	Amazon.com Inc	4.65% 20 Nov 2035	69,985	69,717
	Bank of Nova Scotia/The	1.05% 02 Mar 2026	68,405	69,683
	Truist Financial Corp	1.267% 02 Mar 2027	68,582	69,648
	Charles Schwab Corp/The	.9% 11 Mar 2026	68,606	69,602
	Molson Coors Beverage Co	5% 01 May 2042	78,485	69,447
	Lloyds Banking Group PLC	4.375% 22 Mar 2028	71,374	69,442
	Blackrock Inc	1.9% 28 Jan 2031	73,354	69,265
	HSBC Holdings PLC Variable	3.973% 22 May 2030	71,197	69,194
	American Water Capital	5.25% 01 Mar 2035	66,987	69,184
	Sysco Corp	3.3% 15 Feb 2050	87,238	69,174
	Toyota Motor Credit Corp	1.125% 18 Jun 2026	68,519	69,151
	Lowe's Cos Inc	3.65% 05 Apr 2029	74,396	69,135
	Bank of America Corp	6.11% 29 Jan 2037	76,647	69,127
	Berkshire Hathaway Finance Corp	4.25% 15 Jan 2049	91,350	69,068
	Gilead Sciences Inc	3.65% 01 Mar 2026	71,551	68,970
	National Rural Utilities Cooperative Finance Corp	4.95% 07 Feb 2030	67,214	68,955

TAC RETIREMENT PLAN

FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) ***(continued)***

December 31, 2025

EIN: 87-4665900
Plan #: 001

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	International Business Machines Corp	3.45% 19 Feb 2026	$ 71,396	$ 68,950
	Georgia Power Co	5.004% 23 Feb 2027	68,091	68,885
	International Business Machines Corp	3.5% 15 May 2029	71,091	68,693
	Capital One Financial Corp	3.65% 11 May 2027	69,740	68,682
	Oracle Corp	4.2% 27 Sep 2029	69,943	68,649
	Goldman Sachs Group Inc/The Variable	2.65% 21 Oct 2032	72,817	68,599
	Canadian Pacific Railway Co	4.8% 30 Mar 2030	66,957	68,549
	Citigroup Inc Variable	4.542% 19 Sep 2030	66,894	68,541
	Duke Energy Corp	4.85% 05 Jan 2029	67,030	68,392
	AT&T Inc	4.5% 15 May 2035	72,281	68,328
	Home Depot Inc/The	4.875% 25 Jun 2027	66,890	68,147
	American Tower Corp	5.8% 15 Nov 2028	65,317	67,875
	Air Lease Corp	3.75% 01 Jun 2026	67,574	67,871
	Total		$ 7,919,880	$ 7,666,484
	Common Stock			
	Vanguard 500 Index Fund	Common Stock	$ 1,930,397	$ 4,820,378
	Vanguard FTSE Developed Markets ETF	Common Stock	1,399,772	1,738,415
	Vanguard Growth Index Fund	Common Stock	723,356	1,199,193
	JPMorgan Large Cap Growth Fund	Common Stock	750,780	1,077,613
	iShares Core S&P Small-Cap ETF	Common Stock	679,098	1,074,529
	Vanguard FTSE Emerging Markets ETF	Common Stock	869,905	1,058,857
	GQG Partners Emerging Markets Equity Fund	Common Stock	515,370	536,710
	Artisan Developing World Fund	Common Stock	216,637	299,148
	Pzena Emerging Markets Value Fund/USA	Common Stock	167,613	212,494
	ASML Holding NV	Common Stock	92,415	130,523
	JPMorgan Chase & Co	Common Stock	38,857	124,377
	Wec Energy Group Inc	Common Stock	94,470	110,100
	Woodward Inc	Common Stock	48,297	97,347
	CBRE Group Inc	Common Stock	47,008	95,992
	IQVIA Holdings Inc	Common Stock	69,111	83,176
	EMCOR Group INC	Common Stock	58,590	81,980
	Cummins Inc	Common Stock	34,836	79,120
	ABB LTD Sponsored ADR	Common Stock	42,325	77,890
	Keysight Technologies Inc	Common Stock	32,326	74,164
	Johnson & Johnson	Common Stock	56,593	72,019
	AstraZeneca PLC	Common Stock	59,338	71,613
	Stifel Financial Corp	Common Stock	38,587	70,499
	Ulta Beauty Inc	Common Stock	53,470	70,181
	Reinsurance Group of America Inc	Common Stock	50,418	69,380
	Republic Services Inc	Common Stock	49,594	68,665
	Parker Hannifin Corp	Common Stock	43,226	68,559
	Banco Santander SA	Common Stock	48,295	68,304
	Primerica Inc	Common Stock	32,024	65,623
	Alphabet Inc	Common Stock	32,894	65,417
	Unilever PLC Sponsored ADS Each 1 ORD (REV SPT)	Common Stock	56,945	65,400
	Twilio Inc	Common Stock	60,415	65,146
	Masco Corp	Common Stock	51,971	64,793
	Simpson Manufacturing Co Inc	Common Stock	38,076	64,749
	Raymond James Financial Inc	Common Stock	40,950	64,718
	RenaissanceRe Holdings Ltd	Common Stock	40,928	64,386
	Thermo Fisher Scientific Inc	Common Stock	53,441	63,740
	Hexcel Corp	Common Stock	48,885	63,628

