

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 11/05/2024

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

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

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

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

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

<b>Part II</b>	<b>Basic Plan Information—enter all requested information</b>
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<b>1a</b> Name of plan <u>VERMONT GAS SYSTEMS, INC. RETIREMENT PLAN</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>001</u>
<b>2a</b> 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) <u>VERMONT GAS SYSTEMS, INC.</u>  <u>85 SWIFT STREET</u> <u>SOUTH BURLINGTON, VT 05401</u>	<b>1c</b> Effective date of plan <u>01/01/1965</u>  <b>2b</b> Employer Identification Number (EIN) <u>03-0228680</u>  <b>2c</b> Plan Sponsor's telephone number <u>802-863-4511</u>  <b>2d</b> Business code (see instructions) <u>221210</u>

**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	06/26/2025	JILL PFENNING
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	90
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	30
	<b>6a(2)</b>	0
	<b>6b</b>	0
	<b>6c</b>	0
	<b>6d</b>	0
	<b>6e</b>	0
	<b>6f</b>	0
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		0
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
1A 3D 3H 1I 1H

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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)

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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**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.

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**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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 \_\_\_\_\_

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<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 11/05/2024

▶ **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.

<b>A</b> Name of plan <u>VERMONT GAS SYSTEMS, INC. RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>VERMONT GAS SYSTEMS, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>03-0228680</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>17812339</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>18917958</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>28</u>	<u>3958353</u>
	<b>b</b> For terminated vested participants .....	<u>32</u>	<u>3628608</u>
	<b>c</b> For active participants .....	<u>30</u>	<u>7585765</u>
	<b>d</b> Total .....	<u>90</u>	<u>15172726</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</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 .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.21 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>0</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>10000</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>10000</u>

**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.

<b>SIGN HERE</b>			
	Signature of actuary	<u>03/05/2025</u>	Date
	<u>ERIK SCHAIT, E.A.</u>	<u>23-08161</u>	Most recent enrollment number
	Type or print name of actuary	<u>802-557-6262</u>	Telephone number (including area code)
	<u>FUTUREPLAN BY ASCENSUS</u>		
	Firm name		
	<u>P.O. BOX 56034</u> <u>BOSTON, MA 02205</u>		
	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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....		
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>8.54</u> % .....	0	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Present value of excess contributions (line 38a from prior year) .....		0
<b>b(1)</b>	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 <u>5.31</u> % .....		0
<b>b(2)</b>	Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance .....		0
<b>d</b>	Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	124.68 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	124.68 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	122.58 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>					
<b>18</b> 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
<b>Totals ▶</b>			<b>18(b)</b>	0	<b>18(c)</b>
					0

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
<b>a</b>	Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b> 0
<b>b</b>	Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b> 0
<b>c</b>	Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b> 0
<b>20</b>	Quarterly contributions and liquidity shortfalls:	
<b>a</b>	Did the plan have a "funding shortfall" for the prior year? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>b</b>	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>c</b>	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		

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>				
<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....				<b>21b</b> 0
<b>22</b> Weighted average retirement age .....				<b>22</b> 62
<b>23</b> Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

<b>Part VI Miscellaneous Items</b>				
<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>26</b> Demographic and benefit information				
<b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				<b>27</b>

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>				
<b>28</b> Unpaid minimum required contributions for all prior years .....				<b>28</b> 0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				<b>29</b> 0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....				<b>30</b> 0

<b>Part VIII Minimum Required Contribution For Current Year</b>				
<b>31</b> Target normal cost and excess assets (see instructions):				
<b>a</b> Target normal cost (line 6c) .....			<b>31a</b>	10000
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....			<b>31b</b>	10000
<b>32</b> Amortization installments:	Outstanding Balance		Installment	
<b>a</b> Net shortfall amortization installment .....	0		0	
<b>b</b> Waiver amortization installment.....	0		0	
<b>33</b> 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 .....			<b>33</b>	
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			<b>34</b>	0
	Carryover balance	Prefunding balance	Total balance	
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0	
<b>36</b> Additional cash requirement (line 34 minus line 35) .....			<b>36</b>	0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....			<b>37</b>	0
<b>38</b> Present value of excess contributions for current year (see instructions)				
<b>a</b> Total (excess, if any, of line 37 over line 36)			<b>38a</b>	0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....			<b>38b</b>	0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....			<b>39</b>	0
<b>40</b> Unpaid minimum required contributions for all years .....			<b>40</b>	0

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>				
<b>41</b> 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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **11/05/2024**

<b>A</b> Name of plan <b>VERMONT GAS SYSTEMS, INC. RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>VERMONT GAS SYSTEMS, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>03-0228680</b>	

**Part I Service Provider Information (see instructions)**

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

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

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

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

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

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**(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)

NEWPORT GROUP, INC.

27-2037969

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	ACTUARIAL	39000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MELTING POINT SOLUTIONS

26-4753313

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	INVESTMENT ADVISORY	20000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MIDWEST INSTITUTIONAL TRUST

36-2085229

(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 51	TRUSTEE	19027	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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)

MORGAN STANLEY SMITH BARNEY LLC

26-4310632

(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?
28	NONE	9197	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DINSE P.C.

03-0349804

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	LEGAL	7055	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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.

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

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>11/05/2024</b>	
<b>A</b> Name of plan <b>VERMONT GAS SYSTEMS, INC. RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>VERMONT GAS SYSTEMS, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>03-0228680</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

**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.

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	0	0
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	0	0
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	0	0
<b>(3)</b> Other .....	<b>1b(3)</b>	4226	0
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	1604865	0
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	0	0
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	0	0
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	0	0
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	15206496	0
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
<b>(15)</b> Other.....	<b>1c(15)</b>	996752	0

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	17812339	0
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	17812339	0

**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.

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	12681	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		12681
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	413992	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		413992
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	76407715	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	76336066	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		71649
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)		
(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)		7909
<b>c</b> Other income .....	2c		-150338
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d		355893

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	16937075	
(2) To insurance carriers for the provision of benefits .....	2e(2)		
(3) Other.....	2e(3)	1130060	
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)		18067135
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g		
<b>h</b> Interest expense.....	2h		
<b>i</b> 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)	9197	
(6) Bank or trust company trustee/custodial fees .....	2i(6)	19027	
(7) Actuarial fees .....	2i(7)	39000	
(8) Legal fees .....	2i(8)	7055	
(9) Valuation/appraisal fees .....	2i(9)	20000	
(10) Other trustee fees and expenses .....	2i(10)		
(11) Other expenses.....	2i(11)	6818	
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)		101097
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j		18168232

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k		-17812339
<b>l</b> 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)  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)  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: **MCSOLEY & MCCOY & CO.**

(2) EIN: **03-0327374**

**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
<b>a</b> 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.)		X	
<b>b</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.)		X	
<b>c</b> 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.)		X	
<b>d</b> 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.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		1000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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?		X	
<b>h</b> 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?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
<b>j</b> 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.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	X		
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> 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.			

