

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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. ▶

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>THE SI GROUP, INC. PENSION PLAN FOR REPRESENTED EMPLOYEES IN ORANGEBURG, SOUTH CAROLINA</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>005</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>SI GROUP, INC.</u></p> <p><u>1790 HUGHES LANDING BLVD.</u> <u>SUITE 600</u> <u>THE WOODLANDS, TX 77380</u></p>	<p>1c Effective date of plan <u>03/01/1994</u></p> <p>2b Employer Identification Number (EIN) <u>14-1041790</u></p> <p>2c Plan Sponsor's telephone number <u>518-602-7331</u></p> <p>2d Business code (see instructions) <u>325500</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/19/2025	BILL MARINE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	419
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	134
	6a(2)	96
	6b	180
	6c	87
	6d	363
	6e	50
	6f	413
	6g(1)	
6g(2)		
6h		1
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" 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)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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.

A Name of plan <u>THE SI GROUP, INC. PENSION PLAN FOR REPRESENTED EMPLOYEES IN ORANGEBURG, SOUTH CAROLINA</u>	B Three-digit plan number (PN) ▶	<u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SI GROUP, INC.</u>	D Employer Identification Number (EIN) <u>14-1041790</u>	

E Type of plan: Single Multiple-A Multiple-B Other
F Prior year plan size: 100 or fewer 101-500 More than 500

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>23660282</u>
	b Actuarial value	2b	<u>23178963</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>220</u>	<u>15659256</u>
	b For terminated vested participants	<u>67</u>	<u>2486649</u>
	c For active participants	<u>134</u>	<u>6622300</u>
	d Total	<u>421</u>	<u>24768205</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.11 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>275174</u>
	c Target normal cost	6c	<u>275174</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.

SIGN HERE	
Signature of actuary	<u>09/03/2025</u> Date
<u>SETH CORREIA</u> Type or print name of actuary	<u>23-08079</u> Most recent enrollment number
<u>MANULIFE JOHN HANCOCK</u> Firm name	<u>781-619-2000</u> Telephone number (including area code)
<u>200 BERKELEY STREET BOSTON, MA 02116</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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1973321
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	488050
9	Amount remaining (line 7 minus line 8)	0	1485271
10	Interest on line 9 using prior year's actual return of <u>7.65</u> %	0	113623
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.23</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	1598894

Part III Funding Percentages			
14	Funding target attainment percentage	14	86.23 %
15	Adjusted funding target attainment percentage	15	86.23 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	96.03 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
Totals ▶			18(b)	0	18(c)	0	

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a 0	
b	Contributions made to avoid restrictions adjusted to valuation date	19b 0	
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 0	
20	Quarterly contributions and liquidity shortfalls:		
a	Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c	If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

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

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

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)				31a 275174
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	3443926		317623	
b Waiver amortization installment.....	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 592797
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	592797	592797	
36 Additional cash requirement (line 34 minus line 35)				36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 0
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021				

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan THE SI GROUP, INC. PENSION PLAN FOR REPRESENTED EMPLOYEES IN ORANGEBURG, SOUTH CAROLINA	B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 SI GROUP, INC.	D Employer Identification Number (EIN) 14-1041790	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

JOHN HANCOCK

01-0233346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	RETAINED BY EMPLOYER	48608	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

RYAN LABS INC

13-3451974

(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	RETAINED BY EMPLOYER	46938	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)

CAPFINANCIAL PARTNERS, LLC

26-0058143

(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	RETAINED BY EMPLOYER	21736	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)

CARON & BLETZER PLLC

1 LIBRARY LN
KINGSTON, NH 03848

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	RETAINED BY EMPLOYER	10965	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"/>

(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.

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>THE SI GROUP, INC. PENSION PLAN FOR REPRESENTED EMPLOYEES IN ORANGEBURG, SOUTH CAROLINA</u>	B Three-digit plan number (PN)	<u>005</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SI GROUP, INC.</u>	D Employer Identification Number (EIN) <u>14-1041790</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>DB GROWTH PORTFOLIO</u>		
b Name of sponsor of entity listed in (a):	<u>GREAT GRAY TRUST COMPANY</u>		
c EIN-PN	<u>82-0737797-187</u>	d Entity code	<u>C</u>
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>5096235</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>EB TEMPORARY INVESTMENT</u>		
b Name of sponsor of entity listed in (a):	<u>THE BANK OF NEW YORK MELLON</u>		
c EIN-PN	<u>25-6078093-023</u>	d Entity code	<u>C</u>
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>125536</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN		d Entity code	
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)			
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN		d Entity code	
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)			
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN		d Entity code	
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)			
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN		d Entity code	
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)			

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan THE SI GROUP, INC. PENSION PLAN FOR REPRESENTED EMPLOYEES IN ORANGEBURG, SOUTH CAROLINA	B Three-digit plan number (PN) ▶ 005
C Plan sponsor's name as shown on line 2a of Form 5500 SI GROUP, INC.	D Employer Identification Number (EIN) 14-1041790

Part I	Asset and Liability Statement
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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
Assets			
a Total noninterest-bearing cash	1a	130784	133602
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	145566	147760
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	157195	219959
(2) U.S. Government securities	1c(2)	3761607	3563234
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	8696753	8466211
(B) All other	1c(3)(B)	5375710	4589432
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	5338262	5221772
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	54405	51237

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	23660282	22393207
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	23660282	22393207

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	0	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	19536	
(B) U.S. Government securities.....	2b(1)(B)	50046	
(C) Corporate debt instruments.....	2b(1)(C)	571670	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	3285	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		644537
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	6707101	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	6733354	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-26253
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-636213	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-636213

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		608525
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		210
d Total income. Add all income amounts in column (b) and enter total	2d		590806

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1537400	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1537400
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	48608	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	10965	
(5) Investment advisory and investment management fees	2i(5)	64278	
(6) Bank or trust company trustee/custodial fees	2i(6)	4395	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	192235	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		320481
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1857881

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-126705
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) 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: **CARON & BLETZER, PLLC**

(2) EIN: **04-3499945**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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 _____.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 549125.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>THE SI GROUP, INC. PENSION PLAN FOR REPRESENTED EMPLOYEES IN ORANGEBURG, SOUTH CAROLINA</u>	B Three-digit plan number (PN) ▶	<u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SI GROUP, INC.</u>	D Employer Identification Number (EIN) <u>14-1041790</u>	

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

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

1		0
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2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 80-0709115

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3		2
---	--	---

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

**SI GROUP, INC. PENSION PLAN
FOR REPRESENTED EMPLOYEES IN
ORANGEBURG, SOUTH CAROLINA**

FINANCIAL STATEMENTS

December 31, 2024 and 2023 and
for the years then ended



CARON & BLETZER, PLLC

Certified Public Accountants and Business Consultants

SI GROUP, INC. PENSION PLAN FOR REPRESENTED EMPLOYEES
IN ORANGEBURG, SOUTH CAROLINA
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Certain schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.



Independent Auditor's Report

To the Plan Administrator of the SI Group, Inc. Pension Plan for Represented Employees in Orangeburg, South Carolina:

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

We have performed audits of the financial statements of the SI Group, Inc. Pension Plan for Represented Employees in Orangeburg, South Carolina ("the Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note F to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2024 and the Schedule H, Line 4(j) - Schedule of Reportable Transactions for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Caron & Bletner, PLLC

Kingston, NH
September 17, 2025

SI GROUP, INC. PENSION PLAN FOR REPRESENTED EMPLOYEES
 IN ORANGEBURG, SOUTH CAROLINA
 STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
 December 31, 2024 and 2023

	2024	2023
Cash	\$ 133,602	\$ 130,784
Investments, at fair value:		
Common collective trusts	5,221,772	5,338,262
Government obligations	3,563,234	3,761,607
Corporate bonds	13,106,880	14,126,868
Mutual fund	219,959	157,195
Total investments	22,111,845	23,383,932
Receivables:		
Accrued interest and dividends	147,760	145,566
Net assets available for benefits	\$ 22,393,207	\$ 23,660,282

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

SI GROUP, INC. PENSION PLAN FOR REPRESENTED EMPLOYEES
 IN ORANGEBURG, SOUTH CAROLINA
 STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
 For the years ended December 31, 2024 and 2023

	2024	2023
Additions (reductions):		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	\$ (60,037)	\$ 1,255,224
Interest and dividends	650,843	635,728
Total net additions	590,806	1,890,952
Deductions:		
Distributions to participants	1,537,400	1,565,057
Administrative fees	320,481	541,728
Total deductions	1,857,881	2,106,785
Net decrease	(1,267,075)	(215,833)
Net assets available for benefits:		
Beginning of year	23,660,282	23,876,115
End of year	\$ 22,393,207	\$ 23,660,282

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

SI GROUP, INC. PENSION PLAN FOR REPRESENTED EMPLOYEES
IN ORANGEBURG, SOUTH CAROLINA
NOTES TO FINANCIAL STATEMENTS

A. PLAN DESCRIPTION:

The following brief description of the SI Group, Inc. Pension Plan for Represented Employees in Orangeburg, South Carolina (the "Plan") is provided for general information purposes only. Participants should refer to the plan document for more complete information.

General

The Plan is a non-contributory defined benefit pension plan sponsored by SI Group, Inc. (the "Company") in Orangeburg, South Carolina. Employees are eligible to participate in the plan once they have reached age 21. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA") and the Internal Revenue Code (the "Code").

Effective January 31, 2021, the plan was frozen to new participants. Existing participants shall not accrue any additional benefits under the Plan as of this date.

Pension Benefits

Under the Plan, Orangeburg employees are entitled to a monthly benefit beginning at normal retirement age (65) equal to an accrued benefit factor, as defined under the Plan, multiplied by their years of pension benefit service.

