

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

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: [X] a single-employer plan [] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
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 Check box if filing under: [X] Form 5558 [] automatic extension [] DFVC program [] special extension (enter description)
D If the plan is a collectively-bargained plan, check here []
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here []

Part II Basic Plan Information—enter all requested information

1a Name of plan DCO OPERATIONS-HARTFORD LLC DEFINED BENEFIT PLAN
1b Three-digit plan number (PN) 004
1c Effective date of plan 04/25/2012
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) DCO OPERATIONS-HARTFORD, LLC
100 LENOX DRIVE SUITE 100 LAWRENCEVILLE, NJ 08648-2322
2b Employer Identification Number (EIN) 45-4428447
2c Sponsor's telephone number 609-896-1111
2d Business code (see instructions) 221100
3a Plan administrator's name and address [X] Same as Plan Sponsor.
3b Administrator's EIN
3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.
a Sponsor's name
c Plan Name
4b EIN
4d PN
5a Total number of participants at the beginning of the plan year 28
b Total number of participants at the end of the plan year 26
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)
d(1) Total number of active participants at the beginning of the plan year 16
d(2) Total number of active participants at the end of the plan year 13
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 0

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, and Name (SCOTT WYLLIE). Includes a second row for the employer/signer.

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year: 562097. (See instructions.)

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	6449513	6865159
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	6449513	6865159
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	583368	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	640928	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1224296
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	775312	
e Certain deemed and/or corrective distributions (see instructions) .	8e		
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g	33338	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		808650
i Net income (loss) (subtract line 8h from line 8c)	8i		415646
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics	
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: <u>1B 1C 3H</u>
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions				
10 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)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		3000000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	X		16807
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. Yes No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a** 0

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above. Yes No

a 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 letter ruling granting the waiver. _____ Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year **12b**

c Enter the amount contributed by the employer to the plan for this plan year **12c**

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

e Will the minimum funding amount reported on line 12d be met by the funding deadline? Yes No N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? Yes No

a If "Yes," enter the amount of any plan assets that reverted to the employer this year. **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? Yes No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Part VIII IRS Compliance Questions

14a 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

14b 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

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

SCHEDULE 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
---	--	--

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>DCO OPERATIONS-HARTFORD LLC DEFINED BENEFIT PLAN</u>	B Three-digit plan number (PN) ▶	<u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>DCO OPERATIONS-HARTFORD, LLC</u>	D Employer Identification Number (EIN) <u>45-4428447</u>	
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 checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input 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	<u>6440633</u>
	b Actuarial value	2b	<u>6518670</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>9</u>	<u>2029095</u>
	b For terminated vested participants	<u>3</u>	<u>127702</u>
	c For active participants	<u>16</u>	<u>4645936</u>
	d Total	<u>28</u>	<u>6802733</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>4.85 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>463987</u>
	b Expected plan-related expenses	6b	<u>29900</u>
	c Target normal cost	6c	<u>493887</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>10/07/2025</u> Date
	<u>JEFFREY C. LITER</u> Type or print name of actuary	<u>23-06544</u> Most recent enrollment number
	<u>THE ANGELL PENSION GROUP, INC.</u> Firm name	<u>401-438-9250</u> Telephone number (including area code)
	<u>88 BOYD AVENUE EAST PROVIDENCE, RI 02914</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	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>12.97</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		6844
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>5.37</u> %		367
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		7211
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	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	95.82 %
15	Adjusted funding target attainment percentage	15	95.82 %
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	97.25 %
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		
08/28/2025	200000	0					
09/03/2025	383368	0					
			Totals ▶	18(b)	583368	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	522197

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: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes <input 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 493887
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	284063		26688	
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 520575
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
36 Additional cash requirement (line 34 minus line 35)				36 520575
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 522197
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 1622
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 type="checkbox"/> 2020 <input type="checkbox"/> 2021				

