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
TOTALENERGIES FINANCE USA, INC. CASH BALANCE PENSION PLAN

1b Three-digit plan number (PN) ▶ 005

1c Effective date of plan 07/01/2013

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)
TOTALENERGIES FINANCE USA, INC.

P.O. BOX 674411
HOUSTON, TX 77267-4411

2b Employer Identification Number (EIN) 23-3060301

2c Plan Sponsor's telephone number 713-483-5305

2d Business code (see instructions) 324110

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.	10/16/2026	DEJI OGUNNUBI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

TOTALENERGIES PETROCHEMICALS & REFINING USA, INC.

PO BOX 674411
HOUSTON, TX 77267-4411

3b Administrator's EIN: 75-0990403

3c Administrator's telephone number: 713-483-5305

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

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	2298
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)**	1628
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1715
b	Retired or separated participants receiving benefits	**6b**	51
c	Other retired or separated participants entitled to future benefits	**6c**	618
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	2384
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	8
f	Total. Add lines **6d** and **6e**.	**6f**	2392
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	78
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1C

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
TOTALENERGIES FINANCE USA, INC. CASH BALANCE PENSION PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
TOTALENERGIES FINANCE USA, INC.

D Employer Identification Number (EIN)
23-3060301

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	121996001
b Actuarial value	**2b**	121996001

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	45	3031641	3031641
b For terminated vested participants	625	26579030	26579030
c For active participants	1628	80246028	87282854
d Total	2298	109856699	116893525

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

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

5 Effective interest rate	**5**	5.37 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	13242912
b Expected plan-related expenses	**6b**	287063
c Target normal cost	**6c**	13529975

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

10/07/2026
Date

KEVIN BILLS
Type or print name of actuary

26-07029
Most recent enrollment number

MERCER
Firm name

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

500 DALLAS STREET, SUITE 1400
HOUSTON, TX 77002
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	20778823
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	3037349
9	Amount remaining (line 7 minus line 8)	0	17741474
10	Interest on line 9 using prior year's actual return of 5.02 %	0	890622
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		5781523
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.14 %		141051
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		152475
	c Total available at beginning of current plan year to add to prefunding balance		6075049
	d Portion of (c) to be added to prefunding balance		6075049
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	24707145

Part III Funding Percentages

14	Funding target attainment percentage	14	83.22 %
15	Adjusted funding target attainment percentage	15	104.36 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	85.03 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/16/2025	6476208	0			
07/15/2025	4062295	0			
10/21/2025	4158654	0			
			Totals ► 18(b)	14697157	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	14317481

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	13529975
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	19604669	1943377
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	15473352

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	3244184	3244184

36 Additional cash requirement (line 34 minus line 35)	**36**	12229168
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	14317481

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

a Total (excess, if any, of line 37 over line 36)	**38a**	2088313
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	2088313
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

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

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

A Name of plan
TOTALENERGIES FINANCE USA, INC. CASH BALANCE PENSION PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
TOTALENERGIES FINANCE USA, INC.

D Employer Identification Number (EIN)
23-3060301

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

THE BANK OF NEW YORK MELLON

13-5160382

(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)

BLACKROCK

94-3112180

(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?
21 50 24 51 28	INVESTMENT MANAGER	35640	Yes [X] No [ ]	Yes [X] No [ ]	44622	Yes [ ] No [X]

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

CROWE L.L.P

35-0921680

(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	NONE	20000	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

(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
TOTALENERGIES FINANCE USA, INC. CASH BALANCE PENSION PLAN

B Three-digit plan number (PN) ▶ 005

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
TOTALENERGIES FINANCE USA, INC.

D Employer Identification Number (EIN)
23-3060301

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: EB TEMPORARY INVESTMENT FUND

b Name of sponsor of entity listed in (a): THE BANK OF MELLON

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)
25-6078093-023	C	5747443

a Name of MTIA, CCT, PSA, or 103-12 IE: TFUS BLACK ROCK US DEBT INDEX

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

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)
94-6589507-001	C	97436450

a Name of MTIA, CCT, PSA, or 103-12 IE: TFUS BLACK ROCK INTL EQUITY FUND

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

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)
33-6271939-001	C	20809720

a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL FINANCE USA BGI US EQUITY MKT

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

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)
94-3071854-001	C	21877875

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
TOTALENERGIES FINANCE USA, INC. CASH BALANCE PENSION PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
TOTALENERGIES FINANCE USA, INC.

D Employer Identification Number (EIN)
23-3060301

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	702
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3919760	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	14246	19791
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	118073819	145882521
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	122007825	145903014
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	122007825	145903014

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)	14697157	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		14697157
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		14861115
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		29558272
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5124693	
(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)		5124693
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(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)	538390	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		538390
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		5663083
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		23895189
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: CROWE **(2)** EIN: 35-0921680

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 591942.

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
TOTALENERGIES FINANCE USA, INC. CASH BALANCE PENSION PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
TOTALENERGIES FINANCE USA, INC.