TAC RETIREMENT PLAN

FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) ***(continued)***

December 31, 2025

EIN: 87-4665900
Plan #: 001

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	KBC Groep NV	Common Stock	$ 34,995	$ 62,551
	Albemarle Corp	Common Stock	39,055	62,516
	Cencora Inc	Common Stock	30,157	62,484
	Entegris Inc	Common Stock	62,912	62,429
	Watts Water Technologies Inc	Common Stock	29,222	62,105
	Synopsys Inc	Common Stock	58,082	62,003
	Snap-on Inc	Common Stock	39,642	60,994
	Dover Corp	Common Stock	40,636	60,915
	Linde PLC	Common Stock	62,508	60,547
	Bank of America Corp	Common Stock	25,667	60,390
	Ross Stores Inc	Common Stock	48,785	60,347
	Air Products and Chemicals Inc	Common Stock	61,408	60,026
	QIAGEN NV	Common Stock	58,627	58,956
	Compass Group PLC	Common Stock	42,620	58,158
	Air Liquide SA	Common Stock	48,514	58,105
	Aon PLC	Common Stock	49,783	57,519
	MTU Aero Engines AG	Common Stock	32,473	57,110
	Broadcom INC	Common Stock	26,291	57,107
	CH Robinson Worldwide Inc	Common Stock	55,231	57,070
	Intercontinental Exchange Inc	Common Stock	43,338	57,010
	Darden Restaurants Inc	Common Stock	35,866	56,862
	Charles Schwab Corp/The	Common Stock	31,549	56,749
	Progressive Corp/The	Common Stock	42,895	56,702
	CVS Health Corp	Common Stock	49,403	56,346
	RELX PLC	Common Stock	47,215	56,265
	Williams Cos Inc/The	Common Stock	32,861	55,722
	Wintrust Financial Corp	Common Stock	50,918	55,648
	Toro Co/The	Common Stock	54,775	55,419
	Berkshire Hathaway Inc	Common Stock	27,789	54,789
	Travelers Cos Inc/The	Common Stock	24,460	54,241
	ING Groep NV	Common Stock	27,567	53,592
	East West Bancorp Inc	Common Stock	45,123	53,273
	Scotts Miracle-Gro Co/The	Common Stock	73,266	53,215
	FTI Consulting Inc	Common Stock	34,225	52,786
	McKesson Corp	Common Stock	25,763	52,499
	O'Reilly Automotive Inc	Common Stock	43,395	52,446
	Agilent Technologies Inc	Common Stock	33,219	52,251
	Labcorp Holdings Inc	Common Stock	41,113	52,183
	DR Horton Inc	Common Stock	29,350	51,851
	CSX Corp	Common Stock	34,667	51,801
	GATX Corp	Common Stock	29,739	51,728
	Acushnet Holdings Corp	Common Stock	26,290	51,324
	Diploma PLC	Common Stock	33,723	50,381
	Houlihan Lokey Inc	Common Stock	32,067	49,818
	Martin Marietta Materials Inc	Common Stock	25,291	49,190