Plan Name: DCO Operations-Hartford LLC Defined Benefit Plan

EIN: 45-4428447

Plan Number: 004

Schedule SB, Line 26a -- Schedule of Active Participant Data

YEARS OF CREDITED SERVICE

Attained Age	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up	
	No.	Avg. Comp*	No.	Avg. Comp*	No.	Avg. Comp*	No.	Avg. Comp*	No.	Avg. Comp*	No.	Avg. Comp*	No.	Avg. Comp*	No.	Avg. Comp*	No.	Avg. Comp*	No.	Avg. Comp*
Under 25	0		0		0		0		0		0		0		0		0		0	
25 to 29	0		0		0		0		0		0		0		0		0		0	
30 to 34	0		0		0		0		0		0		0		0		0		0	
35 to 39	0		0		0		0		1		0		0		0		0		0	
40 to 44	0		0		0		0		1		0		0		0		0		0	
45 to 49	0		0		0		0		0		0		0		0		0		0	
50 to 54	0		0		0		0		1		1		1		0		0		0	
55 to 59	0		0		0		0		0		0		0		1		0		0	
60 to 64	0		0		0		0		1		0		0		4		2		0	
65 to 69	0		0		0		0		1		0		1		0		0		1	
70 & up	0		0		0		0		0		0		0		0		0		0	
Total	0		0		0		0		5		1		2		5		2		1	

SECTION XII **ACTUARIAL COST METHODS**

Traditional Unit Credit (TUC)

The actuarial cost method used in the development of the minimum contribution was the unit credit cost method.

The normal cost is the sum of all the individual normal costs for each participant. For active participants, the individual normal cost is the present value of the benefit earned during the year being valued. For active participants whose credited service equals or exceeds the plan maximum, if any, and for non-active participants, the normal cost is zero.

The actuarial accrued liability is the sum of the individual accrued liabilities for all participants. The individual accrued liability for an active participant is the present value of the accrued benefit as of the valuation date. The unfunded liability is the actuarial accrued liability less the valuation assets.

The total annual cost of the plan is the normal cost plus an amount to amortize the shortfall amount.

Projected Unit Credit (PUC)

The actuarial cost method used in the development of the maximum contribution was the projected unit credit cost method.

Under this method, the normal cost is the sum of the individual normal costs for all participants. For an active participant, the individual normal cost is the present value at the current age of the projected benefit at the assumed retirement age, based on the actuarial assumptions, divided by the participant's expected years of credited service at that age. For a non-active participant, the normal cost is zero.

The actuarial accrued liability is the sum of the individual accrued liabilities for all plan participants. For an active participant, the individual accrued liability is the product of the normal cost and the total years of credited service at the current age. For non-active participants, the individual accrued liability is the present value at the current age of future benefits. The unfunded actuarial accrued liability equals the actuarial accrued liability less the valuation assets.

SECTION XIII
ACTUARIAL METHODS AND ASSUMPTIONS

A summary of the actuarial assumptions used in the valuation is presented below:

Valuation Assets

The average of the Fair Market Value of plan assets as of the current valuation date and as of the valuation date for each of the prior two plan years adjusted for contributions and distributions from the prior period to the current valuation date. The resulting amount is restricted to fall within 90% to 110% of the fair market value of assets. [IRC Sec. 430(g)(3)(B)]. This method is restricted in that the expected earnings are limited by Internal Revenue Code Regulations. Therefore, the resulting asset value may tend to be less than the fair market value of assets over a long period of time. The Assumed Earnings Rate for the Plan Year Ending in 2022 was 5.92% The Assumed Earnings Rate for the Plan Year Ending in 2023 is 5.74%.

IRS Required Discount Rates

Minimum Required Contribution (as adjusted for MAP-21/HATFA/ARPA)

- | | |
|--|-------|
| 1. Segment Rate 1 for Years 1 Through 5 | 4.75% |
| 2. Segment Rate 2 for Years 6 Through 20 | 4.96% |
| 3. Segment Rate 3 for Years After 20 | 5.59% |

Maximum Deductible Contribution

- | | |
|--|-------|
| 1. Segment Rate 1 for Years 1 Through 5 | 4.37% |
| 2. Segment Rate 2 for Years 6 Through 20 | 4.96% |
| 3. Segment Rate 3 for Years After 20 | 4.95% |

Plan Effective Interest Rate

4.85%

Financial Accounting Standards Board ASC 960 Discount Rates and Mortality

Discount Rates

- | | |
|-----------------------------------|-------|
| 1. Pre-Retirement Discount Rate: | 7.00% |
| 2. Post-Retirement Discount Rate: | 7.00% |