D Employer Identification Number (EIN)
23-3060301

Part I Distributions

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

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

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

EIN(s): 04-3275867

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** 76

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: 33.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 67.0 %

High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 0.0 % Other: 0.0 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☒ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

Structured Attachment	Schedule SB, line 26b	2025
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	**Schedule of Projection of Expected Benefit Payments**	This Form is Open to Public Inspection

Name of Plan	TOTALENERGIES FINANCE USA, INC. CASH BALANCE PENSION PLAN						
Plan Year Begin Date	01/01/2025	Plan Year End Date	12/31/2025	EIN	23-3060301	PN	005

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	6379843	26579020	243467	33202330
2026	6512708		242417	6755125
2027	6619812		240770	6860582
2028	6242724		239178	6481902
2029	6130702		237362	6368064
2030	6006128		233779	6239907
2031	5980540		231091	6211631
2032	5872218		228060	6100278
2033	5751679		224646	5976325
2034	5491523		220805	5712328
2035	5410273		216493	5626766
2036	5266738		211663	5478401
2037	5453896		206273	5660169
2038	5233729		200284	5434013
2039	5245441		193662	5439103
2040	5203168		186385	5389553
2041	4945439		178448	5123887
2042	5043895		169860	5213755
2043	4974270		160653	5134923
2044	4629130		150879	4780009
2045	4814784		140618	4955402
2046	4400920		129970	4530890
2047	4326696		119055	4445751
2048	4302133		108014	4410147
2049	4006481		97003	4103484

Name of Plan	TOTALENERGIES FINANCE USA, INC. CASH BALANCE PENSION PLAN						
Plan Year Begin Date	01/01/2025	Plan Year End Date	12/31/2025	EIN	23-3060301	PN	005

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2050	3957032		86193	4043225
2051	3640947		75753	3716700
2052	3303126		65838	3368964
2053	3242196		56589	3298785
2054	2804512		48119	2852631
2055	2637239		40507	2677746
2056	2334323		33791	2368114
2057	1719271		27975	1747246
2058	1577270		23028	1600298
2059	1358813		18893	1377706
2060	1115095		15494	1130589
2061	980316		12742	993058
2062	797647		10543	808190
2063	530185		8807	538992
2064	449162		7447	456609
2065	334527		6387	340914
2066	263190		5559	268749
2067	155704		4909	160613
2068	119202		4391	123593
2069	58114		3970	62084
2070	38043		3616	41659
2071	17780		3309	21089
2072	11945		3032	14977
2073	4303		2775	7078
2074	429		2529	2958

TOTALENERGIES FINANCE USA, INC.
CASH BALANCE PENSION PLAN

FINANCIAL STATEMENTS
December 31, 2025 and 2024

TOTALENERGIES FINANCE USA, INC.
CASH BALANCE PENSION PLAN
Houston, Texas

FINANCIAL STATEMENTS
December 31, 2025 and 2024

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INDEPENDENT AUDITOR'S REPORT

To the Benefits Administrative Committee of
TotalEnergies Finance USA, Inc. Cash Balance Pension Plan
Houston, Texas

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

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

Management, having determined it is permissible in the circumstances, has elected to have the audits of the financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024 and for the years then ended, stating that the certified investment information, as described in Note 3 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.

- 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).

(Continued)

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

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

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

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.

(Continued)

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

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

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

Crowe LLP

Crowe LLP

Houston, Texas
October 14, 2026

TOTALENERGIES FINANCE USA, INC. CASH BALANCE PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2025 and 2024

	2025	2024
Assets		
Plan's interest in the TotalEnerges Finance USA, Inc. Master Trust, at fair value	$ 145,903,014	$ 118,088,065
Employer contribution receivable	-	3,919,760
Net assets available for benefits	$ 145,903,014	$ 122,007,825

See accompanying notes to financial statements.

TOTALENERGIES FINANCE USA, INC. CASH BALANCE PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years ended December 31, 2025 and 2024

	2025	2024
Additions		
Investment income from the Plan's interest in the TotalEnergies Finance USA, Inc. Master Trust	$ 14,861,115	$ 5,413,850
Employer contributions	14,697,157	16,450,572
Total additions	29,558,272	21,864,422
Deductions		
Benefits paid to participants	5,124,693	3,781,992
Administrative expenses	538,390	85,677
Total deductions	5,663,083	3,867,669
Net increase	23,895,189	17,996,753
Net assets available for benefits, beginning of year	122,007,825	104,011,072
Net assets available for benefits, end of year	$ 145,903,014	$ 122,007,825

See accompanying notes to financial statements.

NOTE 1 – DESCRIPTION OF THE PLAN

TotalEnergies Finance USA, Inc. Cash Balance Pension Plan (formerly, TOTAL Finance USA, Inc. Cash Balance Pension Plan) (the Plan) is a defined benefit pension plan sponsored by TotalEnergies Finance USA, Inc. The Plan was originally effective as of July 1, 2013 and was amended and restated effective January 1, 2020. Effective September 1, 2021, TOTAL Finance USA, Inc. changed their name to TotalEnergies Finance USA, Inc. and the Plan was amended to change the Plan name to TotalEnergies Finance USA, Inc. Cash Balance Pension Plan. On December 31, 2025, the Plan was amended to freeze benefit accruals under the Plan. Under the terms of the amendment, participants will cease accruing additional pay credits and interest credits under the Plan after December 31, 2025. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and covers substantially all non-represented employees of the following companies (collectively, the Company):

- TotalEnergies Finance USA, Inc.
- TotalEnergies E&P USA, Inc.
- Atlantic Trading & Marketing Inc.
- TotalEnergies New Energies, USA, Inc.
- TotalEnergies Gas & Power North America Inc.
- TotalEnergies American Services, Inc.
- Novogy, Inc.
- TotalEnergies New Energies Ventures USA, Inc.
- TEP Barnett USA, LLC
- TotalEnergies E&P Americas, LLC
- TotalEnergies Petrochemicals & Refining USA, Inc.
- ATOTECH USA, Inc.
- TotalEnergies Specialties USA, Inc.
- TotalEnergies Petroleum Puerto Rico Corporation
- TotalEnergies USA International, LLC

Non-union employees hired on or after January 1, 2006 are eligible for this Plan. The Plan is closed to union employees.