TAC RETIREMENT PLAN

FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) ***(continued)***

December 31, 2025

EIN: 87-4665900
Plan #: 001

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	UnitedHealth Group INC	Common Stock	$ 69,183	$ 49,186
	General Dynamics Corp	Common Stock	32,255	49,152
	Sempra Energy	Common Stock	37,780	49,001
	Deere & Co	Common Stock	38,320	48,885
	TJX Cos Inc/The	Common Stock	28,918	48,541
	Akamai Technologies Inc	Common Stock	48,704	47,813
	Microchip Technology Inc	Common Stock	56,927	47,599
	American Express Co	Common Stock	18,881	47,354
	XPO Inc	Common Stock	40,228	47,025
	Nordea Bank Abp	Common Stock	31,191	47,022
	Becton Dickinson and Co	Common Stock	59,062	46,965
	RTX Corp	Common Stock	18,573	46,950
	Jack Henry & Associates Inc	Common Stock	43,301	46,532
	Bank Hapoalim BM	Common Stock	35,609	46,492
	Bankinter SA	Common Stock	23,253	46,358
	RBC Bearings Inc	Common Stock	16,514	46,188
	Coterra Energy Inc	Common Stock	25,085	45,797
	Packaging Corp of America	Common Stock	31,060	45,783
	Amazon.com Inc	Common Stock	44,558	45,702
	AIA Group Ltd	Common Stock	43,480	45,666
	Taiwan Semiconductor Manufacturing Co Ltd	Common Stock	36,230	45,584
	Skyworks Solutions Inc	Common Stock	57,752	45,021
	3i Group PLC	Common Stock	47,705	44,605
	BXP Inc	Common Stock	49,282	44,334
	Installed Building Products Inc	Common Stock	44,454	43,578
	Hoya Corp	Common Stock	31,729	43,524
	Applied Materials Inc	Common Stock	16,157	43,174
	Halma PLC	Common Stock	25,078	43,058
	Broadridge Financial Solutions Inc	Common Stock	39,905	42,849
	Experian PLC	Common Stock	40,384	42,776
	Cie Financiere Richemont SA	Common Stock	32,525	42,651
	Resona Holdings Inc	Common Stock	36,019	42,479
	Engie SA	Common Stock	34,132	42,452
	Gildan Activewear Inc	Common Stock	28,424	42,410
	InterContinental Hotels Group PLC	Common Stock	37,204	42,249
	Moelis & Co	Common Stock	23,034	41,931
	Bio-Rad Laboratories Inc	Common Stock	38,107	41,813
	Hexagon AB	Common Stock	37,447	41,783
	Arrow Electronics Inc	Common Stock	39,849	41,758
	Chevron Corp	Common Stock	25,650	41,456
	DSV Panalpina A/S	Common Stock	39,196	41,440
	ConocoPhillips	Common Stock	26,052	41,188
	Bureau Veritas SA	Common Stock	37,161	40,959
	Sampo Oyj	Common Stock	31,571	40,888
	Industria de Diseno Textil SA	Common Stock	34,240	40,887
	Sensata Technologies Holding PLC	Common Stock	49,229	40,714