Mortality Tables

- | | |
|---------------------------------------|---|
| 1. Employee Mortality - Male | Pri-2012(TDS) Male Employee Projected Generationally in 2D with Scale MP-2021 Male |
| Employee Mortality - Female | Pri-2012(TDS) Female Employee Projected Generationally in 2D with Scale MP-2021 Female |
| 2. Healthy Annuitant Mortality - Male | Pri-2012(TDS) Male Retiree Projected Generationally in 2D with Scale MP-2021 Male |
| Healthy Annuitant Mortality - Female | Pri-2012(TDS) Female Retiree Projected Generationally in 2D with Scale MP-2021 Female |
| 3. Beneficiary Mortality - Male | Pri-2012(TDS) Male Contingent Survivor Projected Generationally in 2D with Scale MP-2021 Male |
| Beneficiary Mortality - Female | Pri-2012(TDS) Female Contingent Survivor Projected Generationally in 2D with Scale MP-2021 Female |

SECTION XIII
ACTUARIAL METHODS AND ASSUMPTIONS (cont'd)

Salary Scale

Salaries are assumed to increase by 3.5% annually for males, and 3.5% annually for females.

Ratios of salary at 65 to the starting salary at various hire ages:

	Male	Female
20	470.24 %	470.24 %
25	395.93 %	395.93 %
30	333.36 %	333.36 %
35	280.68 %	280.68 %
40	236.32 %	236.32 %
45	198.98 %	198.98 %
50	167.53 %	167.53 %
55	141.06 %	141.06 %
60	118.77 %	118.77 %

Taxable Wage Base Increase Assumption No TWB increase was assumed in the valuation.

Social Security CPI Assumption No CPI increase was assumed in the valuation.

Plan Benefit COLA Assumption No COLA increase was assumed in the valuation.

Retirement Rates All employees were assumed to retire at age 64.

Termination Rates Termination Rates were not assumed in the valuation.

Disability Rates Disability Rates were not assumed in the valuation.

SECTION XIII
ACTUARIAL METHODS AND ASSUMPTIONS (cont'd)

Pre-Retirement Mortality Rates: Pre-Retirement Mortality was assumed in the valuation.

Male: 2024 IRS Combined Male

Female: 2024 IRS Combined Female

The following are sample pre-retirement mortality rates for various ages:

	Male	Female
20	0.000360	0.000100
25	0.000400	0.000140
30	0.00049	0.000180
35	0.000620	0.000260
40	0.000740	0.000370
45	0.000840	0.000480
50	0.001130	0.000700
55	0.00206	0.001380
60	0.004580	0.002990
65	0.008610	0.006190
70	0.01419	0.010820
75	0.024330	0.019750

Post-Retirement Mortality Rates: Post-Retirement Mortality was assumed in the valuation.

Male: 2024 IRS Combined Male

Female: 2024 IRS Combined Female

The following are sample post-retirement mortality rates for various ages:

	Male	Female
55	0.002060	0.001380
60	0.004580	0.002990
65	0.008610	0.006190
70	0.014190	0.010820
75	0.024330	0.019750
80	0.044420	0.037150
85	0.081260	0.065270
90	0.147330	0.117900
95	0.233190	0.190200
100	0.327880	0.278620
105	0.421910	0.375760
110	0.494480	0.462820

SECTION XIII
ACTUARIAL METHODS AND ASSUMPTIONS (cont'd)

Administrative Expenses \$ 29,900

Percent Married 100% of males and 100% of females are assumed to be married.

Age of Spouse Spouses of Males are assumed to be 3 years younger than the participant.
Spouses of Females are assumed to be 3 years older than the participant.