Effective January 8, 2021, the Plan was amended to allow participation by employees covered by a collective bargaining agreement by United Steel, Paper and Forestry, Rubber Manufacturing, Energy, Allied Industrial and Service Workers International Union, A.F.L. C.I.O., CLC, Local 13-243.

The following brief description of the Plan provides for general information purposes only. Participants should refer to the plan document for a more complete description of the Plan's provisions.

Administration: The Plan is administered by the Benefits Administrative Committee (the Committee) whose members are appointed by the Board of Directors of the Company. The Committee controls and manages the operation and administration of the Plan. The Pension Plan Investment Committee of TotalEnergies Finance USA, Inc. (the Investment Committee) is the named fiduciary of the Plan with respect to the management and control of the assets of the Plan. The Bank of New York Mellon/BNY Mellon, N.A. (Mellon) is the trustee of the Plan.

Master Trust: The Company has adopted the defined benefit master trust agreement between the Company and Mellon, known as the TotalEnergies Finance USA, Inc. Master Trust (TEFUS Master Trust). The TEFUS Master Trust was established for the collective investment of certain defined benefit plans sponsored by TotalEnergies Finance USA, Inc. and its affiliates.

(Continued)

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Funding Policy: The Plan's funding policy is for the Company to annually contribute an amount which will meet or exceed the ERISA minimum funding requirement. Under the terms of the Plan, participant contributions are not permitted. Company contributions to the Plan are based on actuarial determinations for each year utilizing the Standard Unit Credit Method. The Company contributes amounts sufficient to fund the cost of benefits payable under the Plan. During 2025 and 2024, the Company made employer contributions of $14,697,157 and $16,450,572, respectively. The Plan's ERISA minimum funding requirements for 2025 and 2024 have been met.

Pension Benefits: The Plan provides that a participating employee's right to Plan benefits becomes vested after the completion of three years of vesting service, an employee reaches age 65, incurs disability, or death. Vested employees are eligible to receive monthly retirement allowance payments upon termination or retirement regardless of age. At the end of each calendar quarter, active participants are eligible for interest and contribution credits. Interest credits continue through the last day of the quarter immediately preceding the benefit commencement date. When an employee retires or terminates employment after qualifying for a vested benefit, the Plan benefit will be based on the sum of credits in the Plan account.

Pension benefits that grow as an account balance are referred to as a cash balance benefit. Participants may elect to receive their pension benefits in single annuity, lump sum, 100%, 75%, $66^{2/3}$%, 50% joint and survivor annuities or a 10-year certain option. Participants who have benefits totaling $1,000 or less will receive their benefit in a single lump sum distribution unless the employee elects a direct rollover to an IRA.

NOTE 2 – SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting: The accompanying financial statements are prepared on the accrual basis of accounting.

Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures, and actual results may differ from these estimates.

Investment Valuation and Income Recognition: Investments are reported at fair value. Fair value is the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability. The Investment Committee determines the Plan's valuation policies utilizing information provided by its investment advisors and trustees. See Note 5 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Benefit Payments: Benefits are recorded when paid.

Administrative Expenses: The TEFUS Master Trust pays substantially all Plan expenses on behalf of the Plan. Generally, fees charged by (1) Mellon, including but not limited to trust and custodian fees, securities lending fees, and performance analysis fees, (2) investment management fees, (3) fees for products or services related to the management of the investments, and (4) internal salary, benefits, and other direct expenses incurred by personnel employed by the Company in connection with the management of the TEFUS Master Trust, are shared on an equitable basis by the participating plans. Individual Plan level expenses including but not limited to fees for (1) benefit services, (2) Pension Benefit Guaranty Corporation (PBGC) (a U.S. governmental agency) premiums, (3) auditing fees, (4) actuarial and related fees, and (5) legal fees are charged to the assets of the Plan submitting the invoice for payment.

(Continued)

NOTE 2 – SUMMARY OF ACCOUNTING POLICIES (Continued)

Risks and Uncertainties: Investments are exposed to various risks such as interest rate, market, liquidity, credit and risks related to global events. Due to the level of risk associated with certain Plan investments, it is at least reasonably possible that changes in the values of certain Plan investments will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

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

Subsequent Events: Plan management has evaluated subsequent events for recognition and disclosure through October 14, 2026, which is the date the financial statements were available to be issued.

NOTE 3 – CERTIFIED INFORMATION

Certain information related to investments disclosed in the accompanying financial statements, including investments held at December 31, 2025 and 2024, net appreciation in fair value of investments and interest and dividends for the years then ended, was obtained by management and agreed to or derived from information certified as complete and accurate by The Bank of New York Mellon/BNY Mellon, N.A.

NOTE 4 – TOTALENERGIES FINANCE USA, INC. MASTER TRUST

A portion of the Plan's investments are in the TotalEnergies Finance USA, Inc. Master Trust (TEFUS Master Trust). The TEFUS Master Trust was established for the investment of assets of the Plan and one other defined benefit plan sponsored by the Company. The assets of the TEFUS Master Trust are held by the trustee.

The value of the Plan's interest in the TEFUS Master Trust is based on the beginning of year value of the Plan's interest in the trust, plus actual contributions to the Plan and investment income (loss) with respect to the Plan's investments held in the trust less actual distributions from the Plan and allocated administrative expenses. The Plan's interest in the TEFUS Master Trust is reported at fair value based upon the fair values of the underlying investments of the Master Trust. All interest, dividends, other income, expenses, and any proceeds from the sale or disposition of the Plan's investments of the TEFUS Master Trust is allocated to the Plan based on the ratio of the plan's interest in that investment to the value of the Master Trust's interest in that investment. The TEFUS Master Trust consists of a number of investment pools in which the participating plans may choose to invest. The following pools are available for investment by the Plan: the Diversified Return Seeking Pool and the Liability-Hedging Pool. Additionally, there were assets included in the TEFUS Master Trust but not in the investment pools that were specific to certain participating plans.