If employees terminate before rendering 5 years of service, they forfeit the right to receive the benefits they have accumulated subject to the break in service provisions of the Plan. Employees may elect to receive a reduced amount of retirement allowance so that their spouse may receive a benefit upon their death. Employees with 15 or more years of vesting service are entitled to disability retirement benefits should they become permanently disabled.

Funding Policy

Contributions to provide benefits under the Plan are made by the Company based upon amounts determined by the consulting actuary. It is the Company's policy to comply with the minimum funding requirements of ERISA. The Company has met the minimum funding requirements of ERISA for the years ended December 31, 2024 and 2023.

Vesting

Participants become vested in their accrued benefit following five years of service.

B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of Presentation

The accompanying financial statements of the Plan are prepared on the accrual basis of accounting.

SI GROUP, INC. PENSION PLAN FOR REPRESENTED EMPLOYEES
IN ORANGEBURG, SOUTH CAROLINA
NOTES TO FINANCIAL STATEMENTS

Cash

Cash includes cash on hand and demand deposit accounts.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants on the measurement date. See Note C for discussion of fair value measurements.

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

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

All administrative expenses are paid by the Plan, unless paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Investment related expenses are included in net appreciation (depreciation) in fair value of investments.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump sum distributions, that are attributable, under the Plan's provisions, to the service employees have rendered and include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Vested benefits are benefits to which members are entitled regardless of future service with the Company. Nonvested benefits are dependent upon future services.

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

SI GROUP, INC. PENSION PLAN FOR REPRESENTED EMPLOYEES
IN ORANGEBURG, SOUTH CAROLINA
NOTES TO FINANCIAL STATEMENTS

The more significant assumptions underlying the actuarial computations used in the valuation as of December 31, 2023 are as follows:

Discount rate	- 4.77%
Mortality basis	- Pri-2012 with Scale MP-2021
Retirement	- Assumed rates of retirement from age 55 to age 70

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

The actuarial present value of accumulated plan benefits consists of the following as of December 31, 2023:

Actuarial present value of accumulated plan benefits:

Vested benefits:	
Participants currently receiving payments	\$ 15,520,187
Participants with deferred benefits	2,596,634
Other participants	<u>6,944,165</u>
Total vested benefits	25,060,986
Nonvested benefits	<u>275,006</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 25,335,992</u>

The net decrease in actuarial present value of accumulated plan benefits can be attributed to the following for the year ended December 31, 2023:

Actuarial present value of accumulated plan benefits at beginning of year:	\$ 25,029,438
Increase (decrease) during the year attributable to:	
Decrease in discount period	1,212,823
Benefits paid	(1,565,057)
Benefits accumulated and actuarial (gains) losses	83,393
Change in assumptions	<u>575,395</u>
Net increase	<u>306,554</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 25,335,992</u>

The computation of the actuarial present value of accumulated plan benefits was made as of January 1, 2024. Had the valuation been performed as of December 31, there would be no material difference.

SI GROUP, INC. PENSION PLAN FOR REPRESENTED EMPLOYEES
IN ORANGEBURG, SOUTH CAROLINA
NOTES TO FINANCIAL STATEMENTS

C. FAIR VALUE MEASUREMENTS:

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 - Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

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

Following is a description of the valuation methodologies used by the Plan. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Common collective trusts – Valued at the net asset value of units of a collective trust. The net asset value, as provided by the fund manager, is used as a practical expedient to estimate fair value. The net asset value is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value.

Corporate bonds and government obligations – Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

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

SI GROUP, INC. PENSION PLAN FOR REPRESENTED EMPLOYEES
IN ORANGEBURG, SOUTH CAROLINA
NOTES TO FINANCIAL STATEMENTS

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

<u>Description</u>	2024			
	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Government obligations	\$ 3,563,234	\$ -	\$ 3,563,234	\$ -
Corporate bonds	13,106,880	-	13,106,880	-
Mutual funds	<u>219,959</u>	<u>219,959</u>	<u>-</u>	<u>-</u>
Total investments in the fair value hierarchy	16,890,073	<u>\$ 219,959</u>	<u>\$ 16,670,114</u>	<u>\$ -</u>
Investments measured at net asset value(1):				
Common collective trusts	<u>5,221,772</u>			
Total investments at fair value	<u>\$ 22,111,845</u>			

<u>Description</u>	2023			
	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Government obligations	\$ 3,761,607	\$ -	\$ 3,761,607	\$ -
Corporate bonds	14,126,868	-	14,126,868	-
Mutual funds	<u>157,195</u>	<u>157,195</u>	<u>-</u>	<u>-</u>
Total investments in the fair value hierarchy	18,045,670	<u>\$ 157,195</u>	<u>\$ 17,888,475</u>	<u>\$ -</u>
Investments measured at net asset value(1):				
Common collective trusts	<u>5,338,262</u>			
Total investments at fair value	<u>\$ 23,383,932</u>			

(1) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Redemptions of the common collective trusts held by the Plan may be subject to a five day redemption notice period for the collective trust managed by Wilmington Trust and no redemption notice period for the collective trust managed by BNY Mellon. There are no unfunded commitments for either common collective trust.

SI GROUP, INC. PENSION PLAN FOR REPRESENTED EMPLOYEES
IN ORANGEBURG, SOUTH CAROLINA
NOTES TO FINANCIAL STATEMENTS

D. TAX STATUS:

The Company obtained its determination letter for the plan dated June 20, 2017 in which the Internal Revenue Service ("IRS") stated that the plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has not been amended since receiving the determination letter. The plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified, and the related trust is tax-exempt.

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 if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

E. TERMINATION:

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. Benefits attributable to employee contributions, if any, taking into account those paid out before termination.
- b. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- c. Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") (a U.S. government agency) up to the applicable limitations (discussed below).
- d. All other vested benefits (that is, vested benefits not insured by the PBGC).
- e. All non-vested benefits.

SI GROUP, INC. PENSION PLAN FOR REPRESENTED EMPLOYEES
IN ORANGEBURG, SOUTH CAROLINA
NOTES TO FINANCIAL STATEMENTS

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

F. CERTIFIED INVESTMENTS:

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments and held at December 31, 2024 and 2023, and net appreciation (depreciation) in fair value of investments and interest and dividends for the years then ended, was obtained by management and agreed to or derived from information certified as complete and accurate by John Hancock Trust Company LLC, the trustee of the Plan.

G. RELATED-PARTY AND PARTY IN INTEREST TRANSACTIONS:

Section 3(14) of ERISA defines a party in interest to include, among others, fiduciaries or employees of the Plan, any person who provides services to the Plan or an employer whose employees are covered by the Plan. Accordingly, the management of investments held by the trustee are considered party in interest transactions.

H. RISKS AND UNCERTAINTIES:

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

SI GROUP, INC. PENSION PLAN FOR REPRESENTED EMPLOYEES
IN ORANGEBURG, SOUTH CAROLINA
NOTES TO FINANCIAL STATEMENTS

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

I. SUBSEQUENT EVENTS:

The Plan has evaluated all subsequent events through September 17, 2025, the date the financial statements were available to be issued.

SI GROUP, INC. PENSION PLAN FOR REPRESENTED EMPLOYEES
IN ORANGEBURG, SOUTH CAROLINA

EIN: 14-1041790
Plan Number: 005

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party		Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	Vanguard Federal Money Market Fund	Mutual fund	\$ 219,959	\$ 219,959
*	Wilmington Trust DB Growth Portfolio Fund	Common collective trust	5,096,235	5,096,236
	EB Temp Inv Fund 1.147% 12/31/2049 DD 11/01/01	"	<u>125,536</u>	<u>125,536</u>
			5,221,771	5,221,772
	U S Treasury Bd Prin Strip 0.000% 08/15/2053 Dd 08/15/23	Government obligation	69,053	65,959
	U S Treasury Bd Prin Strip 0.000% 05/15/2054 Dd 05/15/24	"	62,826	51,948
	U S Treasury Bond 3.000% 08/15/2052 Dd 08/15/22	"	150,341	125,774
	U S Treasury Bond 3.875% 05/15/2043 Dd 05/15/23	"	154,960	140,969
	U S Treasury Bond 4.625% 05/15/2054 Dd 05/15/24	"	55,633	48,664
	U S Treasury Bond 4.250% 08/15/2054 Dd 08/15/24	"	53,623	50,316
	U S Treasury Bond 4.125% 08/15/2044 Dd 08/15/24	"	121,362	113,242
	U S Treasury Note 4.000% 02/15/2034 Dd 02/15/24	"	33,604	33,514
	U S Treasury Note 4.250% 06/30/2029 Dd 06/30/24	"	44,631	44,745
	U S Treasury Note 4.375% 07/15/2027 Dd 07/15/24	"	151,684	150,369
	U S Treasury Note 3.875% 08/15/2034 Dd 08/15/24	"	106,672	99,307
	U S Treasury Note 3.375% 09/15/2027 Dd 09/15/24	"	19,715	19,542
	U S Treasury Note 3.500% 09/30/2029 Dd 09/30/24	"	14,719	14,431
	U S Treasury Note 4.125% 10/31/2029 Dd 10/31/24	"	54,614	54,360
	U S Treasury Note 4.125% 10/31/2026 Dd 10/31/24	"	124,634	124,707
	U S Treasury Note 4.125% 11/30/2029 Dd 11/30/24	"	147,963	147,289
	U S Treasury Bd Cpn Strip 0.000% 11/15/2051 Dd 11/15/21	"	228,025	133,604
	U S Treasury Bd Cpn Strip 0.000% 02/15/2053 Dd 02/15/23	"	105,240	87,216
	U S Treasury Bd Cpn Strip 0.000% 02/15/2043 Dd 02/15/13	"	60,586	66,005
	U S Treasury Bd Cpn Strip 0.000% 08/15/2043 Dd 08/15/13	"	344,949	253,596
	U S Treasury Bd Cpn Strip 0.000% 11/15/2043 Dd 11/15/13	"	151,582	84,947
	U S Treasury Bd Cpn Strip 0.000% 11/15/2044 Dd 11/17/14	"	308,630	216,915
	U S Treasury Bd Cpn Strip 0.000% 11/15/2045 Dd 11/16/15	"	304,181	209,976
	U S Treasury Bd Cpn Strip 0.000% 11/15/2046 Dd 11/15/16	"	311,198	211,872
	U S Treasury Bd Cpn Strip 0.000% 11/15/2047 Dd 11/15/17	"	250,812	173,321
	U S Treasury Bd Cpn Strip 0.000% 11/15/2048 Dd 11/15/18	"	249,179	145,419
	U S Treasury Bd Cpn Strip 0.000% 11/15/2049 Dd 11/15/19	"	309,245	144,295
	U S Treasury Bd Cpn Strip 0.000% 11/15/2050 Dd 11/16/20	"	158,167	91,280
	U S Treasury Bd Cpn Strip 0.000% 05/15/2054 Dd 05/15/24	"	<u>526,022</u>	<u>459,652</u>
			4,673,850	3,563,234
	At&T Inc 4.350% 03/01/2029 Dd 02/19/19	Corporate bond	99,415	92,991
	Abbvie Inc 5.050% 03/15/2034 Dd 02/26/24	"	55,195	54,392
	Aercap Ireland Capital Dac / A 3.000% 10/29/2028 Dd 10/29/21	"	74,446	74,059
	Alexandria Real Estate Equitie 2.950% 03/15/2034 Dd 02/16/22	"	49,848	41,172
	Allstate Corp/The 4.200% 12/15/2046 Dd 12/08/16	"	147,129	112,516
	Amazon.Com Inc 2.500% 06/03/2050 Dd 06/03/20	"	188,796	125,501
	Ameren Illinois Co 3.700% 12/01/2047 Dd 11/28/17	"	157,125	109,325
	American Electric Power Co Inc 5.750% 11/01/2027 Dd 11/02/22	"	84,775	87,094
	American Express Co Var Rt 07/27/2029 Dd 07/28/23	"	91,082	91,004
	American Honda Finance Corp 5.850% 10/04/2030 Dd 10/04/23	"	31,166	31,242
	American Honda Finance Corp 4.400% 09/05/2029 Dd 09/05/24	"	49,940	48,613
	American Tower Corp 2.750% 01/15/2027 Dd 10/03/19	"	99,838	96,045
	Anheuser-Busch Inbev Worldwide 5.450% 01/23/2039 Dd 01/23/19	"	135,127	135,357