Interest Crediting Rate Union: 4%
Nonunion: 5%

SELECTION OF ACTUARIAL ASSUMPTIONS

Assumption		Entity Who Selects Assumption	Basis for Assumption Selection	Change in Assumption
Segment Interest Rates for Minimum Contribution	Segment 1: 4.75% Segment 2: 4.96% Segment 3: 5.59%	Prescribed by Internal Revenue Service (IRC Sec. 430(h)(2)(C))	The Funding Target Liability for Minimum Contribution is determined using three 24-month average interest rates ("segment rates"), each of which applies to cash flows during specified periods. The Plan Sponsor has elected a 0 month look back for determining these rates each Plan Year. These segment rates are adjusted by the applicable percentage of the 25-year average segment rates.	The segment 1, segment 2 and segment 3 interest rates changed from 4.75%, 5.00%, and 5.74%, respectively as of the prior measurement date, January 1, 2023, to reflect the current prescribed rates. This change increased the Funding Target Liability for Minimum Contribution as of the current measurement date, January 1, 2024, by 0.76%.
Segment Interest Rates for Maximum Contribution	Segment 1: 4.37% Segment 2: 4.96% Segment 3: 4.95%	Prescribed by Internal Revenue Service (IRC Sec. 404(o)(6))	The Funding Target Liability for Maximum Contribution is determined using three 24-month average interest rates ("segment rates"), each of which applies to cash flows during specified periods. The Plan Sponsor has elected a 0 month look back for determining these rates each Plan Year.	The segment 1, segment 2 and segment 3 interest rates changed from 2.13%, 3.62%, and 3.93%, respectively as of the prior measurement date, January 1, 2023, to reflect the current prescribed rates. This change decreased the Funding Target Liability for Maximum Contribution as of the current measurement date, January 1, 2024, by 13.19%.
ASC 960 Interest Rate	7.00%	Dco Operations - Hartford, LLC	The ASC 960 interest rate is developed based on the allocation of the Plan's assets by investment class and the capital market outlook for each investment class. This information is provided by the Plan's investment advisor.	None
Inflation Rate	3.00%	The Angell Pension Group, Inc.	Long-term CPI-U experience.	None
Salary Scale	3.50%	The Angell Pension Group, Inc.	This assumption was set based on a review of experience under the Plan.	None
Taxable Wage Base Increase	N/A	N/A	Plan benefits are frozen and do not depend on future taxable wage base.	None
IRC 415 and 401(a)(17) Limit Projection	N/A	N/A	Projected increases to benefit and pay limits are not applicable under the Actuarial Funding Method used for the Funding Target Liability and the ASC 960 Actuarial Present Value of Accrued Benefits.	None
Interest Crediting Rate	Union: 4.00% Nonunion: 5.00%	The Angell Pension Group, Inc.	This assumption was set based on a review of experience under the Plan.	The Union Interest Crediting Rate changed from 5.00% as of the prior measurement date, January 1, 2023. This change decreased the Funding Target Liability for Minimum Contribution as of the current measurement date, January 1, 2024, by 0.67%.

SELECTION OF ACTUARIAL ASSUMPTIONS

Assumption		Entity Who Selects Assumption	Basis for Assumption Selection	Change in Assumption
Pre-Retirement Mortality	2024 IRS Optional Combined (M/F)	Prescribed by Internal Revenue Service (IRC Sec. 430(h)(3) for Minimum and IRC Sec. 404(o)(6) for Maximum)	The IRS prescribes by regulation mortality tables to be used in determining minimum and maximum contributions. Those tables are based on the actual experience of pension plans and projected trends in that experience. Current prescribed tables are based on the Pri-2012 Mortality Tables Report, adjusted for mortality improvement using Projection Scale MP-2021. Sponsors of small plans are permitted to use a combined table that applies the same mortality rates to both annuitants and nonannuitants.	The mortality tables changed from the 2023 IRS Applicable Mortality tables as of the prior measurement date, January 1, 2023, to reflect the current prescribed tables. This change, together with the change in post-retirement mortality, decreased the Funding Target Liability for Minimum Contribution and Maximum Contribution as of the current measurement date, January 1, 2024, by 0.80% and 0.86%, respectively.
Post-Retirement Mortality	2024 IRS Optional Combined (M/F)	Prescribed by Internal Revenue Service (IRC Sec. 430(h)(3) for Minimum and IRC Sec. 404(o)(6) for Maximum)	The IRS prescribes by regulation mortality tables to be used in determining minimum and maximum contributions. Those tables are based on the actual experience of pension plans and projected trends in that experience. Current prescribed tables are based on the Pri-2012 Mortality Tables Report, adjusted for mortality improvement using Projection Scale MP-2021. Sponsors of small plans are permitted to use a combined table that applies the same mortality rates to both annuitants and nonannuitants.	The mortality tables changed from the 2023 IRS Applicable Mortality tables as of the prior measurement date, January 1, 2023, to reflect the current prescribed tables. This change, together with the change in pre-retirement mortality, decreased the Funding Target Liability for Minimum Contribution and Maximum Contribution as of the current measurement date, January 1, 2024, by 0.80% and 0.86%, respectively.
Pre-Retirement Mortality for ASC 960	Pri-2012 Employee (M/F) with MP-2021 Generational Mortality Improvement Scale	Dco Operations - Hartford, LLC	The Society of Actuaries published a study of retirement experience in October, 2021. The Pri-2012 tables presented in the study represent the most current and complete benchmarks of U.S. private pension plan mortality experience. These tables include projections of mortality improvement through 2021.	None
Post-Retirement Mortality for ASC 960	Pri-2012 Retiree/Contingent Annuitant (M/F) with MP-2021 Generational Mortality Improvement Scale	Dco Operations - Hartford, LLC	The Society of Actuaries published a study of retirement experience in October, 2021. The Pri-2012 tables presented in the study represent the most current and complete benchmarks of U.S. private pension plan mortality experience. These tables include projections of mortality improvement through 2021.	None
Disability Mortality	None	The Angell Pension Group, Inc.	The incidence of disability under the Plan is negligible.	None
Disability Rates	None	The Angell Pension Group, Inc.	The incidence of disability under the Plan is negligible.	None
Withdrawal Rates	None	The Angell Pension Group, Inc.	The incidence of disability under the Plan is negligible.	None
Retirement Rates	Active and inactive participants are assumed to retire at age 64.	The Angell Pension Group, Inc.	This assumption was set based on a review of experience under the Plan.	None