TAC RETIREMENT PLAN

FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) ***(continued)***

December 31, 2025

EIN: 87-4665900
Plan #: 001

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Landstar System Inc	Common Stock	$ 47,894	$ 40,380
	Sherwin-Williams Co/The	Common Stock	28,401	39,856
	Fanuc Corp	Common Stock	27,962	39,738
	Visa Inc	Common Stock	22,684	39,630
	Adidas AG	Common Stock	45,818	39,243
	RLI Corp	Common Stock	39,114	39,092
	Capital One Financial Corp	Common Stock	23,855	39,020
	Intel Corp	Common Stock	36,196	38,856
	Vertiv Holdings Co	Common Stock	43,167	38,558
	Sysco Corp	Common Stock	32,774	38,319
	Legrand SA	Common Stock	35,226	37,596
	Motorola Solutions Inc	Common Stock	14,736	37,182
	Mitsubishi Electric Corp	Common Stock	20,009	36,598
	Mitsui Fudosan Co Ltd	Common Stock	28,962	36,491
	Home Depot Inc/The	Common Stock	23,113	36,131
	Centene Corp	Common Stock	54,606	35,636
	Graco Inc	Common Stock	22,465	35,575
	London Stock Exchange Group PLC	Common Stock	33,787	34,850
	Universal Music Group NV	Common Stock	30,801	34,504
	First Hawaiian Inc	Common Stock	23,921	34,332
	Global Payments Inc	Common Stock	41,121	34,288
	Kadant Inc	Common Stock	32,366	34,202
	Marsh & McLennan Cos Inc	Common Stock	18,678	33,950
	Techtronic Industries Co Ltd	Common Stock	38,859	33,512
	SBA Communications Corp	Common Stock	39,200	33,463
	Mizuho Financial Group Inc	Common Stock	23,331	33,028
	Haleon PLC	Common Stock	22,535	32,241
	Chubb Ltd	Common Stock	22,743	32,148
	Allianz SE	Common Stock	28,954	31,970
	UFP Industries Inc	Common Stock	38,752	31,959
	Meta Platforms Inc	Common Stock	12,016	31,684
	Anglo American PLC	Common Stock	30,366	31,180
	PNC Financial Services Group Inc/The	Common Stock	28,684	31,101
	Nintendo Co Ltd	Common Stock	42,090	31,056
	Nomura Research Institute Ltd	Common Stock	22,003	29,885
	Siemens AG	Common Stock	21,729	29,809
	BancFirst Corp	Common Stock	29,449	29,792
	SSE PLC	Common Stock	29,219	29,383
	Boeing Co/The	Common Stock	29,349	29,094
	Donaldson Co Inc	Common Stock	18,820	28,815
	Recruit Holdings Co Ltd	Common Stock	20,369	28,429
	Eastman Chemical Co	Common Stock	37,906	28,085
	Procter & Gamble CO/THE	Common Stock	31,947	27,659
	SLB Ltd	Common Stock	24,669	27,250
	Rightmove PLC	Common Stock	28,713	27,096
	Comcast Corp	Common Stock	35,569	27,021