(Continued)

NOTE 4 – TOTALENERGIES FINANCE USA, INC. MASTER TRUST (Continued)

The following table presents the investments and of assets of the TEFUS Master Trust as of December 31:

	2025		2024	
	TFUSA Master Trust	Plan's Interest of Master Trust	TFUSA Master Trust	Plan's Interest of Master Trust
Investments at fair value				
U.S. government securities	$ 9,837,995	$ -	$ 7,722,201	$ -
Corporate debt instruments	137,298,654	-	118,408,746	-
Corporate stock – common	-	-	-	-
Partnership/joint ventures	49,460,714	-	77,506,066	-
Common/collective trusts	553,185,299	145,882,521	540,234,667	118,073,819
Pooled separate accounts	957,803	-	911,530	-
Total investments at fair value	750,740,465	145,882,521	744,783,210	118,073,819
Noninterest-bearing cash	702	702	-	-
Accrued income and unsettled trades	25,515	19,791	21,119	14,246
Accrued expenses	(87,069)	-	(207,249)	-
Total TFUSA Master Trust net assets	$ 750,679,613	$ 145,903,014	$ 744,597,080	$ 118,088,065

The following table presents investment income (loss) for the TEFUS Master Trust for the years ended December 31:

	2025		2024	
	TFUSA Master Trust	Plan's Interest of Master Trust	TFUSA Master Trust	Plan's Interest of Master Trust
Net investment income:				
Net appreciation (depreciation) in fair value of investments	$ 48,659,279	$ 14,632,521	$ 10,469,951	$ 5,116,694
Interest and dividends	355,437	228,594	685,520	297,156
Net investment income	$ 49,014,716	$ 14,861,115	$ 11,155,471	$ 5,413,850

For 2025 and 2024, the managers of the fixed income funds within the TEFUS Master Trust utilized futures and options trading in the normal course of managing their portfolios. Derivative investments are reported at fair value. The TEFUS Master Trust invests in partnerships and joint ventures which are included in certain of the investment pools noted above. As of December 31, 2025, the TEFUS Master Trust had no further commitments with regard to contributions of capital relating to the TEFUS Master Trust's current investments in partnerships and joint ventures.

(Continued)

NOTE 5 – FAIR VALUE MEASUREMENTS – TEFUS MASTER TRUST

Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurements) and gives the lowest priority to unobservable inputs (Level 3 measurements). The three levels of inputs within the fair value hierarchy are defined as follows:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

The following presents the valuation methods and assumptions used by the TEFUS Master Trust to estimate the fair values of investments:

U.S. Government Securities and Corporate Debt Securities: Certain U.S. government and corporate debt securities are valued at the closing price reported in the active market in which the security is traded (Level 1 inputs). However, most corporate debt securities are valued based upon recent bid prices or the average recent bid and asked prices when available (Level 2 inputs) and, if not available, they are valued through matrix pricing models developed by sources considered by management to be reliable. Matrix pricing, which is a mathematical technique commonly used to price debt securities that are not actively traded, values debt securities without relying exclusively on quoted prices for the specific securities but rather by relying on the securities' relationship to other benchmark quoted securities (Level 2 inputs).

Corporate Stock: The fair values of common stock are determined by obtaining quoted prices from a nationally recognized exchange (Level 1 inputs).

Limited Partnerships: The fair values of limited partnerships are estimated utilizing the asset valuations provided by the funds and their administrators (Level 3 inputs). The Plan Sponsor substantiates the fair values at year-end through a comparison of the partnerships' capital as reported on the partner's K-1 to that reported in the audited financial statements of the Partnerships.

Collective Trusts: The fair values of participation units held in collective trusts are based on the net asset values per unit as reported by the fund managers. The collective trusts provide for daily redemptions by the Plan at reported net asset values per share, with no advance notice requirement.

Pooled Separate Accounts: The fair values of participation units held in pooled separate accounts are based on the net asset values reported by the fund managers as of the financial statement dates and recent transaction prices. Each pooled separate account provides for daily redemptions by the Plan with no advance notice requirements and has redemption prices that are determined by the fund's net asset value per unit.

(Continued)

NOTE 5 – FAIR VALUE MEASUREMENTS – TEFUS MASTER TRUST (Continued)

The following table sets forth by level, within the fair value hierarchy, the TEFUS Master Trust's assets at fair value as of December 31:

	2025			
	Level 1	Level 2	Level 3	Total
U.S. government securities	$ 9,837,995	$ -	$ -	$ 9,837,995
Corporate debt instruments	-	137,298,654	-	137,298,654
Limited partnerships	-	-	49,460,714	49,460,714
Total assets within the fair value hierarchy	$ 9,837,995	$ 137,298,654	$ 49,460,714	196,597,363
Investments measured at NAV as practical expedient*				554,143,102
Total investments at fair value				$ 750,740,465

	2024			
	Level 1	Level 2	Level 3	Total
U.S. government securities	$ 7,722,201	$ -	$ -	$ 7,722,201
Corporate debt instruments	-	118,408,746	-	118,408,746
Corporate stock – common	-	-	-	-
Limited partnerships	-	-	77,506,066	77,506,066
Total assets within the fair value hierarchy	$ 7,722,201	$ 118,408,746	$ 77,506,066	203,637,013
Investments measured at NAV as practical expedient*				541,146,197
Total investments at fair value				$ 744,783,210

*Investments measured at fair value using net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the hierarchy tables for such investments are intended to permit reconciliation of the fair value hierarchy to the investments at fair value line item presented in Note 4.