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  Yes  No  
 If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

**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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 537715.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 11/05/2024

<b>A</b> Name of plan <u>VERMONT GAS SYSTEMS, INC. RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>VERMONT GAS SYSTEMS, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>03-0228680</u>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

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

<b>1</b> 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): 39-6436442

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

<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	52
--	---	----

<b>Part II</b>	<b>Funding Information</b> (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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	6a	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	6b	
<b>c</b> 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

<b>Part III</b>	<b>Amendments</b>
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**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

<b>Part IV</b>	<b>ESOPs</b> (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 \_\_\_\_\_

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(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 \_\_\_\_\_

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(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:

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

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

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

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

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

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

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

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

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation: \_\_\_\_\_

**Part VII IRS Compliance Questions**

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

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 30 / 2018 (MM/DD/YYYY) and the Opinion Letter serial number J501366A.

**VERMONT GAS SYSTEMS, INC.  
RETIREMENT PLAN**

Financial Statements and Supplemental Schedule  
(With Independent Auditors' Report)

For the period January 1, 2024 to November 5, 2024  
and for the year ended December 31, 2023

**VERMONT GAS SYSTEMS, INC.**  
**RETIREMENT PLAN**  
For the period January 1, 2024 to November 5, 2024  
and for the year ended December 31, 2023

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Note: Certain supplemental schedules specified by the Employee Retirement Income Security Act of 1974 (ERISA) are not applicable and have been omitted.

## Independent Auditors' Report

To the Audit Committee of  
Vermont Gas Systems, Inc. Retirement Plan  
South Burlington, Vermont

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

We have performed audits of the accompanying financial statements of Vermont Gas Systems, Inc. Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for plan benefits (in liquidation) as of November 5, 2024 and December 31, 2023, and the related statements of changes in net assets available for plan benefits (in liquidation) for the period January 1, 2024 to November 5, 2024 and for the year ended December 31, 2023, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's 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 qualified institutions as of November 5, 2024 and December 31, 2023, and for the period January 1, 2024 to November 5, 2024 and for the year ended December 31, 2023, 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 Auditors' Responsibilities for the Audit of the Financial Statements section—

- the amounts and disclosures in the financial statements referred to above, 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 financial statements referred to above related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Vermont Gas Systems, Inc. Retirement 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.

### **Emphasis of Matter – Basis of Accounting**

As discussed in Note 1 to the financial statements, effective November 5, 2024 Vermont Gas Systems, Inc. Retirement Plan was fully liquidated and ceased to exist. As a result, the accompanying financial statements for the period January 1, 2024 to November 5, 2024 and for the year ended December 31, 2023 are prepared on the liquidation basis. Our opinion is not modified with respect to this matter.

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

Management is responsible for the preparation and fair presentation of these 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.

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

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

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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 generally accepted auditing standards, 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 Vermont Gas Systems, Inc. Retirement 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.

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.

### **Supplemental Schedule Required by ERISA**

The supplemental schedule of Schedule H, Line 4j - Schedule of Reportable Transactions is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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

*McSoley McCoy & Co.*

South Burlington, Vermont  
June 13, 2025  
VT Reg. No. 92-349

**Vermont Gas Systems, Inc. Retirement Plan**  
 Statements of Net Assets Available for Plan Benefits in Liquidation  
 November 5, 2024 and December 31, 2023

	2024	2023
Assets:		
Investments at fair value	\$ -	\$ 17,808,113
Accrued investment income	-	4,226
Net assets available for benefits in liquidation	\$ -	\$ 17,812,339

See accompanying notes to the financial statements.

**Vermont Gas Systems, Inc. Retirement Plan**

Statements of Changes in Net Assets Available for Plan Benefits in Liquidation

For the period January 1, 2024 to November 5, 2024 and for the year ended December 31, 2023

	<u>2024</u>	<u>2023</u>
Additions to net assets attributed to:		
Investment income:		
Net appreciation (depreciation) in fair value of investments	\$ (107,929)	\$ 920,957
Interest and dividend income	<u>463,822</u>	<u>625,482</u>
Total investment income	<u>355,893</u>	<u>1,546,439</u>
Deductions from net assets attributed to:		
Benefits paid	11,135,428	683,055
Annuity purchase	5,801,647	-
Transferred to Qualified Replacement Plan	1,130,060	-
Administrative expenses	<u>101,097</u>	<u>119,764</u>
Total deductions	<u>18,168,232</u>	<u>802,819</u>
Net increase (decrease) in net assets available for plan benefits in liquidation	(17,812,339)	743,620
Net assets available for plan benefits in liquidation:		
Beginning of year	<u>17,812,339</u>	<u>17,068,719</u>
End of the year	<u>\$ -</u>	<u>\$ 17,812,339</u>

See accompanying notes to the financial statements.

**VERMONT GAS SYSTEMS, INC.**  
**RETIREMENT PLAN**

Notes to Financial Statements  
For the period January 1, 2024 to November 5, 2024  
and for the year ended December 31, 2023

**(1) Description of Plan**

The following brief description of Vermont Gas Systems, Inc.'s Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

**(a) General**

The Plan was a defined benefit pension plan covering substantially all of the employees of Vermont Gas Systems, Inc. (the "Company" or "Plan Sponsor") hired prior to August 1, 2008. It was subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Plan participation was closed to new participants on August 1, 2008. Accrued benefits for highly compensated employees were frozen as of the later of December 31, 2018, or the year-ended in which a participant becomes a highly compensated employee through December 31, 2022. Accrued benefits for all participants were frozen as of December 31, 2022. Early retirement benefits for eligible participants who retire on or after January 1, 2019 have been enhanced.

As of January 1, 2024, the Plan's trustee changed from BMO Harris Bank, NA to Midwest Institutional Trust Company.

The Board of Directors on February 1, 2024, approved the termination of the Plan effective April 30, 2024. After assets were distributed to participants and annuities transferred, the remaining amount was determined to be an overfunding of the Plan. On September 18, 2024, the Board of Directors approved the transfer of overfunded assets to the Vermont Gas Systems, Inc. 401(K) Plan, as a designated Qualified Replacement Plan (QRP). The overfunded assets were fully transferred to the QRP. Full liquidation of Plan assets was completed on November 5, 2024.

**(b) Pension Benefits**

Eligible employees with five or more years of service, and had attained age 21, were entitled to annual pension benefits beginning at normal retirement age (65) equal to 1.25% of their average monthly compensation up to covered compensation plus 0.50% of average monthly compensation in excess of covered compensation, both multiplied by credited service up to 30 years. The Plan permitted early retirement at ages 55 to 64. If employees terminated before rendering five years of service, they forfeited the right to receive the portion of their accumulated plan benefits attributable to the Company's contributions. Employees could elect to receive the value of their accumulated plan benefits as a lump-sum distribution upon retirement or termination, or they could elect to receive their benefits as a life annuity payable monthly for retirement. Employees could elect to receive their pension benefits in the form of a joint and survivor annuity.