TAC RETIREMENT PLAN

FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) ***(continued)***

December 31, 2025

EIN: 87-4665900
Plan #: 001

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	IMI PLC	Common Stock	$ 26,228	$ 26,962
	Americold Realty Trust Inc	Common Stock	51,794	26,620
	CorVel Corp	Common Stock	23,753	26,594
	Shin-Etsu Chemical Co Ltd	Common Stock	33,772	25,839
	Novo Nordisk A/S	Common Stock	46,494	25,694
	Artisan Partners Asset Management Inc	Common Stock	24,279	24,811
	Lottomatica Group Spa	Common Stock	24,413	24,405
	PepsiCo Inc	Common Stock	26,907	24,111
	Microsoft Corp	Common Stock	13,478	23,697
	Roche Holding AG	Common Stock	22,568	23,619
	Exxon Mobil Corp	Common Stock	22,250	23,587
	Capgemini SE	Common Stock	26,385	23,243
	CRH PLC	Common Stock	14,334	23,213
	Veralto Corp	Common Stock	17,146	23,049
	American Tower Corp	Common Stock	23,540	23,000
	Otis Worldwide Corp	Common Stock	12,766	22,449
	Suzuki Motor Corp	Common Stock	15,010	22,292
	Medtronic PLC	Common Stock	20,785	22,286
	LCI Industries Com	Common Stock	24,657	22,084
	Helmerich & Payne Inc	Common Stock	25,354	21,424
	Manhattan Associates Inc	Common Stock	11,803	21,144
	Illinois Tool Works Inc	Common Stock	12,641	20,689
	Thales SA	Common Stock	15,840	20,585
	Marks & Spencer Group PLC	Common Stock	19,791	18,924
	Walt Disney Co/The	Common Stock	15,703	18,658
	Murphy Oil Corp	Common Stock	20,994	18,469
	Disco Corp	Common Stock	16,489	16,692
	Nitori Holdings Co Ltd	Common Stock	22,891	14,216
	Starbucks Corp	Common Stock	15,211	13,979
	Nippon Sanso Holdings Corp	Common Stock	14,497	13,326
	Maruwa Co Ltd/Aichi	Common Stock	15,978	13,282
	IMCD NV	Common Stock	18,719	11,086
	Hawkins Inc	Common Stock	13,609	10,512
	Kforce Inc	Common Stock	12,688	6,586
	Total		$ 14,278,781	$ 21,010,635
	Mortgage Backed Securities			
	Fannie Mae Pool FN FS2420	3.5% 01 Jul 2052	$ 172,704	$ 174,188
	Freddie Mac Pool FR SD6961	5% 01 Nov 2053	148,617	153,023
	Freddie Mac Pool FR ZT0534	3.5% 01 Dec 2047	167,571	145,063
	Freddie Mac Pool FR RA6567	3% 01 Dec 2051	132,723	130,308
	Freddie Mac Gold Pool FG G16426	3% 01 Feb 2033	137,577	128,329
	Freddie Mac Pool FR SD7540	2.5% 01 May 2051	118,503	123,608
	Fannie Mae Pool FN CA7028	2.5% 01 Sep 2050	120,665	122,708
	Freddie Mac Pool FR SD7550	3% 01 Feb 2052	115,119	120,328
	Fannie Mae Pool FN FS2009	3% 01 May 2052	107,190	101,603
	Fannie Mae Pool FN CB3292	2.5% 01 Apr 2052	97,133	88,915
	Fannie Mae Pool FN CB4354	5% 01 Aug 2052	78,825	78,951
	Freddie Mac Pool FR SD0612	2.5% 01 Nov 2050	88,490	73,226
	Freddie Mac Pool FR SB0308	2.5% 01 Jan 2035	59,685	53,346
	Freddie Mac Pool FR SB0301	2.5% 01 Apr 2035	53,131	52,315
	Fannie Mae Pool FN AU1629	3% 01 Jul 2043	51,632	47,746