(Continued)

NOTE 5 – FAIR VALUE MEASUREMENTS – TEFUS MASTER TRUST (Continued)

Qualitative Information About Significant Unobservable Inputs Used in Level 3 Fair Value Measurements: The following table represents the TEFUS Master Trust's level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs.

Investment Type	Fair Value 12/31/2025	Fair Value 12/31/2024	Valuation	Significant Unobservable Inputs
Partnerships:				
Real estate funds – UBS Realty	$ 18,956,128	$ 35,820,496	Market approach	Discount rate
Venture capital funds – Crosslink Capital	$ 30,504,586	$ 41,685,570	Market approach	Discount rate

NOTE 6 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated Plan benefits are those future periodic payments including lump sum distributions that are attributable under the Plan's provisions to the service which employees have rendered. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present eligible employees or their beneficiaries.

The accumulated Plan benefits for active participants are based on their quarterly contribution and interest credits as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances – retirement, death, or termination of employment are included to the extent they are deemed attributable to employee service rendered prior to the valuation date.

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

The actuarial present value of accumulated Plan benefits is determined by Mercer (US) Inc., the Plan's actuary, and is that amount which results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, withdrawal, or retirement) between the valuation date and the expected date of payment. The actuarial present value of accumulated Plan benefits was calculated as of January 1, 2025 and 2024 by the Plan's actuary.

(Continued)

NOTE 6 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)

The significant actuarial assumptions used in the valuation as of January 1, 2025 were as follows:

Interest rate:	5.25%
Mortality basis:	For FASB ASC 960 requirements, Pri-2012 sex-distinct separate employee and retiree tables with contingent survivor adjustments for existing survivors with no collar adjustment, projected generationally with mortality improvement projection scale MP-2021. For ERISA requirements, section 430(h)(3) prescribed separate static annuitant and nonannuitant mortality tables. These tables are based on the RP-2014 mortality tables with improvements beyond 2006 removed, projected with mortality improvement based on the Internal Revenue Service (IRS) methodology and projection scale MP-2021.
Normal retirement date:	Vested participants are eligible to retire at any age.

The significant actuarial assumptions used in the valuation as of January 1, 2024 were as follows:

Interest rate:	5.00%
Mortality basis:	For FASB ASC 960 requirements, Pri-2012 sex-distinct separate employee and retiree tables with contingent survivor adjustments for existing survivors with no collar adjustment, projected generationally with mortality improvement projection scale MP-2021. For ERISA requirements, section 430(h)(3) prescribed separate static annuitant and nonannuitant mortality tables. These tables are based on the RP-2014 mortality tables with improvements beyond 2006 removed, projected with mortality improvement based on the Internal Revenue Service (IRS) methodology and projection scale MP-2021.
Normal retirement date:	Vested participants are eligible to retire at any age.

(Continued)

NOTE 7 – ACCUMULATED PLAN BENEFITS AND CHANGES IN ACCUMULATED PLAN BENEFITS

A summary of the actuarial present value of accumulated plan benefits as determined by the Plan's actuary is as follows:

	January 1, 2025	January 1, 2024
Vested benefits		
Active participants	$ 79,253,295	$ 65,513,070
Inactive participants with deferred benefits	26,579,030	26,292,263
Inactive participants receiving benefits	3,017,934	2,268,251
Total vested benefits	108,850,259	94,073,584
Nonvested benefits	6,944,399	4,786,182
Total actuarial present value of accumulated plan benefits	$ 115,794,658	$ 98,859,766

	2025	2024
Actuarial present value of accumulated plan benefits at beginning of year	$ 98,859,756	$ 81,551,229
Increase (decrease) during the year attributed to:		
Benefits accumulated and (gains) losses	18,020,678	18,768,097
Interest accumulation	4,840,752	4,123,088
Benefits paid	(3,781,992)	(5,568,429)
Change in actuarial assumptions	(2,144,546)	(14,229)
Net increase	16,934,892	17,308,527
Actuarial present value of accumulated plan benefits at end of year	$ 115,794,648	$ 98,859,756

The increase in the present value of accumulated plan benefits is due to actuarial assumption changes attributable to the change in the interest rate from 5.00% to 5.25%, changes to the lump sum interest rate assumptions, and updated demographic assumptions due to a recent experience study.

NOTE 8 – PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to provisions set forth in ERISA. Under these provisions, if the Plan is terminated, the Company may be obligated to make termination payments to the Plan. No funds shall be distributed until notice has been given to the PBGC in compliance with the law. Distributions due to the termination of the Plan shall be made in accordance with the modes of distribution provided for in the Plan. If the Company terminates the Plan, the Committee shall make the following allocation among the members and the beneficiaries in the following order:

(Continued)

NOTE 8 – PLAN TERMINATION (Continued)

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

- Other vested benefits insured by the PBGC up to the applicable limitations (discussed below).

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

- All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations.

Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC. However, the Company has no intention of terminating the Plan.

NOTE 9 – PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under DOL regulations as any fiduciary of the plan, any party rendering service to the plan, the employer, and certain others. Amounts paid by the Plan to parties in interest included fees paid for investment management and actuarial services. Certain professional fees for the administration and audit of the Plan were paid by the Company. Various administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

NOTE 10 – TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated February 10, 2021 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, Plan management believes that the Plan is designed and being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

(Continued)

NOTE 10 – TAX STATUS (Continued)

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan. 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. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2022.