**(c) Forfeited Accounts**

Actuarial gains arising from any forfeiture of a participant's interest in accrued benefits because of death, termination of employment or any other reason were applied to reduce the amount of employer contributions, and not to increase the benefits otherwise payable under the Plan.

**VERMONT GAS SYSTEMS, INC.**  
**RETIREMENT PLAN**

Notes to Financial Statements  
For the period January 1, 2024 to November 5, 2024  
and for the year ended December 31, 2023

**Description of Plan (continued)**

***(d) Death and Disability Benefits***

If the employees terminate before rendering 5 years of service, they forfeited the right to receive the portion of their accumulated benefits attributable to the Company's contribution.

**(2) Summary of Significant Accounting Policies**

***(a) Basis of Accounting***

The financial statements of the Plan were prepared using the accrual method of accounting. Effective January 1, 2024, the financial statements were presented on the liquidation basis of accounting.

***(b) Use of Estimates***

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein during the reporting period. Actual results could differ from those estimates.

***(c) Investment Valuation and Income Recognition***

The Plan's investments were stated at fair value. Investments in money market funds, mutual funds, and exchange traded funds were stated at fair value based on quoted market prices. Corporate and foreign bonds, and government securities were stated at fair value estimated based on the rate of return and scheduled maturity of each instrument. Hedge fund investments were valued based on the current market value of the underlying assets of the fund.

Purchases and sales of securities were recorded on the trade date. Interest income was recorded on the accrual basis. Dividend income was recorded on the ex-dividend date. Net appreciation (depreciation) included the Plan's gains and losses on investments bought and sold, as well as held during the year.

***(d) Administrative Expenses***

The Plan paid for fees relating to investment management, and the Pension Benefit Guaranty Corporation (PBGC) premium. The Plan Sponsor paid for the annual audit, actuarial services and other administrative expenses.

***(f) Payment of Benefits***

Benefit payments were recorded when paid.

**VERMONT GAS SYSTEMS, INC.**  
**RETIREMENT PLAN**

Notes to Financial Statements  
For the period January 1, 2024 to November 5, 2024  
and for the year ended December 31, 2023

**Summary of Significant Accounting Policies (continued)**

**(g) Subsequent Events**

The Plan has evaluated subsequent events through June 13, 2025, the date at which the financial statements were available to be used.

**(3) Information Certified by the Plan's Trustees**

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Midwest Institutional Trust Company (the current trustee of the Plan) and BMO Harris Bank, N.A. (the prior trustee of the Plan), have certified as being complete and accurate the investments on the statements of net assets available for benefits in liquidation as of November 5, 2024 and December 31, 2023, the investment activity reflected in the statements of changes in net assets available for benefits in liquidation for the period January 1, 2024 to November 5, 2024 and for the year ended December 31, 2023, and the investment information included in the supplemental schedule of reportable transactions for the period January 1, 2024 to November 5, 2024. Accordingly, as permitted under such election, the plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information certified as complete and accurate by the Plan's trustees. Certain activity and valuation is not suitable to be certified by the trustees, and as such, has been subject to certain other audit procedures.

**(4) Fair Value Measurements**

Accounting principles generally accepted in the United States of America established a framework for measuring fair value. That framework provides a hierarchy that prioritized the inputs to valuation techniques used to measure fair value. The hierarchy gave the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy were described as follows:

Level 1: Inputs to the valuation methodology were unadjusted quoted prices for identical assets or liabilities in active markets that the Plan had the ability to access.

Level 2: Inputs to the valuation methodology included:

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

**VERMONT GAS SYSTEMS, INC.**  
**RETIREMENT PLAN**

Notes to Financial Statements  
For the period January 1, 2024 to November 5, 2024  
and for the year ended December 31, 2023

**Fair Value Measurements (continued)**

If the asset or liability had a specified (contractual) term, the Level 2 input must have been observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology were unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There were no changes in the methodologies used at November 5, 2024 and December 31, 2023.

*Mutual funds, money market funds, and exchange traded funds:* Valued at the closing price reported on the active market on which the individual securities were traded.

*Hedge funds:* Valued at net asset value (NAV) of units held. The NAV was used as a practical expedient to estimate fair value. The NAV was based on the fair value of the underlying investments held by the fund less its liability. This practical expedient was not used when it was determined to be probable that the fund would sell the investment for an amount different than the reported NAV.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of November 5, 2024 and December 31, 2023:

	<u>Assets at Fair Value as of November 5, 2024</u>			
	<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>	<u>Total</u>
Money market funds	\$ -	\$ -	\$ -	\$ -
Exchange traded funds	-	-	-	-
Mutual funds	-	-	-	-
Total investments in fair value hierarchy	-	-	-	-
Investments measured at NAV	-	-	-	-
Total	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

**VERMONT GAS SYSTEMS, INC.**  
**RETIREMENT PLAN**

Notes to Financial Statements  
For the period January 1, 2024 to November 5, 2024  
and for the year ended December 31, 2023

**Fair Value Measurements (continued)**

	<u>Assets at Fair Value as of December 31, 2023</u>			
	<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>	<u>Total</u>
Money market funds	\$ 1,604,865	\$ -	\$ -	\$ 1,604,865
Exchange traded funds	3,511,779	-	-	3,511,779
Mutual funds	<u>11,694,717</u>	<u>-</u>	<u>-</u>	<u>11,694,717</u>
Total investments in fair value hierarchy	16,811,361	-	-	16,811,361
Investments measured at NAV	<u>-</u>	<u>-</u>	<u>-</u>	<u>996,752</u>
Total	<u>\$ 16,811,361</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 17,808,113</u>

**(5) Actuarial Present Value of Accumulated Plan Benefits**

No recent actuarial valuation has been performed as the Plan completed liquidation during 2024.

**(6) Funding Policy**

The Company made contributions to the Plan which met or exceeded the ERISA and Internal Revenue Code minimum funding requirements. Under the Pension Protection Act Funding Method, the minimum required contribution was the sum of the target normal cost and the shortfall amortization charge. The target normal cost was the present value of the benefits earned in the current year. The shortfall amortization charge was the difference between the plan assets and the funding target, which was the present value of the accrued benefits on the first day of the plan year, amortized over 7 years.

**(7) Plan Termination**

The Plan Sponsor reserved the right to amend or terminate the Plan at any time. As discussed in Note 1, the Plan was terminated and all assets disbursed in 2024. The net assets of the Plan were allocated, as prescribed by ERISA and its related regulations.