SI GROUP, INC. PENSION PLAN FOR REPRESENTED EMPLOYEES
IN ORANGEBURG, SOUTH CAROLINA

EIN: 14-1041790
Plan Number: 005

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	Elevance Health Inc 4.100% 05/15/2032 Dd 04/29/22	"	91,926	87,861
	Apple Inc 4.375% 05/13/2045 Dd 05/13/15	"	311,102	234,266
	Ares Capital Corp 7.000% 01/15/2027 Dd 08/03/23	"	80,249	82,904
	Arthur J Gallagher & Co 5.150% 02/15/2035 Dd 12/19/24	"	44,403	43,937
	Astrazeneca Plc 3.000% 05/28/2051 Dd 05/28/21	"	31,880	29,476
	Avalonbay Communities Inc 2.300% 03/01/2030 Dd 02/25/20	"	40,905	35,187
	Avalonbay Communities Inc 5.350% 06/01/2034 Dd 05/14/24	"	81,811	80,375
	Avis Budget Rental C 8A A 144A 6.020% 02/20/2030 Dd 09/18/23	"	114,955	119,220
	Bhp Billiton Finance Usa Ltd 4.900% 02/28/2033 Dd 02/28/23	"	92,420	88,461
	Bbcms Mortgage Trust 20 C22 As Var Rt 11/15/2056 Dd 11/01/23	"	61,890	66,058
	Bmo 2023-C7 A5 6.160% 12/15/2056 Dd 12/01/23	"	103,000	105,890
	Bank Of America Corp Var Rt 06/14/2029 Dd 06/14/21	"	191,231	172,403
	Bank Of Nova Scotia/The 2.450% 02/02/2032 Dd 01/10/22	"	92,070	91,833
	Truist Bank Var Rt 09/17/2029 Dd 09/16/19	"	124,613	120,684
	Benchmark 2020-Ig2 Ig2 B 144A Var Rt 09/15/2048 Dd 05/01/20	"	105,586	56,621
	Berkshire Hathaway Finance Cor 4.300% 05/15/2043 Dd 05/15/13	"	166,637	121,247
	Blackstone Private Credit Fund 2.625% 12/15/2026 Dd 06/15/22	"	57,825	61,932
	Bnp Paribas Sa 144A Var Rt 01/13/2031 Dd 01/13/20	"	112,384	98,123
	Borgwarner Inc 4.950% 08/15/2029 Dd 08/16/24	"	90,867	89,537
	Boston Gas Co 144A 3.001% 08/01/2029 Dd 07/29/19	"	97,109	86,198
	Bp Capital Markets America Inc 2.721% 01/12/2032 Dd 01/12/22	"	143,727	132,640
	Brean Asset Backed Rm6 A1 144A Var Rt 01/25/2063 Dd 02/17/23	"	86,809	89,327
	BrightHouse Financial Inc 3.700% 06/22/2027 Dd 12/22/17	"	47,792	48,513
	Bristol-Myers Squibb Co 5.900% 11/15/2033 Dd 11/13/23	"	60,608	62,995
	Burlington Northern Santa Fe L 5.150% 09/01/2043 Dd 08/22/13	"	140,072	105,383
	Cigna Group/The 2.400% 03/15/2030 Dd 03/16/20	"	29,724	24,500
	Cvs Health Corp 1.750% 08/21/2030 Dd 08/21/20	"	87,163	85,378
	California St 7.300% 10/01/2039 Dd 10/15/09	"	52,052	51,237
	Cameron Lng Llc 144A 2.902% 07/15/2031 Dd 12/13/19	"	65,298	56,611
	Canadian National Railway Co 3.650% 02/03/2048 Dd 02/06/18	"	95,231	71,585
	Capital One Financial Corp Var Rt 05/10/2028 Dd 05/09/22	"	80,206	79,737
	Centerpoint Energy Resources C 1.750% 10/01/2030 Dd 10/01/20	"	72,049	67,054
	Chubb Ina Holdings Llc 5.000% 03/15/2034 Dd 03/07/24	"	46,309	44,480
	Cisco Systems Inc 5.500% 01/15/2040 Dd 11/17/09	"	99,777	70,630
	Cisco Systems Inc 5.050% 02/26/2034 Dd 02/26/24	"	14,985	14,962
	Citigroup Inc Var Rt 01/29/2031 Dd 01/29/20	"	91,399	79,621
	Cno Global Funding 144A 1.650% 01/06/2025 Dd 01/06/22	"	18,829	19,992
	Comcast Corp 4.250% 01/15/2033 Dd 01/14/13	"	152,352	130,717
	Comcast Corp 3.400% 07/15/2046 Dd 07/19/16	"	115,342	80,842
	Commonwealth Edison Co 3.700% 03/01/2045 Dd 03/02/15	"	99,732	72,572
	Conagra Brands Inc 1.375% 11/01/2027 Dd 10/16/20	"	88,308	81,716
	Conocophillips Co 5.300% 05/15/2053 Dd 05/23/23	"	74,914	69,461
	Consolidated Edison Co Of New 4.450% 03/15/2044 Dd 03/06/14	"	116,200	85,494
	Corebridge Financial Inc Var Rt 12/15/2052 Dd 12/15/22	"	102,163	102,611
	Copt Defense Properties Lp 2.000% 01/15/2029 Dd 08/11/21	"	96,494	92,414
	Dte Electric Co 2.950% 03/01/2050 Dd 02/26/20	"	128,476	91,098
	John Deere Capital Corp 5.050% 06/12/2034 Dd 06/11/24	"	29,837	29,890
	Drive Auto Receivables Tru 2 D 4.940% 05/17/2032 Dd 09/25/24	"	64,988	63,793
	Duke Energy Carolinas Llc 3.950% 03/15/2048 Dd 03/01/18	"	122,018	118,918
	Energy Transfer Lp 6.400% 12/01/2030 Dd 10/13/23	"	42,952	42,268
	Enel Finance Internationa 144A 3.500% 04/06/2028 Dd 10/06/17	"	105,731	95,277