NOTE 11 – JANUARY 1, 2026 ACTUARIAL VALUATION (UNAUDITED)

The January 1, 2026, actuarial valuation was completed prior to the release of the financial statements. A summary of the actuarial valuation information provided by the Plan's actuary, which has not been audited by independent accountants, is provided below for information purposes. The actuarial present value of accumulated plan benefits as of January 1, 2026 and 2025 is as follows:

	January 1,	
	2026	2025
Vested benefits:		
Active participants	$ 104,776,222	$ 79,253,295
Inactive participants with deferred benefits	31,184,798	26,579,030
Inactive participants receiving benefits	3,472,626	3,017,934
Total vested benefits	139,433,646	108,850,259
Nonvested benefits	6,277,447	6,944,399
Total actuarial present value of accumulated Plan benefits	$ 145,711,093	$ 115,794,658

	2026	2025
Actuarial present value of accumulated Plan benefits at beginning of year	$ 115,794,658	$ 98,859,766
Increase (decrease) during the Plan year attributed to:		
Benefits accumulated	26,111,595	18,020,678
Interest accumulation	6,216,252	4,840,752
Benefits paid	(5,124,693)	(3,781,992)
Change in actuarial assumptions	2,713,281	(2,144,546)
Net increase (decrease)	29,916,435	16,934,892
Actuarial present value of accumulated Plan benefits at end of year	$ 145,711,093	$ 115,794,658

The $29,916,435 increase in the present value of accumulated plan benefits is due to actuarial assumption changes attributable to the changes to the lump sum interest rate assumptions and updated demographic assumptions due to a recent experience study.

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

Attained age	Years of credited service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25	19	15									34
25–29	23	93	11								127
	4,572	16,517									
	104,950	110,070									
30–34	27	114	75	16							232
	4,977	20,102	53,277								
	128,268	124,577	115,139								
35–39	22	118	77	45	12	1					275
	5,286	22,988	61,441	81,882							
	147,395	139,036	128,807	116,771							
40–44	19	92	79	75	43	1					309
		24,266	65,536	97,635	108,763						
		145,904	142,393	137,330	142,311						
45–49	14	76	59	39	33	2	2				225
		27,282	68,708	98,370	110,205						
		163,226	149,550	125,214	144,463						
50–54	11	48	49	38	36		1				183
		27,615	59,955	103,455	125,776						
		162,794	136,180	137,471	158,871						
55–59	5	27	28	30	25		2	2	1		120
		23,613	70,604	96,043	119,524						
		158,088	174,669	120,345	137,921						
60–64	2	18	24	24	16	1		2	1		88
			81,600	106,691							
			169,342	132,090							
65–69		8	6	5	10			1			30
70 & up			3		2						5
Total	142	609	411	272	177	5	5	5	2		1,628

In each cell, the top number is the count of active participants for each age/service combination and the bottom numbers are average account balance and average pay respectively. Average pay and average account balance are not shown for cells with fewer than 20 participants.

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

Actuarial assumptions

Economic assumptions			
Discount rate sponsor elections			
• Segment rates or full yield curve	Segment		
• Look-back months	4		
	Stabilized	**Non stabilized**	
• First 5 years	5.07%	5.07%	
• Next 15 years	5.31%	5.33%	
• Over 20 years	5.50%	5.36%	
Cash balance plans			
• Interest accumulation rate	5.25%		
• Whipsaw calculations	No		
Other economic assumptions			
• Salary increases	Varies by group. See table of sample rates.		
• Inflation	2.50% per year		
• Expenses	$287,063 added to current year normal cost		

Rationale for significant economic assumptions

- Discount rates – These are the IRS prescribed rates. The plan sponsor elected this methodology from alternative IRS prescribed options.

- Cash balance interest accumulation rate – Equal to the plan's assumed asset return. Based on the median simulated return using capital market assumptions published in Mercer Investment Consulting's *Capital Markets Outlook* for the plan's target mix, rounded to the nearest 25 basis points. The expected investment return is net of an adjustment for investment expenses assumed to be paid from plan assets.

- Salary increases – Based on an experience study conducted in 2016 and 2017. The resulting assumption balances the plan's historical experience with future expectations based on input and concurrence from the plan sponsor.

- Expenses – Based on prior year experience, adjusted for current year PBGC premiums.

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

Demographic assumptions

- Mortality sponsor elections
  - Healthy and disabled participants: Section 430(h)(3) prescribed generational annuitant and nonannuitant mortality tables for 2025 plan year funding valuations. These tables are based on the Pri-2012 mortality tables projected with the IRS modified MP-2021 mortality improvement scale, in accordance with IRS regulation 1-430(h)(3)-1.
- Withdrawal: See table of sample rates.
  (Withdrawal incidence is assumed to cease when participant first attains the earlier of age 55 with 3 years of service or age 65)
- Retirement age

Attained age	Percentage
55 - 58	6%
59 - 61	8%
62 - 64	10%
65	30%
66 - 67	10%
68 - 69	30%
70	40%
71	100%

(Retirement incidence is assumed to begin when participant first attains the earlier of age 55 with 3 years of service or age 65.)