**(8) Income Tax Status**

The Internal Revenue Service has determined and informed the Plan by a letter dated July 30, 2020 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. Additionally, the plan administrator believes that the Plan was operated in compliance with the applicable requirements of the Internal Revenue Code and remained tax-exempt. The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan was currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

**VERMONT GAS SYSTEMS, INC.**  
**RETIREMENT PLAN**

Notes to Financial Statements  
For the period January 1, 2024 to November 5, 2024  
and for the year ended December 31, 2023

**Income Tax Status (continued)**

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authorities. The plan administrator had analyzed the tax positions taken by the Plan, and had concluded that as of November 5, 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 was subject to routine audits by taxing jurisdictions; however, there were currently no audits for any tax period in progress. The plan administrator believed the Plan was no longer subject to income tax examinations for years prior to 2021.

**(9) Related Party Transactions**

The Plan had a number of service providers. Such parties were considered parties-in-interest under ERISA.

**Vermont Gas Systems, Inc. Retirement Plan**  
Schedule H, Line 4j - Schedule of Reportable Transactions  
For the period January 1, 2024 to November 5, 2024

Plan Sponsor: Vermont Gas Systems, Inc.  
EIN: 03-0228680  
Plan number: 001

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (include interest rate and maturity in case of a loan)	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
<b>Single transaction exceeds 5% of value:</b>								
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	\$ 3,886,918	\$ -	\$ -	\$ -	\$ 3,886,918	\$ 3,886,918	\$ -
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	7,061,726	-	-	-	7,061,726	7,061,726	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	-	3,388,246	-	-	3,388,246	3,388,246	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	-	2,394,270	-	-	2,394,270	2,394,270	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	-	2,583,817	-	-	2,583,817	2,583,817	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	-	2,394,300	-	-	2,394,300	2,394,300	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	1,255,000	-	-	-	1,255,000	1,255,000	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	-	1,255,001	-	-	1,255,001	1,255,001	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	1,618,178	-	-	-	1,618,178	1,618,178	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	-	1,456,114	-	-	1,456,114	1,456,114	-
Midwest Institutional Trust Company	Ishares Core U.S. Aggregate Bond ETF	-	1,512,545	-	12	1,708,396	1,512,545	(195,851)
Midwest Institutional Trust Company	Metropolitan West Intermediate Bond Fund Class I	-	1,479,756	-	-	1,670,814	1,479,756	(191,058)
Midwest Institutional Trust Company	Federated Hermes Government Obligation Fund #484	-	1,223,739	-	-	1,223,739	1,223,739	-
Midwest Institutional Trust Company	Federated Hermes Government Obligation Fund #117	6,000,000	-	-	-	6,000,000	6,000,000	-
Midwest Institutional Trust Company	Federated Hermes Government Obligation Fund #117	1,000,000	-	-	-	1,000,000	1,000,000	-
Midwest Institutional Trust Company	Federated Hermes Government Obligation Fund #117	3,069,277	-	-	-	3,069,277	3,069,277	-
Midwest Institutional Trust Company	Federated Hermes Government Obligation Fund #117	-	7,100,000	-	-	7,100,000	7,100,000	-
Midwest Institutional Trust Company	Federated Hermes Government Obligation Fund #117	-	1,255,000	-	-	1,255,000	1,255,000	-
Midwest Institutional Trust Company	Federated Hermes Government Obligation Fund #117	5,744,400	-	-	-	5,744,400	5,744,400	-
Midwest Institutional Trust Company	Federated Hermes Government Obligation Fund #117	-	5,820,339	-	-	5,820,339	5,820,339	-
Midwest Institutional Trust Company	Federated Hermes Government Obligation Fund #117	-	1,035,951	-	-	1,035,951	1,035,951	-
Midwest Institutional Trust Company	PIMCO Long-Term Credit Bond	-	3,806,772	-	-	4,255,946	3,806,772	(449,174)
Midwest Institutional Trust Company	Vanguard Bond Index Intermediate Term Bond ETF	-	1,468,778	-	12	1,573,393	1,468,778	(104,615)
Midwest Institutional Trust Company	Vanguard Intermediate Term Corporate Bond Index Fund	2,388,246	-	-	-	2,388,246	2,388,246	-
Midwest Institutional Trust Company	GS Fin Sq Gov #466	16,393,508	-	-	-	16,393,508	16,393,508	-

**Vermont Gas Systems, Inc. Retirement Plan**  
Schedule H, Line 4j - Schedule of Reportable Transactions (continued)  
For the period January 1, 2024 to November 5, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (include interest rate and maturity in case of a loan)	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
<b>Single transaction exceeds 5% of value (continued):</b>								
Midwest Institutional Trust Company	GS Fin Sq Gov #466	-	16,585,618	-	-	16,585,618	16,585,618	-
Midwest Institutional Trust Company	Vanguard Intermediate Term Corporate Bond Index Fund	2,394,270	-	-	-	2,394,270	2,394,270	-
Midwest Institutional Trust Company	Vanguard Intermediate Term Corporate Bond Index Fund	2,397,900	-	-	-	2,397,900	2,397,900	-
Midwest Institutional Trust Company	Vanguard Intermediate Term Corporate Bond Index Fund	2,394,300	-	-	-	2,394,300	2,394,300	-
Midwest Institutional Trust Company	Vanguard Intermediate Term Corporate Bond Index Fund	-	3,030,606	-	1,984	3,031,978	3,030,606	(1,372)
Midwest Institutional Trust Company	Vanguard Intermediate Term Corporate Bond Index Fund	-	1,192,955	-	820	1,196,833	1,192,955	(3,878)
Midwest Institutional Trust Company	Vanguard Intermediate Term Corporate Bond Index Fund	-	5,714,218	-	2,929	5,524,583	5,714,218	189,635
Midwest Institutional Trust Company	Voya Intermediate Bond Fund	-	1,450,559	-	-	1,572,122	1,450,559	(121,563)
<b>Series of transactions in same security excess 5% of value:</b>								
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	\$ 33,968	\$ -	\$ -	\$ -	\$ 33,968	\$ 33,968	\$ -
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	73	-	-	-	73	73	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	677,427	-	-	-	677,427	677,427	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	2	-	-	-	2	2	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	1	-	-	-	1	1	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	2	-	-	-	2	2	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	32,624	-	-	-	32,624	32,624	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	4,413	-	-	-	4,413	4,413	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	9,278	-	-	-	9,278	9,278	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	697,603	-	-	-	697,603	697,603	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	12,263	-	-	-	12,263	12,263	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	12	-	-	-	12	12	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	21	-	-	-	21	21	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	399	-	-	-	399	399	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	16,851	-	-	-	16,851	16,851	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	34,250	-	-	-	34,250	34,250	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	33	-	-	-	33	33	-