SI GROUP, INC. PENSION PLAN FOR REPRESENTED EMPLOYEES
IN ORANGEBURG, SOUTH CAROLINA

EIN: 14-1041790
Plan Number: 005

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value	
Energy Transfer Lp 2.900% 05/15/2025 Dd 01/22/20	"	56,899	59,538	
Enterprise Products Operating 2.800% 01/31/2030 Dd 01/15/20	"	18,047	18,085	
Exxon Mobil Corp 3.095% 08/16/2049 Dd 08/16/19	"	43,943	40,038	
Fremf 2015-K47 Mort K47 C 144A Var Rt 06/25/2048 Dd 07/01/15	"	192,323	188,847	
Fremf 2018-K80 Mort K80 C 144A Var Rt 08/25/2050 Dd 09/01/18	"	87,361	80,886	
Fremf 2019-K103 Mo K103 C 144A Var Rt 12/25/2051 Dd 12/01/19	"	48,766	44,440	
Finance Of America S1 A1 144A Var Rt 09/25/2061 Dd 02/23/23	"	94,671	101,006	
Finance Of America S6 A1 144A 3.000% 07/25/2061 Dd 12/16/22	"	94,483	101,293	
Florida Power & Light Co 5.250% 02/01/2041 Dd 12/09/10	"	105,541	77,655	
Haleon Us Capital Llc 3.625% 03/24/2032 Dd 09/24/22	"	122,421	122,260	
General Dynamics Corp 4.250% 04/01/2040 Dd 03/25/20	"	106,421	87,362	
Georgia Power Co 2.650% 09/15/2029 Dd 09/10/19	"	93,641	86,155	
Gilead Sciences Inc 4.000% 09/01/2036 Dd 09/20/16	"	54,131	44,145	
Goldman Sachs Group Inc/The Var Rt 01/27/2032 Dd 01/27/21	"	145,849	123,871	
Hca Inc 5.200% 06/01/2028 Dd 05/04/23	"	95,328	95,212	
Home Depot Inc/The 4.500% 12/06/2048 Dd 12/06/18	"	169,184	115,457	
Honeywell International Inc 5.250% 03/01/2054 Dd 03/01/24	"	95,356	89,122	
Hyundai Capital America 144A 5.680% 06/26/2028 Dd 06/26/23	"	70,161	71,019	
Intel Corp 3.734% 12/08/2047 Dd 06/08/18	"	127,167	79,226	
Intercontinental Exchange Inc 2.650% 09/15/2040 Dd 08/20/20	"	119,331	89,423	
Jpmdb Commercial Mortgage C5 As Var Rt 03/15/2050 Dd 03/01/17	"	186,354	175,865	
Jpmorgan Chase & Co Var Rt 07/24/2038 Dd 07/24/17	"	238,766	192,118	
Johnson & Johnson 3.550% 03/01/2036 Dd 03/01/16	"	85,743	82,984	
Johnson & Johnson 3.500% 01/15/2048 Dd 11/10/17	"	26,929	26,333	
Katayma Clo I Ltd 1A A1 144A Var Rt 10/20/2036 Dd 10/31/23	"	125,000	124,929	
Kimco Realty Op Llc 2.800% 10/01/2026 Dd 08/18/16	"	94,992	91,885	
Kinder Morgan Inc 5.100% 08/01/2029 Dd 07/31/24	"	71,862	70,053	
Eli Lilly & Co 3.950% 03/15/2049 Dd 02/22/19	"	51,782	50,937	
Manufacturers & Traders Trust 3.400% 08/17/2027 Dd 08/17/17	"	168,920	158,774	
Manulife Financial Corp Var Rt 02/24/2032 Dd 02/24/17	"	99,592	92,659	
Mastercard Inc 3.650% 06/01/2049 Dd 05/31/19	"	113,118	71,779	
Metropolitan Life Global 144A 3.050% 06/17/2029 Dd 06/17/19	"	78,475	69,336	
Microsoft Corp 2.921% 03/17/2052 Dd 03/17/21	"	186,813	125,950	
Midamerican Energy Co 4.800% 09/15/2043 Dd 09/19/13	"	94,085	67,471	
Midamerican Energy Co 4.250% 07/15/2049 Dd 01/09/19	"	8,174	8,120	
Morgan Stanley Var Rt 04/28/2032 Dd 01/25/21	"	51,900	53,177	
Motorola Solutions Inc 5.400% 04/15/2034 Dd 03/25/24	"	24,972	25,007	
National Rural Utilities Coope 3.900% 11/01/2028 Dd 10/31/18	"	94,200	82,074	
National Rural Utilities Coope 5.800% 01/15/2033 Dd 10/31/22	"	91,293	87,950	
Natwest Group Plc Var Rt 06/14/2027 Dd 06/14/21	"	72,824	71,563	
Nevada Power Co 3.700% 05/01/2029 Dd 01/30/19	"	110,140	95,405	
New York Life Insurance C 144A 3.750% 05/15/2050 Dd 04/14/20	"	92,524	58,251	
Northrop Grumman Corp 3.250% 01/15/2028 Dd 10/13/17	"	82,592	71,677	
Oge Energy Corp 5.450% 05/15/2029 Dd 05/09/24	"	77,507	76,244	
O'Reilly Automotive Inc 1.750% 03/15/2031 Dd 09/23/20	"	84,612	69,618	
Omnicom Group Inc 2.600% 08/01/2031 Dd 05/03/21	"	96,761	89,779	
Oncor Electric Delivery Co Llc 3.800% 06/01/2049 Dd 05/23/19	"	136,758	102,014	
Oracle Corp 6.500% 04/15/2038 Dd 04/09/08	"	79,205	64,548	
Pnc Bank Na 4.050% 07/26/2028 Dd 07/26/18	"	147,480	135,271	
Ppl Electric Utilities Corp 3.000% 10/01/2049 Dd 09/06/19	"	105,855	72,334	
Pacific Gas And Electric Co 3.000% 06/15/2028 Dd 06/03/21	"	55,202	56,210	

SI GROUP, INC. PENSION PLAN FOR REPRESENTED EMPLOYEES
IN ORANGEBURG, SOUTH CAROLINA

EIN: 14-1041790

Plan Number: 005

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party		Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	Paypal Holdings Inc	5.150% 06/01/2034 Dd 05/28/24	40,291	39,753
	Penske Truck Leasing Co L	144A 1.700% 06/15/2026 Dd 04/13/21	44,991	42,959
	Pepsico Inc	2.875% 10/15/2049 Dd 10/09/19	32,500	32,692
	Pfizer Investment Enterprises	5.300% 05/19/2053 Dd 05/19/23	144,815	131,292
	Philip Morris International In	4.750% 11/01/2031 Dd 11/01/24	83,615	83,099
	Private Export Funding Corp	4.600% 02/15/2034 Dd 01/30/24	34,990	34,337
	Prologis Lp	1.250% 10/15/2030 Dd 08/20/20	77,985	69,660
	Prologis Lp	5.000% 03/15/2034 Dd 01/25/24	70,625	68,426
	Prudential Financial Inc	3.000% 03/10/2040 Dd 03/10/20	53,025	36,939
	Public Service Electric And Ga	3.950% 05/01/2042 Dd 05/11/12	104,480	97,812
	Rr 7 Ltd 7A A1Ab 144A Var Rt	01/15/2037 Dd 02/14/22	250,000	248,516
	Rtx Corp	6.000% 03/15/2031 Dd 11/08/23	39,973	41,989
	Slg Office Trust 20 Ova A 144A	2.585% 07/15/2041 Dd 06/01/21	145,073	117,564
	Santander Uk Group Holdings PI	Var Rt 08/21/2026 Dd 08/21/20	28,287	29,313
	Santander Holdings Usa Inc	3.244% 10/05/2026 Dd 10/04/19	85,242	87,313
	Santander Drive Auto Recei	3 C 4.490% 08/15/2029 Dd 05/18/22	179,966	179,612
	Santander Drive Auto Recei	4 C 5.000% 11/15/2029 Dd 07/20/22	94,955	95,448
	Santander Drive Aut S1 R1 144A	8.140% 04/18/2028 Dd 11/28/23	66,494	67,543
	Scott Trust 2023-Sf Sfs A 144A	5.910% 03/10/2040 Dd 03/01/23	100,000	101,522
	Simon Property Group Lp	3.375% 06/15/2027 Dd 06/01/17	57,964	53,483
	Simon Property Group Lp	3.800% 07/15/2050 Dd 07/09/20	98,039	103,210
	Sofi Professional A A2Fx 144A	2.540% 05/15/2046 Dd 01/17/20	52,811	50,275
	Southern California Edison Co	5.150% 06/01/2029 Dd 03/01/24	25,768	25,153
	State Street Corp Var Rt	05/18/2034 Dd 05/18/23	98,960	99,319
	Equinor Asa	3.950% 05/15/2043 Dd 05/15/13	100,928	73,792
	Sumitomo Mitsui Financial Grou	5.520% 01/13/2028 Dd 01/13/23	96,132	96,500
	Energy Transfer Lp	3.900% 07/15/2026 Dd 07/12/16	136,621	123,373
	Telefonica Emisiones Sa	4.103% 03/08/2027 Dd 03/08/17	97,942	83,661
	Toronto-Dominion Bank/The	4.456% 06/08/2032 Dd 06/08/22	78,809	80,520
	Totalenergies Capital Sa	4.724% 09/10/2034 Dd 09/10/24	49,686	48,100
	Trinity Health Corp	2.632% 12/01/2040 Dd 01/20/21	29,004	27,911
	United Parcel Service Inc	3.750% 11/15/2047 Dd 11/14/17	112,076	79,536
	Us Bancorp Var Rt	07/22/2028 Dd 07/22/22	85,720	89,254
	Unitedhealth Group Inc	4.625% 07/15/2035 Dd 07/23/15	222,307	179,450
	Verizon Communications Inc	4.400% 11/01/2034 Dd 10/29/14	98,545	88,039
	Verizon Communications Inc	4.016% 12/03/2029 Dd 06/03/19	94,211	81,553
	Verizon Communications Inc	2.550% 03/21/2031 Dd 03/22/21	49,795	43,086
	Vici Properties Lp	5.125% 11/15/2031 Dd 12/19/24	34,881	34,224
	Virginia Electric And Power Co	5.300% 08/15/2033 Dd 08/10/23	44,050	44,750
	Vmware Llc	4.500% 05/15/2025 Dd 04/07/20	55,933	49,927
	Vulcan Materials Co	5.350% 12/01/2034 Dd 11/20/24	9,989	9,972
	Walmart Inc	4.050% 06/29/2048 Dd 06/27/18	44,647	28,793
	Walmart Inc	4.500% 09/09/2052 Dd 09/09/22	67,133	65,553
	Wells Fargo & Co	4.300% 07/22/2027 Dd 07/22/15	190,895	172,536
	Westlake Automobile 2A D 144A	5.480% 09/15/2027 Dd 06/15/22	100,000	100,526
			<u>14,713,889</u>	<u>13,106,880</u>
	Total investments		<u>\$ 24,829,469</u>	<u>\$ 22,111,845</u>

* Indicates party-in-interest to the Plan.