- Disability incidence: None.
- Benefit commencement age for
  - Future vested deferred: Immediate
  - Current vested deferred: Immediate
- Spouse assumptions: Not applicable (due to 100% cash balance lump sum assumption)

Form of payment	Lump sum
Active retirements	100%
Future vested deferred	100%
Future disabilities	Not applicable
Future deaths	100%
Current vested deferred	100%

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

Table of sample rates

Salary increases

Attained age	Percentage		
	Table 1	Table 2	Table 3
20	4.00%	12.50%	6.00%
25	4.00%	12.50%	6.00%
30	4.00%	12.50%	6.00%
35	4.00%	10.88%	6.00%
40	3.70%	8.18%	5.40%
45	3.20%	5.48%	4.70%
50	2.70%	5.00%	3.90%
55	2.20%	5.00%	3.50%
60	2.00%	5.00%	3.50%
65	2.00%	5.00%	3.20%
70	2.00%	5.00%	3.00%

Table 1 – Specialties
Table 2 – Atlantic Trading, E&P, Gas & Power, New Energies, and TEP Barnett
Table 3 – All others

Withdrawal rates

Atlantic Trading, E&P, Gas & Power, New Energies, and TEP Barnett

Age	Years of service			
	0	1	2	3+
20	23.9%	21.2%	19.4%	17.6%
25	20.8%	18.1%	16.3%	14.5%
30	18.0%	15.3%	13.5%	11.7%
35	16.9%	14.2%	12.4%	10.6%
40	16.0%	13.3%	11.5%	9.7%
45	15.1%	12.4%	10.6%	8.8%
50	14.2%	11.5%	9.7%	8.3%
55	13.3%	10.7%	9.3%	7.8%
60	12.5%	10.3%	8.8%	7.4%

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

All others

Age	Years of service			
	0	1	2	3+
20	18.6%	11.8%	10.8%	9.8%
25	16.2%	10.1%	9.1%	8.1%
30	14.0%	8.5%	7.5%	6.5%
35	13.2%	7.9%	6.9%	5.9%
40	12.5%	7.4%	6.4%	5.4%
45	11.8%	6.9%	5.9%	4.9%
50	11.1%	6.4%	5.4%	4.6%
55	10.4%	6.0%	5.2%	4.4%
60	9.7%	5.7%	4.9%	4.1%

Rationale for significant demographic assumptions

- Mortality – Prescribed by the IRS and based on the plan sponsor's election.
- Withdrawal, retirement age – Based on an experience study conducted in 2020. The resulting assumptions balance the plan's historical experience with future expectations based on input and concurrence from the plan sponsor.
- Form of payment – 100% of participants are assumed to elect a lump sum of their cash balance account, based on experience that shows very few participants elect the actuarially equivalent annuity options.

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

Actuarial methods

Asset methods

The asset valuation method is the fair market value.

Participant methods

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

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

Minimum funding methods

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

A detailed description of the calculation follows:

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
TOTALENERGIES FINANCE USA, INC. CASH BALANCE PENSION PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
TOTALENERGIES FINANCE USA, INC.

D Employer Identification Number (EIN)
23-3060301

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	121,996,001
b Actuarial value	**2b**	121,996,001

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	45	3,031,641	3,031,641
b For terminated vested participants	625	26,579,030	26,579,030
c For active participants	1,628	80,246,028	87,282,854
d Total	2,298	109,856,699	116,893,525

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

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

5 Effective interest rate	**5**	5.37%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	13,242,912
b Expected plan-related expenses	**6b**	287,063
c Target normal cost	**6c**	13,529,975

Statement by Enrolled Actuary

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

SIGN HERE

KB
Signature of actuary

10/7/2026
Date

Kevin Bills
Type or print name of actuary

2607029
Most recent enrollment number

MERCER
Firm name

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

500 Dallas Street, Suite 1400
HOUSTON TX 77002
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	20,778,823
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	3,037,349
9	Amount remaining (line 7 minus line 8)	0	17,741,474
10	Interest on line 9 using prior year's actual return of 5.02%	0	890,622
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		5,781,523
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.14%		141,051
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		152,475
	c Total available at beginning of current plan year to add to prefunding balance		6,075,049
	d Portion of (c) to be added to prefunding balance		6,075,049
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	24,707,145

Part III Funding Percentages

14	Funding target attainment percentage	14	83.22%
15	Adjusted funding target attainment percentage	15	104.36%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	85.03%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/16/2025	6,476,208	0			
07/15/2025	4,062,295	0			
10/21/2025	4,158,654	0			
			Totals ► 18(b)	14,697,157	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	14,317,481

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	**31a**		13,529,975
b Excess assets, if applicable, but not greater than line 31a	**31b**		0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		19,604,669	1,943,377
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**		15,473,352

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	3,244,184	3,244,184

36 Additional cash requirement (line 34 minus line 35)	**36**	12,229,168
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	14,317,481
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	2,088,313
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	2,088,313
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

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

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 63.

(A) Retirement age	(B) Retirement percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	6.0%	10,000	600	33,000
56	6.0%	9,400	564	31,584
57	6.0%	8,836	530	30,219
58	6.0%	8,306	498	28,904
59	8.0%	7,807	625	36,851
60	8.0%	7,183	575	34,478
61	8.0%	6,608	529	32,248
62	10.0%	6,080	608	37,694
63	10.0%	5,472	547	34,471
64	10.0%	4,924	492	31,517
65	30.0%	4,432	1,330	86,425
66	10.0%	3,102	310	20,476
67	10.0%	2,792	279	18,708
68	30.0%	2,513	754	51,264
69	30.0%	1,759	528	36,413
70	40.0%	1,231	493	34,478
71	100.0%	739	739	52,456
Total			10,000	631,186
Average				63.12

The weighted average retirement age is total for column E divided by the total for column D, rounded to the nearest integral age. It should be noted that while only integral valued are shown in the table, the full content of each cell, including decimal portions, is used in the calculations.