**Vermont Gas Systems, Inc. Retirement Plan**  
Schedule H, Line 4j - Schedule of Reportable Transactions (continued)  
For the period January 1, 2024 to November 5, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (include interest rate and maturity in case of a loan)	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
<b>Series of transactions in same security excess 5% of value (continued):</b>								
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	180	-	-	-	180	180	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	<\$1	-	-	-	<\$1	-	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	36,907	-	-	-	36,907	36,907	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	427	-	-	-	427	427	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	33,778	-	-	-	33,778	33,778	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	33,791	-	-	-	33,791	33,791	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	1	-	-	-	1	1	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	<\$1	-	-	-	<\$1	-	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	29,212	-	-	-	29,212	29,212	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	29,212	-	-	-	29,212	29,212	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	<\$1	-	-	-	<\$1	-	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	7,183	-	-	-	7,183	7,183	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	<\$1	-	-	-	<\$1	-	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	26,140	-	-	-	26,140	26,140	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	<\$1	-	-	-	<\$1	-	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	1	-	-	-	1	1	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	184,000	-	-	-	184,000	184,000	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	184,000	-	-	-	184,000	184,000	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	<\$1	-	-	-	<\$1	-	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	25,000	-	-	-	25,000	25,000	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	<\$1	-	-	-	<\$1	-	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	2	-	-	-	2	2	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	20,848	-	-	-	20,848	20,848	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	<\$1	-	-	-	<\$1	-	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	<\$1	-	-	-	<\$1	-	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	-	<\$1	-	-	<\$1	-	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	-	<\$1	-	-	<\$1	-	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	-	113,406	-	-	113,406	113,406	-

**Vermont Gas Systems, Inc. Retirement Plan**  
Schedule H, Line 4j - Schedule of Reportable Transactions (continued)  
For the period January 1, 2024 to November 5, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (include interest rate and maturity in case of a loan)	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
<b>Series of transactions in same security excess 5% of value (continued):</b>								
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	-	184,000	-	-	184,000	184,000	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	-	21,461	-	-	21,461	21,461	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	-	29,212	-	-	29,212	29,212	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	-	30,182	-	-	30,182	30,182	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	-	33,791	-	-	33,791	33,791	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	-	38,671	-	-	38,671	38,671	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	-	395,000	-	-	395,000	395,000	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	-	428,019	-	-	428,019	428,019	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	-	53	-	-	53	53	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	-	697,500	-	-	697,500	697,500	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	-	697,695	-	-	697,695	697,695	-
Midwest Institutional Trust Company	Federated Hermes Government Obligation Fund #117	-	50,000	-	-	50,000	50,000	-
Midwest Institutional Trust Company	Federated Hermes Government Obligation Fund #117	-	449,997	-	-	449,997	449,997	-
Midwest Institutional Trust Company	Federated Hermes Government Obligation Fund #117	-	400,000	-	-	400,000	400,000	-
Midwest Institutional Trust Company	Federated Hermes Government Obligation Fund #117	-	25,000	-	-	25,000	25,000	-
Midwest Institutional Trust Company	Federated Hermes Government Obligation Fund #117	185,990	-	-	-	185,990	185,990	-
Midwest Institutional Trust Company	Federated Hermes Government Obligation Fund #117	13,500	-	-	-	13,500	13,500	-
Midwest Institutional Trust Company	Federated Hermes Government Obligation Fund #117	31,946	-	-	-	31,946	31,946	-
Midwest Institutional Trust Company	Federated Hermes Government Obligation Fund #117	31,002	-	-	-	31,002	31,002	-
Midwest Institutional Trust Company	Federated Hermes Government Obligation Fund #117	31,903	-	-	-	31,903	31,903	-
Midwest Institutional Trust Company	Federated Hermes Government Obligation Fund #117	11,012	-	-	-	11,012	11,012	-
Midwest Institutional Trust Company	Federated Hermes Government Obligation Fund #117	4,969	-	-	-	4,969	4,969	-
Midwest Institutional Trust Company	Federated Hermes Government Obligation Fund #117	8,004	-	-	-	8,004	8,004	-
Midwest Institutional Trust Company	Federated Hermes Government Obligation Fund #117	4,284	-	-	-	4,284	4,284	-
Midwest Institutional Trust Company	Vanguard Intermediate Term Corporate Bond Index Fund	428,019	-	-	-	428,019	428,019	-
Midwest Institutional Trust Company	Vanguard Intermediate Term Corporate Bond Index Fund	-	248,885	-	506	249,340	248,885	(455)

**Schedule of Active Participant Data**

The following table shows the distribution of the plan's active participant population by age and service and other demographic statistics.

**Years of Credited Service**

Age	0 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 +	Total
Under 25	0	0	0	0	0	0	0	0	0	0
25 - 29	0	0	0	0	0	0	0	0	0	0
30 - 34	0	0	1	0	0	0	0	0	0	1
35 - 39	0	0	0	0	0	0	0	0	0	0
40 - 44	0	0	0	4	0	0	0	0	0	4
45 - 49	0	0	0	3	1	0	0	0	0	4
50 - 54	0	0	0	0	4	0	1	0	0	5
55 - 59	0	0	0	2	2	1	3	3	0	11
60 - 64	0	0	0	0	0	1	1	1	0	3
65 - 69	0	0	0	1	0	0	0	0	0	1
Over 70	0	0	0	0	0	0	0	0	1	1
<b>Total</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>10</b>	<b>7</b>	<b>2</b>	<b>5</b>	<b>4</b>	<b>1</b>	<b>30</b>

Average Age            53.87

Average Past Service   26.21

## Statement of Actuarial Assumptions/Methods

### Summary of Methods

Valuation date: January 1, 2024.

Actuarial cost method: Unit Credit Cost Method pursuant to Code Section 430 of the Pension Protection Act of 2006 (PPA).

Actuarial value of assets: The actuarial value of assets is equal to the smoothed asset valuation method under PPA2006. This method averages the asset values of the prior two years by adjusting the market value of assets on the prior two valuation dates.

Changes since last valuation: None

### Primary Assumptions

Interest  
 Minimum Funding: HATFA IRC 430(h) Funding Segment Rates for January 2024, as modified by ARPA; 4.75% per year for 1st segment, 4.96% for 2nd segment, and 5.59% thereafter.  
 Maximum Deductible Funding Target: IRC 404(o) Funding Segment Rates for January 2024; 4.37% per year for 1st segment, 4.96% for 2nd segment, and 4.95% thereafter.

Mortality  
Annuities  
 Pre-retirement: IRS 2024 Combined Static Mortality Table.  
 Post-retirement: IRS 2024 Combined Static Mortality Table.  
Lump Sums  
 Post-retirement: IRS 2024 Section 417(e) Applicable Mortality Table.