SECTION XIII (Cont.)

SELECTION OF ACTUARIAL ASSUMPTIONS

Assumption		Entity Who Selects Assumption	Basis for Assumption Selection	Change in Assumption
Administrative Expenses	Equals the amount of Plan-related expenses paid from Plan assets in the prior Plan year.	The Angell Pension Group, Inc.	Internal Revenue Service regulations require the Target Normal Cost to be increased by the amount of Plan-related expenses expected to be paid from Plan assets during the Plan year. Our best estimate of these expenses is the actual amount of Plan-related expenses paid from Plan assets in the prior Plan year.	None
Percent Married	100% of males and 100% of females are assumed to be married.	The Angell Pension Group, Inc.	This assumption was set based on a review of experience under the Plan.	None
Age of Spouse	The female spouse is assumed to be 3 years younger than the male spouse.	The Angell Pension Group, Inc.	This assumption was set based on a review of experience under the Plan and general experience from similarly situated plans.	None

Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

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 single-employer plan a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
- 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** Check box if filing under: Form 5558 automatic extension DFVC program
 special extension (enter description)
- D** If the plan is a collectively-bargained plan, check here ▶
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ▶

Part II Basic Plan Information—enter all requested information

1a Name of plan DCO OPERATIONS-HARTFORD LLC DEFINED BENEFIT PLAN	1b Three-digit plan number (PN) ▶	004
	1c Effective date of plan	04/25/2012
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) DCO OPERATIONS-HARTFORD, LLC 100 LENOX DRIVE SUITE 100 LAWRENCEVILLE NJ 08648-2322	2b Employer Identification Number (EIN)	45-4428447
	2c Sponsor's telephone number	609-896-1111
	2d Business code (see instructions)	221100
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	
5a Total number of participants at the beginning of the plan year b Total number of participants at the end of the plan year..... c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)..... c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... d(1) Total number of active participants at the beginning of the plan year..... d(2) Total number of active participants at the end of the plan year..... e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	5a	28
	5b	26
	5c(1)	
	5c(2)	
	5d(1)	16
5d(2)	13	
5e	0	

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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		10/7/25	Scott Wyllie
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/7/25	Scott Wyllie
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

- 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)..... Yes No
 - b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.
- c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 562097. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a	Total plan assets	6,449,513	6,865,159
b	Total plan liabilities	0	0
c	Net plan assets (subtract line 7b from line 7a)	6,449,513	6,865,159
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a	Contributions received or receivable from:		
(1)	Employers	583,368	
(2)	Participants		
(3)	Others (including rollovers)		
b	Other income (loss)	640,928	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		1,224,296
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	775,312	
e	Certain deemed and/or corrective distributions (see instructions)		
f	Administrative service providers (salaries, fees, commissions)		
g	Other expenses	33,338	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)		808,650
i	Net income (loss) (subtract line 8h from line 8c)		415,646
j	Transfers to (from) the plan (see instructions)		