SI GROUP, INC. PENSION PLAN FOR REPRESENTED EMPLOYEES IN ORANGEBURG, SOUTH CAROLINA
 EIN: 14-1041790
 Plan Number: 005

SCHEDULE H, LINE 4(j) – SCHEDULE OF REPORTABLE TRANSACTIONS
 For the year ended December 31, 2024

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
<u>Single Transactions:</u>						
None						
<u>Series Transactions:</u>						
Vanguard Fed Money Market	Mutual fund	\$ -	\$ 1,706,133	\$ 1,706,133	\$ 1,706,133	\$ -
Vanguard Fed Money Market	"	1,768,897	-	-	1,768,897	-
EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	Common collective trust	3,106,660	3,121,369	3,121,369	6,228,029	-





Attachment to 2024 Form 5500

Schedule SB, line 26: schedule of active participant data

Plan name: SI Group, Inc. Pension Plan for Represented Employees in Orangeburg, South Carolina **EIN:** 14-1041790
Plan sponsor: SI Group, Inc. **PN:** 005

Schedule of active participant data

	Years of credited service										
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	>40	Total
Attained Age											
<25		1									1
25-29	1	3									4
30-34		8	2								10
35-39		2	9	3							14
40-44		8	6		1						15
45-49		3	5	3	6	2					19
50-54	1	3	5	4	1	4	2				20
55-59	1	2	4	8	5	5	1	5			31
60-64				3	3	2	2	2			12
65-69		1	1		1	1	1			3	8
>70											
Total	3	31	32	21	17	14	6	7		3	134

Attachment to 2024 Form 5500

Schedule SB, Part V: statement of actuarial assumptions and methods

Plan name: SI Group, Inc. Pension Plan for Represented Employees in Orangeburg, South Carolina **EIN:** 14-1041790
Plan sponsor: SI Group, Inc. **PN:** 005

Actuarial cost method

Funding target and target normal cost

An actuarial cost method allocates the expected cost of a pension plan on a year-by-year basis. The primary objective is to accumulate enough assets prior to each participant's retirement to provide the promised pension benefits.

The Pension Protection Act of 2006 (PPA) requires plan sponsors to use the Traditional Unit Credit actuarial cost method in which the estimated accrued benefit is based on service and, if applicable, earnings as of the valuation date. The funding target is equal to the actuarial present value of all accrued benefits as of the valuation date. The target normal cost is the actuarial present value, as of the valuation date, of the expected increases in projected accrued benefits attributable to service expected to be completed during the plan year (i.e., if applicable, one year's salary growth is reflected in the determination of target normal cost).

For tax deduction purposes, the funding target may reflect the value of future pay increases on accrued benefits, if applicable.

PPA discounting method

The plan sponsor must choose between full yield curve spot rates or a segmented yield curve of 24-month average corporate bond rates. If the segmented yield curve is selected, the plan sponsor can use either the rates as of the month of the valuation or as of a lookback month, up to 4 months prior to the valuation date. If the full yield curve is selected, the rates as of the month of valuation must be used.

For purposes of this valuation, the following discounting method was used and is assumed to be approved by the plan sponsor:

September 2023 segment rates, adjusted so each segment rate is no less than the applicable minimum percentage* of the corresponding 25-year average segment rate for the calendar year that contains the first day of the plan year and no more than the applicable maximum percentage of that 25-year average segment rate. The 25-year average cannot be less than 5.0% prior to application of the corridor.**

Asset valuation method

Plan assets for purposes of this actuarial valuation are valued under the asset averaging method, including, if applicable, discounted receivable contributions. The value is equal to the average of the fair market value of assets on the valuation date and the adjusted fair market value (including expected earnings) for the four earlier quarterly determination dates. Expected earnings are calculated using a rate no greater than the third segment rate of the segmented yield-curve in effect at the beginning of each valuation year. The resulting average value must be fall between 90 and 110 percent of the fair market value of assets on the valuation date.

* Minimum is 95% through 2030, decreasing 5% per year beginning in 2031 until 70% is reached in 2035

** Maximum is 105% through 2030 and increasing 5% per year beginning in 2031 until 130% is reached in 2035

Attachment to 2024 Form 5500

Schedule SB, Part V: statement of actuarial assumptions and methods

Plan name: SI Group, Inc. Pension Plan for Represented Employees in Orangeburg, South Carolina **EIN:** 14-1041790
Plan sponsor: SI Group, Inc. **PN:** 005

Actuarial assumptions

Actuarial assumptions

Economic Assumptions

PPA Segment Rates	Funding Target	Maximum Deductible and PBGC Funding Target
- Segment 1: Up to Year 5	4.75%	3.62%
- Segment 2: Years 5-20	4.87%	4.46%
- Segment 3: Years 20+	5.59%	4.52%
Expected Return on Plan Assets		4.77% (limited to PPA segment 3)
ASC 960 Discount Rate		4.77%
Annual rates of increase:		
- Salaries		N/A
- Future Social Security wage bases		N/A
- Statutory limits on compensation and benefits		N/A

Demographic Assumptions

Mortality:	
- Funding Target / PBGC	IRS 2024 Generational Mortality Table
- ASC 960	Pri-2012 Blue Collar Mortality Table with Generational Projection (Scale MP-2021)

Retirement: Illustrative annual rates of retirement varying by age:

<u>Age</u>	<u>Rate</u>
55-59	8%
60	20%
61	20%
62	30%
63	30%
64	30%
65	45%
66	35%
67	35%
68	35%
69	35%
70	100%

Terminated Vested Participants are assumed to commence at age 60.

Actuarial assumptions

Disability: Rates varying by age based on the 1985 Pension Disability Class 2 Table

Termination: Illustrative annual rates of termination varying by age:

<u>Attained Age</u>	<u>0-4 Years of Service</u>	<u>5+ Years of Service</u>
<25	15.0%	8.5%
25	15.0%	9.5%
30	15.0%	7.5%
35	15.0%	5.5%
40	15.0%	3.5%
45	15.0%	3.0%
50	15.0%	1.0%
55+	0.0%	0.0%

Miscellaneous Assumptions

Form of Payment: Five-year certain and life annuity

Percent Married: 80% of males; 50% of females.

Spouse's Age: Wives assumed to be 3 years younger than husbands

Expenses: Assumed equal to prior year's actual non-PBGC related expenses, plus current year's estimated PBGC premiums.

Rationale for significant assumptions

Economic assumptions

- **Expected return on plan assets:** The assumption was selected by the client with input from their investment advisor. We believe the assumption is reasonable as it falls within a reasonable range of expected returns for the plan's asset allocation based on capital market assumptions.
- **ASC 960 discount rate:** This assumption is based on the **expected return on plan assets** assumption.

Demographic Assumptions

- **ASC 960 mortality:** The mortality base table and projection scale is based on the most recent mortality table and improvement scale published by the Society of Actuaries and in our judgement, adequately reflects expected mortality rates as of the measurement date. The plan's relatively small size would not support a credible mortality study.
- **Termination/Retirement/Disability:** We believe that this assumption is representative of anticipated future experience. Historically, this assumption has not produced significant gains or losses for the plan. In addition, based on discussions with the plan sponsor, significant changes in termination patterns are not expected.

Miscellaneous assumptions

- **Expenses:** The assumption is based on the expectation of expenses to be paid out during the plan year, based on actual PBGC expenses projected for the year, and assuming non-PBGC related expenses will be similar to the prior year.
- **Form of payment:** All optional forms are actuarially equivalent, and the assumption is based on the normal form of payment.
- **Spouse's age and percent married:** The employer does not have enough credible data to analyze spousal demographics. These assumptions are based on the actuary's experience with similar plans.

SI GROUP, INC. PENSION PLAN FOR REPRESENTED EMPLOYEES IN ORANGEBURG, SOUTH CAROLINA
 EIN: 14-1041790
 Plan Number: 005

SCHEDULE H, LINE 4(j) – SCHEDULE OF REPORTABLE TRANSACTIONS
 For the year ended December 31, 2024

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
<u>Single Transactions:</u>						
None						
<u>Series Transactions:</u>						
Vanguard Fed Money Market	Mutual fund	\$ -	\$ 1,706,133	\$ 1,706,133	\$ 1,706,133	\$ -
Vanguard Fed Money Market	"	1,768,897	-	-	1,768,897	-
EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	Common collective trust	3,106,660	3,121,369	3,121,369	6,228,029	-

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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.