Schedule SB, Part V — Summary of Plan Provisions

Summary of major plan provisions

Effective date and plan year	Original plan: July 1, 2013 Restated plan: January 1, 2017 Plan year: Calendar year
Status of the plan	The plan has ongoing benefit accruals and new employees are eligible to participate in the plan once they satisfy the participation requirements.
Significant events that occurred during the year	None
Definitions	
• Eligible employees	Full time and part time employees of the following: Atlantic Trading & Marketing, Inc. Atotech USA, Inc. Cray Valley Novogy, Inc. TEP Barnett USA, LLC Total American Services, Inc. Total E&P USA, Inc. Total Gas & Power North America, Inc. Total New Energies USA, Inc. Total Petrochemicals & Refining USA, Inc. Total Petroleum Puerto Rico Corp. (USVI) Total Specialties USA, Inc.
• Participation	Completion of one hour of service for full time employees working at least 30 hours per week. Completion of one year of eligibility service (1,000 hours in the first year of employment or any subsequent plan year) for part time employees working less than 30 hours per week.
• Vesting service	Used in determining eligibility for benefits. Consists of the period of employment commencing on the date the employee first performs an hour of employment until the last day of employment. No partial years are counted.
• Contribution service	Used in determining employee’s contribution credit level. Consists of the period of employment commencing on the date the employee first performs an hour of employment until the last day of employment. No partial years are counted. For employees who are not participants as of December 31, 2013, service for Cray Valley is ignored.

Schedule SB, Part V — Summary of Plan Provisions

<table>
<tr><td>• Cash balance account</td><td>The cash balance account is equal to the sum of (i) and (ii):

(i) Contribution credits equal to a percentage of considered compensation for each quarter as an eligible employee based on the following table:

<table><tr><th>Years of contribution service</th><th>Percentage</th></tr><tr><td>Less than 5</td><td>6.00%</td></tr><tr><td>5 but less than 10</td><td>6.50%</td></tr><tr><td>10 but less than 15</td><td>7.00%</td></tr><tr><td>15 or more</td><td>7.50%</td></tr></table>
(ii) Interest credits at the end of each quarter based on the account balance at the beginning of the quarter and the actual rate of investment return on plan assets for the quarter.</td></tr>
<tr><td>• Preservation of capital</td><td>The cash balance account at distribution will be no less than the sum of all contribution credits that were ever credited less the sum of contribution credits that were previously distributed.</td></tr>
<tr><td>• Covered Compensation</td><td>Regular or base wages, including retroactive wages, merit bonuses, overtime pay and callback pay. Elective 401(k), 408(k), 408(p), 132(f) or 125 deferrals are included. Only compensation earned while a participant is eligible for pay credits.</td></tr>
<tr><td colspan="2">Normal retirement</td></tr>
<tr><td>• Eligibility</td><td>Age 65</td></tr>
<tr><td>• Benefit</td><td>Cash balance account payable upon termination of employment.</td></tr>
<tr><td colspan="2">Early retirement Not applicable</td></tr>
<tr><td colspan="2">Late retirement</td></tr>
<tr><td>• Eligibility</td><td>Retirement after normal retirement date.</td></tr>
<tr><td>• Benefit</td><td>Cash balance account payable upon termination of employment.</td></tr>
<tr><td colspan="2">Deferred vested</td></tr>
<tr><td>• Eligibility</td><td>Three years of vesting service.</td></tr>
<tr><td>• Benefit</td><td>Cash balance account payable upon termination of employment.</td></tr>
<tr><td colspan="2">Disability</td></tr>
<tr><td>• Eligibility</td><td>Eligible for benefits under the long-term disability plan.</td></tr>
<tr><td>• Benefit</td><td>Cash balance account payable upon termination of employment.</td></tr>
<tr><td colspan="2">Pre-retirement death</td></tr>
<tr><td>• Eligibility</td><td>Immediate</td></tr>
<tr><td>• Benefit</td><td>Single lump sum equal to the cash balance account payable to either spouse or non-spousal beneficiary.</td></tr>
</table>

Schedule SB, Part V — Summary of Plan Provisions

Form of benefits	
• Automatic form for unmarried participants	Life annuity
• Automatic form for married participants	50% joint and survivor annuity
• Optional forms	– Lump sum – Single life annuity – Joint and survivor annuity (100%, 75% and 50%) – 10 years certain and life
• Payment of small benefits	Accumulated benefits not exceeding $1,000 shall be paid in a single lump sum distribution as soon as administratively practicable after the annuity starting date.
• Actuarial equivalence	For benefits payable as lump sum, the cash balance account is deemed to be actuarial equivalent of the accrued benefit. For other purposes, the following mortality and interest are used: - Mortality - RP-2000 Combined Healthy Table weighted 50% male/50% female projected to 2023 using scale AA - Interest - 6.00%
Miscellaneous	
• Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2025, the limit is $350,000.
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2025, the limit is $280,000.

Benefits included or excluded

Unless noted below, all benefits provided by the plan, as restated and amended effective January 1, 2017, are included in this valuation:

- **Most recent plan amendments included:** Second Amendment executed on December 15, 2021.
- **Plan amendments excluded:** None.
- **Late retirement increases:** None.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Schedule SB, Part V — Summary of Plan Provisions

Plan provisions specific to funding

Additional benefits included or excluded

- **IRC Section 436 benefit restrictions:**
  - *Unpredictable contingent event benefits:* None.
  - *Plan amendments:* See above.
  - *Prohibited payments:* None.
  - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Schedule SB, line 32 — Schedule of Amortization Bases

Shortfall bases					
Year established		Outstanding balance	Years remaining		2025 installment
2023	$	10,806,088	13	$	1,110,604
2024		2,807,460	14		274,158
2025		5,991,121	15		558,615
Total	$	19,604,669		$	1,943,377

Schedule SB, line 24 — Change in Actuarial Assumptions

Actuarial assumption changes since prior valuation

- The cash balance interest accumulation rate was updated from 5.00% to 5.25%.
- The expense component of normal cost changed from $253,206 in 2024 to $287,063 in 2025.