Withdrawal: Crocker Sarason Straight T-2. Sample Rates:

<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
20	5.44%	40	3.50%
25	5.29%	45	1.77%
30	5.07%	50	0.40%
35	4.70%	55	0.00%

Retirement Rates:

<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
55	20%	62	20%
56	15%	63	15%
57	5%	64	15%
58	5%	65	60%
59	5%	66	25%
60	15%	67	25%
61	15%	68	100%

**Statement of Actuarial Assumptions/Methods (continued)**

**Primary Assumptions (continued)**

Disability:	None.
Form of Payment:	20% Normal Form. 80% Lump Sum.
Salary increases:	n/a
Taxable wage base increases:	None.
Percentage married:	Males 100%, females 100%.
Age difference:	Husbands are assumed to be 3 years older than their wives.
Maximum benefit:	Limited as set forth by IRC Section 415.
Maximum compensation:	Limited as set forth by IRC Section 401(a)(17).
Expenses:	Estimated based on actual expenses paid in prior two years.
Changes since the last valuation:	The mortality table and interest rate were updated as required by the Pension Protection Act of 2006 (PPA). The mortality table was changed from the IRS 2023 Combined Static Mortality Table to the IRS 2024 Combined Static Mortality Table.
	All other assumptions are identical to the assumptions used in the prior valuation.

**Vermont Gas Systems, Inc. Retirement Plan**  
Schedule H, Line 4j - Schedule of Reportable Transactions  
For the period January 1, 2024 to November 5, 2024

Plan Sponsor: Vermont Gas Systems, Inc.  
EIN: 03-0228680  
Plan number: 001

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (include interest rate and maturity in case of a loan)	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
<b>Single transaction exceeds 5% of value:</b>								
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	\$ 3,886,918	\$ -	\$ -	\$ -	\$ 3,886,918	\$ 3,886,918	\$ -
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	7,061,726	-	-	-	7,061,726	7,061,726	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	-	3,388,246	-	-	3,388,246	3,388,246	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	-	2,394,270	-	-	2,394,270	2,394,270	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	-	2,583,817	-	-	2,583,817	2,583,817	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	-	2,394,300	-	-	2,394,300	2,394,300	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	1,255,000	-	-	-	1,255,000	1,255,000	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	-	1,255,001	-	-	1,255,001	1,255,001	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	1,618,178	-	-	-	1,618,178	1,618,178	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	-	1,456,114	-	-	1,456,114	1,456,114	-
Midwest Institutional Trust Company	Ishares Core U.S. Aggregate Bond ETF	-	1,512,545	-	12	1,708,396	1,512,545	(195,851)
Midwest Institutional Trust Company	Metropolitan West Intermediate Bond Fund Class I	-	1,479,756	-	-	1,670,814	1,479,756	(191,058)
Midwest Institutional Trust Company	Federated Hermes Government Obligation Fund #484	-	1,223,739	-	-	1,223,739	1,223,739	-
Midwest Institutional Trust Company	Federated Hermes Government Obligation Fund #117	6,000,000	-	-	-	6,000,000	6,000,000	-
Midwest Institutional Trust Company	Federated Hermes Government Obligation Fund #117	1,000,000	-	-	-	1,000,000	1,000,000	-
Midwest Institutional Trust Company	Federated Hermes Government Obligation Fund #117	3,069,277	-	-	-	3,069,277	3,069,277	-
Midwest Institutional Trust Company	Federated Hermes Government Obligation Fund #117	-	7,100,000	-	-	7,100,000	7,100,000	-
Midwest Institutional Trust Company	Federated Hermes Government Obligation Fund #117	-	1,255,000	-	-	1,255,000	1,255,000	-
Midwest Institutional Trust Company	Federated Hermes Government Obligation Fund #117	5,744,400	-	-	-	5,744,400	5,744,400	-
Midwest Institutional Trust Company	Federated Hermes Government Obligation Fund #117	-	5,820,339	-	-	5,820,339	5,820,339	-
Midwest Institutional Trust Company	Federated Hermes Government Obligation Fund #117	-	1,035,951	-	-	1,035,951	1,035,951	-
Midwest Institutional Trust Company	PIMCO Long-Term Credit Bond	-	3,806,772	-	-	4,255,946	3,806,772	(449,174)
Midwest Institutional Trust Company	Vanguard Bond Index Intermediate Term Bond ETF	-	1,468,778	-	12	1,573,393	1,468,778	(104,615)
Midwest Institutional Trust Company	Vanguard Intermediate Term Corporate Bond Index Fund	2,388,246	-	-	-	2,388,246	2,388,246	-
Midwest Institutional Trust Company	GS Fin Sq Gov #466	16,393,508	-	-	-	16,393,508	16,393,508	-

**Vermont Gas Systems, Inc. Retirement Plan**  
Schedule H, Line 4j - Schedule of Reportable Transactions (continued)  
For the period January 1, 2024 to November 5, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (include interest rate and maturity in case of a loan)	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
<b>Single transaction exceeds 5% of value (continued):</b>								
Midwest Institutional Trust Company	GS Fin Sq Gov #466	-	16,585,618	-	-	16,585,618	16,585,618	-
Midwest Institutional Trust Company	Vanguard Intermediate Term Corporate Bond Index Fund	2,394,270	-	-	-	2,394,270	2,394,270	-
Midwest Institutional Trust Company	Vanguard Intermediate Term Corporate Bond Index Fund	2,397,900	-	-	-	2,397,900	2,397,900	-
Midwest Institutional Trust Company	Vanguard Intermediate Term Corporate Bond Index Fund	2,394,300	-	-	-	2,394,300	2,394,300	-
Midwest Institutional Trust Company	Vanguard Intermediate Term Corporate Bond Index Fund	-	3,030,606	-	1,984	3,031,978	3,030,606	(1,372)
Midwest Institutional Trust Company	Vanguard Intermediate Term Corporate Bond Index Fund	-	1,192,955	-	820	1,196,833	1,192,955	(3,878)
Midwest Institutional Trust Company	Vanguard Intermediate Term Corporate Bond Index Fund	-	5,714,218	-	2,929	5,524,583	5,714,218	189,635
Midwest Institutional Trust Company	Voya Intermediate Bond Fund	-	1,450,559	-	-	1,572,122	1,450,559	(121,563)
<b>Series of transactions in same security excess 5% of value:</b>								
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	\$ 33,968	\$ -	\$ -	\$ -	\$ 33,968	\$ 33,968	\$ -
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	73	-	-	-	73	73	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	677,427	-	-	-	677,427	677,427	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	2	-	-	-	2	2	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	1	-	-	-	1	1	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	2	-	-	-	2	2	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	32,624	-	-	-	32,624	32,624	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	4,413	-	-	-	4,413	4,413	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	9,278	-	-	-	9,278	9,278	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	697,603	-	-	-	697,603	697,603	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	12,263	-	-	-	12,263	12,263	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	12	-	-	-	12	12	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	21	-	-	-	21	21	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	399	-	-	-	399	399	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	16,851	-	-	-	16,851	16,851	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	34,250	-	-	-	34,250	34,250	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	33	-	-	-	33	33	-