A Name of plan THE SI GROUP, INC. PENSION PLAN FOR REPRESENTED EMPLOYEES IN ORANGEBURG, SOUTH CAROLINA	B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SI Group, Inc.	D Employer Identification Number (EIN) 14-1041790	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a	23,660,282	
b Actuarial value	2b	23,178,963	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	220	15,659,256	15,659,256
b For terminated vested participants	67	2,486,649	2,486,649
c For active participants	134	6,622,300	6,878,090
d Total	421	24,768,205	25,023,995
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	<input type="checkbox"/>		
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.11%	
6 Target normal cost			
a Present value of current plan year accruals	6a	0	
b Expected plan-related expenses	6b	275,174	
c Target normal cost	6c	275,174	

Statement by Enrolled Actuary

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

SIGN HERE	 Signature of actuary	<u>9/3/2025</u> Date
	<u>Seth Correia</u> Type or print name of actuary	<u>2308079</u> Most recent enrollment number
	<u>Manulife John Hancock</u> Firm name	<u>781-619-2000</u> Telephone number (including area code)
	<u>200 Berkeley Street</u> <u>Boston MA 02116</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

Part II	Beginning of Year Carryover and Prefunding Balances	
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1,973,321
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	488,050
9 Amount remaining (line 7 minus line 8)	0	1,485,271
10 Interest on line 9 using prior year's actual return of <u>7.65%</u>	0	113,623
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.23%</u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	1,598,894

Part III	Funding Percentages	
14 Funding target attainment percentage	14	86.23%
15 Adjusted funding target attainment percentage	15	86.23%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	96.03%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
Totals ▶			18(b)	0	18(c)	0

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

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

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code)..... **21b** 4

22 Weighted average retirement age **22** 62

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c).....	31a	275,174
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	3,443,926	317,623
b Waiver amortization installment	0	0

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

33

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	592,797
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	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	592,797	592,797

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

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

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

a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0

40 Unpaid minimum required contributions for all years **40** 0

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

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

Attachment to 2024 Form 5500

Schedule SB, line 22: description of weighted average retirement age

Plan name: SI Group, Inc. Pension Plan for Represented Employees in Orangeburg, South Carolina **EIN:** 14-1041790
Plan sponsor: SI Group, Inc. **PN:** 005

Description of weighted average retirement age

Age	Expected Active Headcount	Retirement Rate	Expected Retirements	Weighted Age
55	52.0901	0.0770	4.0091	220.5008
56	54.3964	0.0771	4.1957	234.9599
57	55.3915	0.0772	4.2736	243.5936
58	57.1858	0.0773	4.4198	256.3480
59	56.6736	0.0800	4.5339	267.4993
60	55.9100	0.2000	11.1820	670.9204
61	45.3570	0.2000	9.0714	553.3553
62	37.0268	0.3000	11.1081	688.6993
63	25.7558	0.3000	7.7267	486.7847
64	21.1157	0.3000	6.3347	405.4221
65	16.9342	0.4500	7.6204	495.3243
66	11.2239	0.3500	3.9284	259.2730
67	10.2294	0.3500	3.5803	239.8801
68	6.5817	0.3500	2.3036	156.6448
69	5.2309	0.3500	1.8308	126.3274
70	3.3587	1.0000	3.3587	235.1089
Total			89.4772	5,540.6419
Average				61.92

Attachment to 2024 Form 5500
Schedule SB, Part V: summary of plan provisions

Plan name:	SI Group, Inc. Pension Plan for Represented Employees in Orangeburg, South Carolina	EIN:	14-1041790
Plan sponsor:	SI Group, Inc.	PN:	005

Summary of plan provisions

Plan provisions

Effective Dates:	Original Plan: March 1, 1994 Restated: January 1, 2015
Eligibility:	Employees of SI Group, Inc. covered by the collective bargaining agreement for employees at Orangeburg, South Carolina. The plan is frozen to new participants as of January 31, 2021.
Plan Entry:	Later of January 1 following employment or January 1 of the year in which age 21 is attained. Effective January 31, 2021, the plan is frozen to new participants.
Vesting Service:	For employment prior to January 1, 1976, one year of service is credited for each calendar year during which at least one hour of service (less service disregarded under the Ethyl Plan). For employment after December 31, 1975, one year of service is credited for each calendar year during which at least 1,000 hours of service are worked.
Credited Service:	For employment after October 31, 1977, one year of service is credited for each calendar year during which at least 2,000 hours of service are worked. Fractional years of service are credited for fewer than 2,000 hours of service. The first two years of receipt of benefits under the Company's long-term disability plan are also included. Effective January 31, 2021, Credited Service is frozen.
Accrued Benefit:	Accrued benefit earned prior to November 1, 1977 plus \$41 per month times credited service payable as a five-year certain and life annuity. Effective January 31, 2021, the Accrued Benefit is frozen.
Normal Retirement:	Eligibility: The first day of the month following the 65th birthday. Benefit: Monthly accrued benefit determined as of normal retirement date.
Early Retirement:	Eligibility: Retirement before normal retirement date and on or after attaining age 55 and completing 10 years of vesting service. Benefit: Accrued benefit as of date of retirement reduced for early commencement if retirement precedes age 62. Benefits are reduced 7% per year from age 62 to age 55.

Summary of plan provisions

Late Retirement: Eligibility: The first day of any month following the normal retirement date.

Benefit: Benefit accruals to date prior to 70 ½ and greater of Actuarial Equivalence or benefit accruals to date of retirement after 70 ½.

Vested Termination: Eligibility: Termination for reasons other than death or retirement after completing five years of vesting service.

Benefit: Accrued benefit at date of termination commencing at age 65. With 10 years of vesting service, reduced benefits are payable as early as age 55. The accrued benefit is reduced 5/9% per month for the first 60 months and 5/18% per month for the next 60 months that commencement precedes normal retirement.

Disability Benefit: None

Although the Plan does not have a disability benefit, the first two years of a Member's receipt of benefits under the Company's long-term disability benefit plan will be credited as credited service.

Temporary Supplementary Early Retirement Allowance:

Eligibility: Age 55 with 15 years of vesting service.

Benefit: Benefit payable until the earlier of age 62 or death with amount based on age at retirement.

<u>Age at Retirement</u>	<u>Monthly Benefit</u>
55	\$3.00 times service
56	\$3.40 times service
57	\$3.80 times service
58	\$4.20 times service
59	\$4.60 times service
60	\$5.00 times service
61	\$5.00 times service

Effective January 31, 2021, service is frozen with respect to the Temporary Supplementary Early Retirement Allowance.

Summary of plan provisions

Pre-Retirement Death Benefits:	<p>Eligibility: Death while eligible for normal, early, late, or vested termination benefits.</p> <p>Benefit: Survivor benefit portion of an actuarially equivalent 50% joint and survivor annuity with five years certain.</p>
Normal Form of Payment:	<p>Monthly pension benefits are paid as a 5-year certain and life annuity for single participants. 50% joint and survivor annuity with five years certain.</p>
Optional Form of Benefit:	<p>In lieu of the normal form of payment described above a participant may elect to have benefits payable in another actuarially equivalent optional form offered by the plan. Optional forms are a 100% and 75% joint and survivor annuity, both with five years certain.</p>

SI GROUP, INC. PENSION PLAN FOR REPRESENTED EMPLOYEES
IN ORANGEBURG, SOUTH CAROLINA

EIN: 14-1041790
Plan Number: 005

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party		Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	Vanguard Federal Money Market Fund	Mutual fund	\$ 219,959	\$ 219,959
*	Wilmington Trust DB Growth Portfolio Fund	Common collective trust	5,096,235	5,096,236
	EB Temp Inv Fund 1.147% 12/31/2049 DD 11/01/01	"	<u>125,536</u>	<u>125,536</u>
			5,221,771	5,221,772
	U S Treasury Bd Prin Strip 0.000% 08/15/2053 Dd 08/15/23	Government obligation	69,053	65,959
	U S Treasury Bd Prin Strip 0.000% 05/15/2054 Dd 05/15/24	"	62,826	51,948
	U S Treasury Bond 3.000% 08/15/2052 Dd 08/15/22	"	150,341	125,774
	U S Treasury Bond 3.875% 05/15/2043 Dd 05/15/23	"	154,960	140,969
	U S Treasury Bond 4.625% 05/15/2054 Dd 05/15/24	"	55,633	48,664
	U S Treasury Bond 4.250% 08/15/2054 Dd 08/15/24	"	53,623	50,316
	U S Treasury Bond 4.125% 08/15/2044 Dd 08/15/24	"	121,362	113,242
	U S Treasury Note 4.000% 02/15/2034 Dd 02/15/24	"	33,604	33,514
	U S Treasury Note 4.250% 06/30/2029 Dd 06/30/24	"	44,631	44,745
	U S Treasury Note 4.375% 07/15/2027 Dd 07/15/24	"	151,684	150,369
	U S Treasury Note 3.875% 08/15/2034 Dd 08/15/24	"	106,672	99,307
	U S Treasury Note 3.375% 09/15/2027 Dd 09/15/24	"	19,715	19,542
	U S Treasury Note 3.500% 09/30/2029 Dd 09/30/24	"	14,719	14,431
	U S Treasury Note 4.125% 10/31/2029 Dd 10/31/24	"	54,614	54,360
	U S Treasury Note 4.125% 10/31/2026 Dd 10/31/24	"	124,634	124,707
	U S Treasury Note 4.125% 11/30/2029 Dd 11/30/24	"	147,963	147,289
	U S Treasury Bd Cpn Strip 0.000% 11/15/2051 Dd 11/15/21	"	228,025	133,604
	U S Treasury Bd Cpn Strip 0.000% 02/15/2053 Dd 02/15/23	"	105,240	87,216
	U S Treasury Bd Cpn Strip 0.000% 02/15/2043 Dd 02/15/13	"	60,586	66,005
	U S Treasury Bd Cpn Strip 0.000% 08/15/2043 Dd 08/15/13	"	344,949	253,596
	U S Treasury Bd Cpn Strip 0.000% 11/15/2043 Dd 11/15/13	"	151,582	84,947
	U S Treasury Bd Cpn Strip 0.000% 11/15/2044 Dd 11/17/14	"	308,630	216,915
	U S Treasury Bd Cpn Strip 0.000% 11/15/2045 Dd 11/16/15	"	304,181	209,976
	U S Treasury Bd Cpn Strip 0.000% 11/15/2046 Dd 11/15/16	"	311,198	211,872
	U S Treasury Bd Cpn Strip 0.000% 11/15/2047 Dd 11/15/17	"	250,812	173,321
	U S Treasury Bd Cpn Strip 0.000% 11/15/2048 Dd 11/15/18	"	249,179	145,419
	U S Treasury Bd Cpn Strip 0.000% 11/15/2049 Dd 11/15/19	"	309,245	144,295
	U S Treasury Bd Cpn Strip 0.000% 11/15/2050 Dd 11/16/20	"	158,167	91,280
	U S Treasury Bd Cpn Strip 0.000% 05/15/2054 Dd 05/15/24	"	<u>526,022</u>	<u>459,652</u>
			4,673,850	3,563,234
	At&T Inc 4.350% 03/01/2029 Dd 02/19/19	Corporate bond	99,415	92,991
	Abbvie Inc 5.050% 03/15/2034 Dd 02/26/24	"	55,195	54,392
	Aercap Ireland Capital Dac / A 3.000% 10/29/2028 Dd 10/29/21	"	74,446	74,059
	Alexandria Real Estate Equitie 2.950% 03/15/2034 Dd 02/16/22	"	49,848	41,172
	Allstate Corp/The 4.200% 12/15/2046 Dd 12/08/16	"	147,129	112,516
	Amazon.Com Inc 2.500% 06/03/2050 Dd 06/03/20	"	188,796	125,501
	Ameren Illinois Co 3.700% 12/01/2047 Dd 11/28/17	"	157,125	109,325
	American Electric Power Co Inc 5.750% 11/01/2027 Dd 11/02/22	"	84,775	87,094
	American Express Co Var Rt 07/27/2029 Dd 07/28/23	"	91,082	91,004
	American Honda Finance Corp 5.850% 10/04/2030 Dd 10/04/23	"	31,166	31,242
	American Honda Finance Corp 4.400% 09/05/2029 Dd 09/05/24	"	49,940	48,613
	American Tower Corp 2.750% 01/15/2027 Dd 10/03/19	"	99,838	96,045
	Anheuser-Busch Inbev Worldwide 5.450% 01/23/2039 Dd 01/23/19	"	135,127	135,357