TAC RETIREMENT PLAN

FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) ***(continued)***

December 31, 2025

EIN: 87-4665900
Plan #: 001

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Fannie Mae Pool FN CA7963	2.5% 01 Nov 2050	$ 46,212	$ 46,637
	Freddie Mac Pool FR RA6388	2.5% 01 Dec 2051	50,554	43,811
	Fannie Mae Pool FN FM1000	3% 01 Apr 2047	48,774	43,677
	Fannie Mae Pool FN FS5093	2.5% 01 Apr 2037	41,139	42,398
	Freddie Mac Pool FR SB0662	2.5% 01 Apr 2037	36,831	38,295
	Fannie Mae Pool FN CA0853	3.5% 01 Dec 2047	35,908	34,173
	Freddie Mac Pool FR ZS4778	4% 01 Jul 2048	31,462	29,071
	Fannie Mae Pool FN BH9288	4% 01 Feb 2048	28,967	27,074
	Fannie Mae Pool FN FM1148	3.5% 01 Dec 2048	29,634	26,922
	Fannie Mae Pool FN MA3210	3.5% 01 Dec 2047	26,944	24,879
	Fannie Mae Pool FN AS9585	4% 01 May 2047	24,002	22,725
	Fannie Mae Pool FN FS4755	2.5% 01 Jun 2037	15,708	16,452
	Fannie Mae Pool FN AV0692	4% 01 Dec 2043	17,259	16,404
	Fannie Mae Pool FN FM1456	2.5% 01 Sep 2028	11,563	11,292
	Freddie Mac Gold Pool FG G08681	3.5% 01 Dec 2045	10,737	9,830
	Fannie Mae Pool FN AU3735	3% 01 Aug 2043	9,779	9,041
	Freddie Mac Gold Pool FG G60080	3.5% 01 Jun 2045	9,059	8,297
	Fannie Mae Pool FN AT2720	3% 01 May 2043	8,958	8,042
	Fannie Mae Pool FN 888129	5.5% 01 Feb 2037	6,653	6,658
	Fannie Mae Pool FN AQ0546	3.5% 01 Nov 2042	6,408	6,140
	Freddie Mac Gold Pool FG G16407	2.5% 01 Jan 2033	5,742	5,716
	Freddie Mac Gold Pool FG G18536	2.5% 01 Jan 2030	5,801	5,494
	Fannie Mae Pool FN AL9994	2.5% 01 Apr 2032	5,428	5,410
	Fannie Mae Pool FN AS6191	3.5% 01 Nov 2045	5,518	5,001
	Fannie Mae Pool FN 938134	6% 01 Jul 2037	4,409	4,614
	Fannie Mae Pool FN AH5575	4% 01 Feb 2041	4,378	4,142
	Fannie Mae Pool FN AE0981	3.5% 01 Mar 2041	4,509	4,116
	Freddie Mac Gold Pool FG G18557	3% 01 Jun 2030	4,028	3,824
	Freddie Mac Gold Pool FG G05937	4.5% 01 Aug 2040	3,447	3,246
	Fannie Mae Pool FN AL0393	4.5% 01 Jun 2041	3,273	3,096
	Freddie Mac Gold Pool FG A95147	4% 01 Nov 2040	3,233	2,945
	Fannie Mae Pool FN 735580	5% 01 Jun 2035	3,098	2,917
	Fannie Mae Pool FN AS4991	3.5% 01 May 2045	3,091	2,850
	Fannie Mae Pool FN 745870	5% 01 Oct 2036	2,781	2,559
	Fannie Mae Pool FN AL9371	3% 01 Oct 2046	2,769	2,539
	Fannie Mae Pool FN AA7236	4% 01 Jun 2039	2,592	2,420
	Freddie Mac Gold Pool FG A95828	4.5% 01 Dec 2040	2,456	2,351
	Freddie Mac Gold Pool FG G05408	5% 01 Dec 2036	2,288	2,172
	Fannie Mae Pool FN 889579	6% 01 May 2038	2,114	2,039
	Fannie Mae Pool FN AT2062	2.5% 01 Apr 2028	1,804	1,775
	Fannie Mae Pool FN 725773	5.5% 01 Sep 2034	1,693	1,620
	Fannie Mae Pool FN AD6432	4.5% 01 Jun 2040	1,661	1,571
	Fannie Mae Pool FN AB1500	4% 01 Sep 2040	1,669	1,548
	Freddie Mac Gold Pool FG A86314	4% 01 May 2039	1,595	1,464
	Fannie Mae Pool FN MA0258	4.5% 01 Dec 2039	1,599	1,440
	Fannie Mae Pool FN 872463	6% 01 Jun 2036	1,230	1,229