**Vermont Gas Systems, Inc. Retirement Plan**  
Schedule H, Line 4j - Schedule of Reportable Transactions (continued)  
For the period January 1, 2024 to November 5, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (include interest rate and maturity in case of a loan)	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
<b>Series of transactions in same security excess 5% of value (continued):</b>								
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	180	-	-	-	180	180	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	<\$1	-	-	-	<\$1	-	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	36,907	-	-	-	36,907	36,907	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	427	-	-	-	427	427	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	33,778	-	-	-	33,778	33,778	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	33,791	-	-	-	33,791	33,791	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	1	-	-	-	1	1	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	<\$1	-	-	-	<\$1	-	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	29,212	-	-	-	29,212	29,212	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	29,212	-	-	-	29,212	29,212	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	<\$1	-	-	-	<\$1	-	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	7,183	-	-	-	7,183	7,183	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	<\$1	-	-	-	<\$1	-	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	26,140	-	-	-	26,140	26,140	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	<\$1	-	-	-	<\$1	-	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	1	-	-	-	1	1	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	184,000	-	-	-	184,000	184,000	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	184,000	-	-	-	184,000	184,000	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	<\$1	-	-	-	<\$1	-	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	25,000	-	-	-	25,000	25,000	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	<\$1	-	-	-	<\$1	-	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	2	-	-	-	2	2	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	20,848	-	-	-	20,848	20,848	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	<\$1	-	-	-	<\$1	-	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	<\$1	-	-	-	<\$1	-	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	-	<\$1	-	-	<\$1	-	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	-	<\$1	-	-	<\$1	-	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	-	113,406	-	-	113,406	113,406	-

**Vermont Gas Systems, Inc. Retirement Plan**  
Schedule H, Line 4j - Schedule of Reportable Transactions (continued)  
For the period January 1, 2024 to November 5, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (include interest rate and maturity in case of a loan)	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
<b>Series of transactions in same security excess 5% of value (continued):</b>								
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	-	184,000	-	-	184,000	184,000	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	-	21,461	-	-	21,461	21,461	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	-	29,212	-	-	29,212	29,212	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	-	30,182	-	-	30,182	30,182	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	-	33,791	-	-	33,791	33,791	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	-	38,671	-	-	38,671	38,671	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	-	395,000	-	-	395,000	395,000	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	-	428,019	-	-	428,019	428,019	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	-	53	-	-	53	53	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	-	697,500	-	-	697,500	697,500	-
Midwest Institutional Trust Company	Bank Deposits Program Morgan Stanley Citigroup	-	697,695	-	-	697,695	697,695	-
Midwest Institutional Trust Company	Federated Hermes Government Obligation Fund #117	-	50,000	-	-	50,000	50,000	-
Midwest Institutional Trust Company	Federated Hermes Government Obligation Fund #117	-	449,997	-	-	449,997	449,997	-
Midwest Institutional Trust Company	Federated Hermes Government Obligation Fund #117	-	400,000	-	-	400,000	400,000	-
Midwest Institutional Trust Company	Federated Hermes Government Obligation Fund #117	-	25,000	-	-	25,000	25,000	-
Midwest Institutional Trust Company	Federated Hermes Government Obligation Fund #117	185,990	-	-	-	185,990	185,990	-
Midwest Institutional Trust Company	Federated Hermes Government Obligation Fund #117	13,500	-	-	-	13,500	13,500	-
Midwest Institutional Trust Company	Federated Hermes Government Obligation Fund #117	31,946	-	-	-	31,946	31,946	-
Midwest Institutional Trust Company	Federated Hermes Government Obligation Fund #117	31,002	-	-	-	31,002	31,002	-
Midwest Institutional Trust Company	Federated Hermes Government Obligation Fund #117	31,903	-	-	-	31,903	31,903	-
Midwest Institutional Trust Company	Federated Hermes Government Obligation Fund #117	11,012	-	-	-	11,012	11,012	-
Midwest Institutional Trust Company	Federated Hermes Government Obligation Fund #117	4,969	-	-	-	4,969	4,969	-
Midwest Institutional Trust Company	Federated Hermes Government Obligation Fund #117	8,004	-	-	-	8,004	8,004	-
Midwest Institutional Trust Company	Federated Hermes Government Obligation Fund #117	4,284	-	-	-	4,284	4,284	-
Midwest Institutional Trust Company	Vanguard Intermediate Term Corporate Bond Index Fund	428,019	-	-	-	428,019	428,019	-
Midwest Institutional Trust Company	Vanguard Intermediate Term Corporate Bond Index Fund	-	248,885	-	506	249,340	248,885	(455)

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 11/05/2024

▶ **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.

<b>A</b> Name of plan VERMONT GAS SYSTEMS, INC. RETIREMENT PLAN	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF VERMONT GAS SYSTEMS, INC.	<b>D</b> Employer Identification Number (EIN) 03-0228680	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

<b>Part I Basic Information</b>			
<b>1</b> Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2024</u>
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>	17,812,339	
<b>b</b> Actuarial value .....	<b>2b</b>	18,917,958	
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	28	3,958,353	3,958,353
<b>b</b> For terminated vested participants .....	32	3,628,608	3,628,608
<b>c</b> For active participants .....	30	7,585,765	7,585,765
<b>d</b> Total .....	90	15,172,726	15,172,726
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....	<input type="checkbox"/>		
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</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 .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>	5.21%	
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	0	
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	10,000	
<b>c</b> Target normal cost .....	<b>6c</b>	10,000	

**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.

<b>SIGN HERE</b>	Erik Schait	
	Signature of actuary	03/05/2025
	Erik Schait, E.A.	Date
	Type or print name of actuary	2308161
	FuturePlan by Ascensus	Most recent enrollment number
	Firm name	802-557-6262
	P.O. Box 56034	Telephone number (including area code)
	Boston MA 02205	
	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

<b>Part II</b>		<b>Beginning of Year Carryover and Prefunding Balances</b>	
		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....		
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>8.54%</u> .....	0	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		0
	<b>b(1)</b> 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 <u>5.31%</u> .....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		0
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....	0	0

<b>Part III</b>		<b>Funding Percentages</b>	
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	124.68 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	124.68 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	122.58 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

**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	
<b>Totals ▶</b>			<b>18(b)</b>	0	<b>18(c)</b>	0

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

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	0

**20** Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>				
<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b> 0
<b>22</b> Weighted average retirement age .....				<b>22</b> 62
<b>23</b> Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

<b>Part VI Miscellaneous Items</b>				
<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. .... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>26</b> Demographic and benefit information				
<b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				<b>27</b>

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>				
<b>28</b> Unpaid minimum required contributions for all prior years .....				<b>28</b> 0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				<b>29</b> 0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....				<b>30</b> 0