SI GROUP, INC. PENSION PLAN FOR REPRESENTED EMPLOYEES
IN ORANGEBURG, SOUTH CAROLINA

EIN: 14-1041790
Plan Number: 005

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value	
Elevance Health Inc	4.100% 05/15/2032 Dd 04/29/22	"	91,926	87,861
Apple Inc	4.375% 05/13/2045 Dd 05/13/15	"	311,102	234,266
Ares Capital Corp	7.000% 01/15/2027 Dd 08/03/23	"	80,249	82,904
Arthur J Gallagher & Co	5.150% 02/15/2035 Dd 12/19/24	"	44,403	43,937
Astrazeneca Plc	3.000% 05/28/2051 Dd 05/28/21	"	31,880	29,476
Avalonbay Communities Inc	2.300% 03/01/2030 Dd 02/25/20	"	40,905	35,187
Avalonbay Communities Inc	5.350% 06/01/2034 Dd 05/14/24	"	81,811	80,375
Avis Budget Rental C 8A A 144A	6.020% 02/20/2030 Dd 09/18/23	"	114,955	119,220
Bhp Billiton Finance Usa Ltd	4.900% 02/28/2033 Dd 02/28/23	"	92,420	88,461
Bbcms Mortgage Trust 20 C22 As Var Rt	11/15/2056 Dd 11/01/23	"	61,890	66,058
Bmo 2023-C7 A5	6.160% 12/15/2056 Dd 12/01/23	"	103,000	105,890
Bank Of America Corp Var Rt	06/14/2029 Dd 06/14/21	"	191,231	172,403
Bank Of Nova Scotia/The	2.450% 02/02/2032 Dd 01/10/22	"	92,070	91,833
Truist Bank Var Rt	09/17/2029 Dd 09/16/19	"	124,613	120,684
Benchmark 2020-Ig2 Ig2 B 144A Var Rt	09/15/2048 Dd 05/01/20	"	105,586	56,621
Berkshire Hathaway Finance Cor	4.300% 05/15/2043 Dd 05/15/13	"	166,637	121,247
Blackstone Private Credit Fund	2.625% 12/15/2026 Dd 06/15/22	"	57,825	61,932
Bnp Paribas Sa 144A Var Rt	01/13/2031 Dd 01/13/20	"	112,384	98,123
Borgwarner Inc	4.950% 08/15/2029 Dd 08/16/24	"	90,867	89,537
Boston Gas Co 144A	3.001% 08/01/2029 Dd 07/29/19	"	97,109	86,198
Bp Capital Markets America Inc	2.721% 01/12/2032 Dd 01/12/22	"	143,727	132,640
Brean Asset Backed Rm6 A1 144A Var Rt	01/25/2063 Dd 02/17/23	"	86,809	89,327
Brighthouse Financial Inc	3.700% 06/22/2027 Dd 12/22/17	"	47,792	48,513
Bristol-Myers Squibb Co	5.900% 11/15/2033 Dd 11/13/23	"	60,608	62,995
Burlington Northern Santa Fe L	5.150% 09/01/2043 Dd 08/22/13	"	140,072	105,383
Cigna Group/The	2.400% 03/15/2030 Dd 03/16/20	"	29,724	24,500
Cvs Health Corp	1.750% 08/21/2030 Dd 08/21/20	"	87,163	85,378
California St	7.300% 10/01/2039 Dd 10/15/09	"	52,052	51,237
Cameron Lng Llc 144A	2.902% 07/15/2031 Dd 12/13/19	"	65,298	56,611
Canadian National Railway Co	3.650% 02/03/2048 Dd 02/06/18	"	95,231	71,585
Capital One Financial Corp Var Rt	05/10/2028 Dd 05/09/22	"	80,206	79,737
Centerpoint Energy Resources C	1.750% 10/01/2030 Dd 10/01/20	"	72,049	67,054
Chubb Ina Holdings Llc	5.000% 03/15/2034 Dd 03/07/24	"	46,309	44,480
Cisco Systems Inc	5.500% 01/15/2040 Dd 11/17/09	"	99,777	70,630
Cisco Systems Inc	5.050% 02/26/2034 Dd 02/26/24	"	14,985	14,962
Citigroup Inc Var Rt	01/29/2031 Dd 01/29/20	"	91,399	79,621
Cno Global Funding 144A	1.650% 01/06/2025 Dd 01/06/22	"	18,829	19,992
Comcast Corp	4.250% 01/15/2033 Dd 01/14/13	"	152,352	130,717
Comcast Corp	3.400% 07/15/2046 Dd 07/19/16	"	115,342	80,842
Commonwealth Edison Co	3.700% 03/01/2045 Dd 03/02/15	"	99,732	72,572
Conagra Brands Inc	1.375% 11/01/2027 Dd 10/16/20	"	88,308	81,716
Conocophillips Co	5.300% 05/15/2053 Dd 05/23/23	"	74,914	69,461
Consolidated Edison Co Of New	4.450% 03/15/2044 Dd 03/06/14	"	116,200	85,494
Corebridge Financial Inc Var Rt	12/15/2052 Dd 12/15/22	"	102,163	102,611
Copt Defense Properties Lp	2.000% 01/15/2029 Dd 08/11/21	"	96,494	92,414
Dte Electric Co	2.950% 03/01/2050 Dd 02/26/20	"	128,476	91,098
John Deere Capital Corp	5.050% 06/12/2034 Dd 06/11/24	"	29,837	29,890
Drive Auto Receivables Tru 2 D	4.940% 05/17/2032 Dd 09/25/24	"	64,988	63,793
Duke Energy Carolinas Llc	3.950% 03/15/2048 Dd 03/01/18	"	122,018	118,918
Energy Transfer Lp	6.400% 12/01/2030 Dd 10/13/23	"	42,952	42,268
Enel Finance Internationa 144A	3.500% 04/06/2028 Dd 10/06/17	"	105,731	95,277