TAC RETIREMENT PLAN

FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) ***(continued)***

December 31, 2025

EIN: 87-4665900
Plan #: 001

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Fannie Mae Pool FN 890468	3.5% 01 Sep 2027	$ 1,028	$ 1,009
	Fannie Mae Pool FN AY5652	3% 01 Jun 2030	1,016	967
	Fannie Mae Pool FN 255770	5.5% 01 Jul 2035	930	930
	Fannie Mae Pool FN 745275	5% 01 Feb 2036	982	914
	Fannie Mae Pool FN AC6693	4.5% 01 Jan 2040	795	739
	Freddie Mac Gold Pool FG G18622	2.5% 01 Dec 2031	748	719
	Freddie Mac Gold Pool FG J17508	3% 01 Dec 2026	736	696
	Freddie Mac Gold Pool FG G18568	2.5% 01 Sep 2030	706	682
	Freddie Mac Gold Pool FG G15787	3% 01 May 2031	711	677
	Fannie Mae Pool FN AS7643	2.5% 01 Aug 2031	679	654
	Fannie Mae Pool FN AS0907	3.5% 01 Nov 2028	668	633
	Fannie Mae Pool FN AJ7715	3% 01 Dec 2026	610	578
	Fannie Mae Pool FN MA1062	3% 01 May 2027	602	571
	Freddie Mac Gold Pool FG C09063	4% 01 Sep 2044	606	557
	Fannie Mae Pool FN AV2359	4% 01 Jan 2044	598	550
	Freddie Mac Gold Pool FG G14725	2.5% 01 Apr 2028	532	506
	Freddie Mac Gold Pool FG G08344	4.5% 01 May 2039	487	455
	Freddie Mac Gold Pool FG G07810	4.5% 01 May 2042	446	414
	Freddie Mac Gold Pool FG G08606	4% 01 Sep 2044	351	324
	Fannie Mae Pool FN 745418	5.5% 01 Apr 2036	297	282
	Fannie Mae Pool FN AJ7717	3% 01 Dec 2026	197	189
	Fannie Mae Pool FN AB3905	3.5% 01 Nov 2026	197	188
	Fannie Mae Pool FN 995094	4.5% 01 Nov 2035	169	158
	Fannie Mae Pool FN AH6827	4% 01 Mar 2026	60	57
	Total		$ 2,242,473	$ 2,157,022
	Real Estate			
	Building	Real Property	$ 2,309,000	$ 2,309,000
	Total		$ 2,309,000	$ 2,309,000
	Guaranteed Investment Contract			
*	AUL Stable Value Account Series A	Guaranteed Investment Contract	**	$ 439,434
	Total		$ -	$ 439,434
	Notes Receivable from Participants			
*	Participant Loans	Interest rates ranging from 4.25% to 9.50% Maturity dates ranging from January 2026 to February 2031	**	$ 323,086
			$ -	$ 323,086
			$ 29,204,821	$ 66,467,638

* Column (a) indicates each identified person/entity known to be a party-in-interest.
** Column (d), indicates cost information is not presented since investment is participant-directed.

TAC RETIREMENT PLAN

FORM 5500, SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

December 31, 2025

EIN: 87-4665900
Plan #: 001

(a) Identity of Party	(b) Description of Asset	Number of Purchase Transactions	(c) Purchase Price	Number of Sell Transactions	(d) Selling Price	(g) Cost of Assets	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii) - Series of securities transactions in excess of 5% of Plan Assets								
* Regions Trust	Fidelity Government Portfolio	673	$ 7,525,045	-	$ -	$ 7,525,045	$ 7,525,045	$ -
* Regions Trust	Fidelity Government Portfolio	-	-	398	7,353,349	7,353,349	7,353,349	-

* A party-in-interest as defined by ERISA
Columns (e) and (f) are not applicable

SCHEDULE H, LINE 4i, SCHEDULE OF ASSETS (HELD AT END OF YEAR)*

DECEMBER 31, 2025

*See attached financial statements with auditor's report.

TAC RETIREMENT PLAN

FORM 5500, SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

December 31, 2025

EIN: 87-4665900
Plan #: 001

(a) Identity of Party	(b) Description of Asset	Number of Purchase Transactions	(c) Purchase Price	Number of Sell Transactions	(d) Selling Price	(g) Cost of Assets	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii) - Series of securities transactions in excess of 5% of Plan Assets								
* Regions Trust	Fidelity Government Portfolio	673	$ 7,525,045	-	$ -	$ 7,525,045	$ 7,525,045	$ -
* Regions Trust	Fidelity Government Portfolio	-	-	398	7,353,349	7,353,349	7,353,349	-

* A party-in-interest as defined by ERISA
Columns (e) and (f) are not applicable