<b>Part VIII Minimum Required Contribution For Current Year</b>				
<b>31</b> Target normal cost and excess assets (see instructions):				
<b>a</b> Target normal cost (line 6c).....				<b>31a</b> 10,000
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....				<b>31b</b> 10,000
<b>32</b> Amortization installments:	Outstanding Balance		Installment	
<b>a</b> Net shortfall amortization installment .....	0		0	
<b>b</b> Waiver amortization installment .....	0		0	
<b>33</b> 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 .....				<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				<b>34</b> 0
	Carryover balance	Prefunding balance	Total balance	
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0	
<b>36</b> Additional cash requirement (line 34 minus line 35).....				<b>36</b> 0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				<b>37</b> 0
<b>38</b> Present value of excess contributions for current year (see instructions)				
<b>a</b> Total (excess, if any, of line 37 over line 36)				<b>38a</b> 0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....				<b>38b</b> 0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....				<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....				<b>40</b> 0

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>				
<b>41</b> 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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

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

<b>(1) Age</b>	<b>(2) Expected Active Headcount</b>	<b>(3) Retirement Rate</b>	<b>(4) Expected Retirements (2)*(3)</b>	<b>(5) Weighted Age (1)*(4)</b>
55	22.31	0.20	4.46	245.14
56	18.81	0.15	2.82	157.79
57	17.95	0.05	0.90	51.05
58	18.00	0.05	0.90	52.11
59	18.05	0.05	0.90	53.14
60	19.08	0.15	2.86	171.40
61	18.15	0.15	2.72	165.64
62	16.35	0.20	3.26	202.16
63	14.01	0.15	2.09	131.93
64	11.83	0.15	1.77	113.18
65	9.98	0.60	5.97	387.73
66	3.96	0.25	0.99	65.06
67	3.94	0.25	0.98	65.71
68	2.93	1.00	2.93	199.06
69	0.00	1.00	0.00	0.00
70	0.00	1.00	0.00	0.00
71	0.00	1.00	0.00	0.00
72	0.00	1.00	0.00	0.00
73	0.00	1.00	0.00	0.00
74	0.00	1.00	0.00	0.00
75	0.00	1.00	0.00	0.00
76	0.00	1.00	0.00	0.00
77	0.00	1.00	0.00	0.00
78	1.00	1.00	1.00	78.00
<b>Total</b>			<b>34.52</b>	<b>2139.10</b>
<b>Average</b>				<b>61.96</b>

## **Summary of Plan Provisions**

This summary of plan provisions as of January 1, 2024 has been prepared for valuation purposes only. It outlines the major plan provisions used to perform the actuarial valuation.

Plan effective date: 1/1/1965. Effective date of amended and restated plan is January 1, 2020.

Plan termination date: 4/30/2024.

Plan year anniversary date: January 1.

Participating Employees and Entry Date: An employee who has completed one Year of Service and has attained the age of 21 will be eligible to participate in the plan as of the first day of the month coinciding with or next following the completion of the eligibility requirements.

**Employees hired after 8/1/2008 are not eligible for the plan.**

Contributions: The employer will pay the full cost of the plan. No participant contributions are required or permitted.

Normal Retirement Date: The first of the month coinciding with or next following the participant's 65th birthday.

Normal Form of Annuity: Monthly life annuity.

Amount of Retirement Income: The amount of monthly retirement benefit to be provided for each Participant who retires on his Normal Retirement Date shall be equal to his Accrued Benefit. A Participant's Accrued Benefit is based on a retirement benefit formula equal to 1.25% of such participant's Final Average Compensation for each Year of Service not in excess of 30, plus 0.5% of Final Average Compensation in excess of Covered Compensation for each Year of Service not in excess of 30.

**Accrued Benefits for non Highly Compensated Employees will not accrue after December 31, 2022.**

**Accrued Benefits for Highly Compensated Employees are frozen as of December 31, 2018.**

Compensation in year of termination is annualized.

## **Summary of Plan Provisions (continued)**

### Early Retirement:

Early retirement date means the first day of the month coinciding with or next following the date on which a participant or former participant attains their 55th birthday and has completed at least 5 years of service.

A participant who terminates prior to January 1, 2019, shall be entitled to receive an early retirement benefit equal to their accrued benefit payable at their normal retirement date. However, if a participant so elects, they may receive payment at their early retirement date, which early retirement benefit shall equal the accrued benefit reduced by 1/6% for each of the first 60 months and 1/3% for each of the next 60 months that the early retirement date precedes their normal retirement date.

A participant who terminates after January 1, 2019, shall be entitled to receive an early retirement benefit equal to their accrued benefit payable at their normal retirement date. However, if a participant so elects, they may receive payment at their early retirement date, which early retirement benefit shall equal the accrued benefit unreduced at age 64, then reduced 1/6% for each of the first 48 months and 1/3% for each of the next 60 months that the early retirement date precedes age 64.

Effective October 1, 2020, a Participant who ceases employment on or after January 1, 2019 may elect to receive payment of an early retirement benefit commencing on the first day of the month coinciding with or next following the Participant's Early Retirement Date, which early retirement benefit shall equal the greater of (1) the Participant's Accrued Benefit unreduced for the first twelve (12) months prior to the Participant's Normal retirement Date, then reduced by 1/6th of 1% for each of the next forty eight (48) months, then 1/3rd of 1% for each of the next twelve (12) months, then 1/6th of 1% for each of the next twelve (12) months, then 1/3rd of 1% for each of the next thirty six (36) months and reduced actuarially for each additional year thereafter that the first day of the month on which the Participant's Early Retirement Benefit precedes the first day of the month following the Participant's 64th birthday.

### Retirement Beyond Normal Retirement Date:

If a participant remains employed beyond their normal retirement date, the retirement benefit commencing at their actual retirement shall be based on their average monthly compensation and years of service as of their actual retirement date. However, the retirement benefit commencing at the actual retirement date shall not be less than the actuarial equivalent of the benefit they would have received at their normal retirement date.

### Disability Benefit:

None provided; same as benefit payable at termination of employment.

### Death Benefit Before Retirement:

If the vested participant has been married for at least one year: A lifetime monthly amount which would have been payable to the spouse had the participant retired or terminated at the date of death, choosing a 100% contingent annuitant annuity. If the participant is eligible for early retirement, payments shall begin on the first of the month following the date of death. If the participant is not eligible for early retirement, payments shall begin on the date that would have been the participant's earliest retirement date.

If the vested participant is not married the benefit payable to the beneficiary is the amount that would have been payable had the participant retired at the date of death choosing a life annuity with 10 year certain period.

**Summary of Plan Provisions (continued)**

Withdrawal Benefits:

The vested portion of the participant's accrued benefit shall be a percentage of such participant's accrued benefit determined on the basis of the participant's number of years of service according to the following schedule:

<u>Years of Service</u>	<u>Percentage</u>
Less than 5	0%
5	100%

The participant will have completed a Year of Service for vesting purposes if they are credited with 12 consecutive months of service during the plan year, even if they were not employed on the first or last day of the plan year.

Actuarial Equivalence:

8% interest and the UP1984 Mortality Table. Lump Sum payments based on segment rates as of the second month preceding the year the distribution occurs and 417(e) Applicable Mortality.