SI GROUP, INC. PENSION PLAN FOR REPRESENTED EMPLOYEES
IN ORANGEBURG, SOUTH CAROLINA

EIN: 14-1041790

Plan Number: 005

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

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value	
Energy Transfer Lp 2.900% 05/15/2025 Dd 01/22/20	"	56,899	59,538	
Enterprise Products Operating 2.800% 01/31/2030 Dd 01/15/20	"	18,047	18,085	
Exxon Mobil Corp 3.095% 08/16/2049 Dd 08/16/19	"	43,943	40,038	
Fremf 2015-K47 Mort K47 C 144A Var Rt 06/25/2048 Dd 07/01/15	"	192,323	188,847	
Fremf 2018-K80 Mort K80 C 144A Var Rt 08/25/2050 Dd 09/01/18	"	87,361	80,886	
Fremf 2019-K103 Mo K103 C 144A Var Rt 12/25/2051 Dd 12/01/19	"	48,766	44,440	
Finance Of America S1 A1 144A Var Rt 09/25/2061 Dd 02/23/23	"	94,671	101,006	
Finance Of America S6 A1 144A 3.000% 07/25/2061 Dd 12/16/22	"	94,483	101,293	
Florida Power & Light Co 5.250% 02/01/2041 Dd 12/09/10	"	105,541	77,655	
Haleon Us Capital Llc 3.625% 03/24/2032 Dd 09/24/22	"	122,421	122,260	
General Dynamics Corp 4.250% 04/01/2040 Dd 03/25/20	"	106,421	87,362	
Georgia Power Co 2.650% 09/15/2029 Dd 09/10/19	"	93,641	86,155	
Gilead Sciences Inc 4.000% 09/01/2036 Dd 09/20/16	"	54,131	44,145	
Goldman Sachs Group Inc/The Var Rt 01/27/2032 Dd 01/27/21	"	145,849	123,871	
Hca Inc 5.200% 06/01/2028 Dd 05/04/23	"	95,328	95,212	
Home Depot Inc/The 4.500% 12/06/2048 Dd 12/06/18	"	169,184	115,457	
Honeywell International Inc 5.250% 03/01/2054 Dd 03/01/24	"	95,356	89,122	
Hyundai Capital America 144A 5.680% 06/26/2028 Dd 06/26/23	"	70,161	71,019	
Intel Corp 3.734% 12/08/2047 Dd 06/08/18	"	127,167	79,226	
Intercontinental Exchange Inc 2.650% 09/15/2040 Dd 08/20/20	"	119,331	89,423	
Jpmdb Commercial Mortgage C5 As Var Rt 03/15/2050 Dd 03/01/17	"	186,354	175,865	
Jpmorgan Chase & Co Var Rt 07/24/2038 Dd 07/24/17	"	238,766	192,118	
Johnson & Johnson 3.550% 03/01/2036 Dd 03/01/16	"	85,743	82,984	
Johnson & Johnson 3.500% 01/15/2048 Dd 11/10/17	"	26,929	26,333	
Katayma Clo I Ltd 1A A1 144A Var Rt 10/20/2036 Dd 10/31/23	"	125,000	124,929	
Kimco Realty Op Llc 2.800% 10/01/2026 Dd 08/18/16	"	94,992	91,885	
Kinder Morgan Inc 5.100% 08/01/2029 Dd 07/31/24	"	71,862	70,053	
Eli Lilly & Co 3.950% 03/15/2049 Dd 02/22/19	"	51,782	50,937	
Manufacturers & Traders Trust 3.400% 08/17/2027 Dd 08/17/17	"	168,920	158,774	
Manulife Financial Corp Var Rt 02/24/2032 Dd 02/24/17	"	99,592	92,659	
Mastercard Inc 3.650% 06/01/2049 Dd 05/31/19	"	113,118	71,779	
Metropolitan Life Global 144A 3.050% 06/17/2029 Dd 06/17/19	"	78,475	69,336	
Microsoft Corp 2.921% 03/17/2052 Dd 03/17/21	"	186,813	125,950	
Midamerican Energy Co 4.800% 09/15/2043 Dd 09/19/13	"	94,085	67,471	
Midamerican Energy Co 4.250% 07/15/2049 Dd 01/09/19	"	8,174	8,120	
Morgan Stanley Var Rt 04/28/2032 Dd 01/25/21	"	51,900	53,177	
Motorola Solutions Inc 5.400% 04/15/2034 Dd 03/25/24	"	24,972	25,007	
National Rural Utilities Coope 3.900% 11/01/2028 Dd 10/31/18	"	94,200	82,074	
National Rural Utilities Coope 5.800% 01/15/2033 Dd 10/31/22	"	91,293	87,950	
Natwest Group Plc Var Rt 06/14/2027 Dd 06/14/21	"	72,824	71,563	
Nevada Power Co 3.700% 05/01/2029 Dd 01/30/19	"	110,140	95,405	
New York Life Insurance C 144A 3.750% 05/15/2050 Dd 04/14/20	"	92,524	58,251	
Northrop Grumman Corp 3.250% 01/15/2028 Dd 10/13/17	"	82,592	71,677	
Oge Energy Corp 5.450% 05/15/2029 Dd 05/09/24	"	77,507	76,244	
O'Reilly Automotive Inc 1.750% 03/15/2031 Dd 09/23/20	"	84,612	69,618	
Omnicom Group Inc 2.600% 08/01/2031 Dd 05/03/21	"	96,761	89,779	
Oncor Electric Delivery Co Llc 3.800% 06/01/2049 Dd 05/23/19	"	136,758	102,014	
Oracle Corp 6.500% 04/15/2038 Dd 04/09/08	"	79,205	64,548	
Pnc Bank Na 4.050% 07/26/2028 Dd 07/26/18	"	147,480	135,271	
Ppl Electric Utilities Corp 3.000% 10/01/2049 Dd 09/06/19	"	105,855	72,334	
Pacific Gas And Electric Co 3.000% 06/15/2028 Dd 06/03/21	"	55,202	56,210	

SI GROUP, INC. PENSION PLAN FOR REPRESENTED EMPLOYEES
IN ORANGEBURG, SOUTH CAROLINA

EIN: 14-1041790
Plan Number: 005

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party		Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	Paypal Holdings Inc	5.150% 06/01/2034 Dd 05/28/24	40,291	39,753
	Penske Truck Leasing Co L	144A 1.700% 06/15/2026 Dd 04/13/21	44,991	42,959
	Pepsico Inc	2.875% 10/15/2049 Dd 10/09/19	32,500	32,692
	Pfizer Investment Enterprises	5.300% 05/19/2053 Dd 05/19/23	144,815	131,292
	Philip Morris International In	4.750% 11/01/2031 Dd 11/01/24	83,615	83,099
	Private Export Funding Corp	4.600% 02/15/2034 Dd 01/30/24	34,990	34,337
	Prologis Lp	1.250% 10/15/2030 Dd 08/20/20	77,985	69,660
	Prologis Lp	5.000% 03/15/2034 Dd 01/25/24	70,625	68,426
	Prudential Financial Inc	3.000% 03/10/2040 Dd 03/10/20	53,025	36,939
	Public Service Electric And Ga	3.950% 05/01/2042 Dd 05/11/12	104,480	97,812
	Rr 7 Ltd 7A A1Ab 144A Var Rt	01/15/2037 Dd 02/14/22	250,000	248,516
	Rtx Corp	6.000% 03/15/2031 Dd 11/08/23	39,973	41,989
	Slg Office Trust 20 Ova A 144A	2.585% 07/15/2041 Dd 06/01/21	145,073	117,564
	Santander Uk Group Holdings PI Var Rt	08/21/2026 Dd 08/21/20	28,287	29,313
	Santander Holdings Usa Inc	3.244% 10/05/2026 Dd 10/04/19	85,242	87,313
	Santander Drive Auto Recei 3 C	4.490% 08/15/2029 Dd 05/18/22	179,966	179,612
	Santander Drive Auto Recei 4 C	5.000% 11/15/2029 Dd 07/20/22	94,955	95,448
	Santander Drive Aut S1 R1 144A	8.140% 04/18/2028 Dd 11/28/23	66,494	67,543
	Scott Trust 2023-Sf Sfs A 144A	5.910% 03/10/2040 Dd 03/01/23	100,000	101,522
	Simon Property Group Lp	3.375% 06/15/2027 Dd 06/01/17	57,964	53,483
	Simon Property Group Lp	3.800% 07/15/2050 Dd 07/09/20	98,039	103,210
	Sofi Professional A A2Fx 144A	2.540% 05/15/2046 Dd 01/17/20	52,811	50,275
	Southern California Edison Co	5.150% 06/01/2029 Dd 03/01/24	25,768	25,153
	State Street Corp Var Rt	05/18/2034 Dd 05/18/23	98,960	99,319
	Equinor Asa	3.950% 05/15/2043 Dd 05/15/13	100,928	73,792
	Sumitomo Mitsui Financial Grou	5.520% 01/13/2028 Dd 01/13/23	96,132	96,500
	Energy Transfer Lp	3.900% 07/15/2026 Dd 07/12/16	136,621	123,373
	Telefonica Emisiones Sa	4.103% 03/08/2027 Dd 03/08/17	97,942	83,661
	Toronto-Dominion Bank/The	4.456% 06/08/2032 Dd 06/08/22	78,809	80,520
	Totalenergies Capital Sa	4.724% 09/10/2034 Dd 09/10/24	49,686	48,100
	Trinity Health Corp	2.632% 12/01/2040 Dd 01/20/21	29,004	27,911
	United Parcel Service Inc	3.750% 11/15/2047 Dd 11/14/17	112,076	79,536
	Us Bancorp Var Rt	07/22/2028 Dd 07/22/22	85,720	89,254
	Unitedhealth Group Inc	4.625% 07/15/2035 Dd 07/23/15	222,307	179,450
	Verizon Communications Inc	4.400% 11/01/2034 Dd 10/29/14	98,545	88,039
	Verizon Communications Inc	4.016% 12/03/2029 Dd 06/03/19	94,211	81,553
	Verizon Communications Inc	2.550% 03/21/2031 Dd 03/22/21	49,795	43,086
	Vici Properties Lp	5.125% 11/15/2031 Dd 12/19/24	34,881	34,224
	Virginia Electric And Power Co	5.300% 08/15/2033 Dd 08/10/23	44,050	44,750
	Vmware Llc	4.500% 05/15/2025 Dd 04/07/20	55,933	49,927
	Vulcan Materials Co	5.350% 12/01/2034 Dd 11/20/24	9,989	9,972
	Walmart Inc	4.050% 06/29/2048 Dd 06/27/18	44,647	28,793
	Walmart Inc	4.500% 09/09/2052 Dd 09/09/22	67,133	65,553
	Wells Fargo & Co	4.300% 07/22/2027 Dd 07/22/15	190,895	172,536
	Westlake Automobile 2A D 144A	5.480% 09/15/2027 Dd 06/15/22	100,000	100,526
			<u>14,713,889</u>	<u>13,106,880</u>
	Total investments		<u>\$ 24,829,469</u>	<u>\$ 22,111,845</u>

* Indicates party-in-interest to the Plan.

Attachment to 2024 Form 5500
Schedule SB, line 32: schedule of amortization bases

Plan name: SI Group, Inc. Pension Plan for Represented Employees in Orangeburg, South Carolina **EIN:** 14-1041790
Plan sponsor: SI Group, Inc. **PN:** 005

Schedule of amortization bases

Type of base	Present value of remaining installments	Valuation date	Years remaining	Amortization installment
Shortfall	2,481,894	1/1/2024	15	225,804
Shortfall	962,032	1/1/2023	14	91,819
Shortfall	0	1/1/2022	13	0
Shortfall	0	1/1/2021	12	0
Shortfall	0	1/1/2020	11	0
	Total 3,443,926			317,623

Attachment to 2024 Form 5500

Schedule SB, line 24/25: change in actuarial assumptions and methods

Plan name: SI Group, Inc. Pension Plan for Represented Employees in Orangeburg, South Carolina **EIN:** 14-1041790
Plan sponsor: SI Group, Inc. **PN:** 005

Changes in actuarial assumptions and methods

The expected return on plan assets was changed from 5.00% to 4.77%.

No additional changes were made except those required to remain in compliance with IRS standards (specifically, the interest discounting rates and mortality table).