Part IV Plan Characteristics

- 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1B 1C 3H
- b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10	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 there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c	Was the plan covered by a fidelity bond?	X		3,000,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	X		16,807
f	Has the plan failed to provide any benefit when due under the plan?		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. Yes No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a** 0

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No
 (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.

a 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 letter ruling granting the waiver. Month Day Year

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year **12b**

c Enter the amount contributed by the employer to the plan for this plan year **12c**

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

e Will the minimum funding amount reported on line 12d be met by the funding deadline? Yes No N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? Yes No

a If "Yes," enter the amount of any plan assets that reverted to the employer this year. **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? Yes No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Part VIII IRS Compliance Questions

14a 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

14b 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

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

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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.

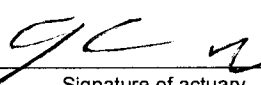
A Name of plan DCO OPERATIONS-HARTFORD LLC DEFINED BENEFIT PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF DCO OPERATIONS-HARTFORD, LLC	D Employer Identification Number (EIN) 45-4428447	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input 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		6,440,633
b Actuarial value	2b		6,518,670
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	9	2,029,095	2,029,095
b For terminated vested participants	3	127,702	127,702
c For active participants	16	4,645,936	4,645,936
d Total	28	6,802,733	6,802,733
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		4.85%
6 Target normal cost			
a Present value of current plan year accruals	6a		463,987
b Expected plan-related expenses	6b		29,900
c Target normal cost	6c		493,887

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		<u>October 7, 2025</u>
	Signature of actuary	Date
<u>JEFFREY C. LITTER</u>	Type or print name of actuary	2306544
	Firm name	Most recent enrollment number
<u>THE ANGELL PENSION GROUP, INC.</u>	Firm name	401-438-9250
	Address of the firm	Telephone number (including area code)
<u>88 BOYD AVENUE</u>	Address of the firm	
<u>EAST PROVIDENCE RI 02914</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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2024 v. 240311

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

21 Discount rate:

a Segment rates:

1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
------------------------	------------------------	------------------------	---

b Applicable month (enter code)..... **21b** 0

22 Weighted average retirement age **22** 65

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** 493,887

b Excess assets, if applicable, but not greater than line 31a **31b** 0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	284,063	26,688
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** 520,575

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

36 Additional cash requirement (line 34 minus line 35)..... **36** 520,575

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 522,197

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

a Total (excess, if any, of line 37 over line 36)..... **38a** 1,622

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

As indicated on line 22 of the 2024 Schedule SB, the Weighted Average Retirement Age is 65. Under the 2024 Plan Year, the Weighted Average Retirement Age is the same as the Normal Retirement Age.

DCO Operations-Hartford LLC Defined Benefit Plan

EIN: 45-4428447; Plan Number: 004

2024 Schedule SB, line 19 - Discounted Employer Contributions

(1)	(2)	(3)	(4a)	(4b)		(5)
Date (MM-DD-YYYY)	Amount paid by employer(s)	Year to which Contribution is Applied	Applicable Effective Interest Rate	Increased Rate for late quarterly installments		Interest Adjusted Contribution
8/28/2025	101,045	2024	4.85%	9.85%	1	\$87,675
8/28/2025	98,955	2024	4.85%	9.85%	2	86,862
9/3/2025	2,090	2024	4.85%	9.85%	2	1,832
9/3/2025	101,045	2024	4.85%	9.85%	3	89,603
9/3/2025	101,045	2024	4.85%	9.85%	4	90,659
9/3/2025	179,188	2024	4.85%		7	165,566
TOTALS:	\$583,368					\$522,197

Valuation Date:
1/1/2024

NOTES: footnote before column (5) describes due date for Quarterly Contribution
 "1" is for 4/15/2024 due date
 "2" is for 7/15/2024 due date
 "3" is for 10/15/2024 due date
 "4" is for 1/15/2025 due date
 "7" is not subject to Quarterly Contributions

Appendix A

Summary of Plan Provisions

Plan Effective Date: April 24, 2012 (Non-union employees)
November 16, 2010 (Union employees)

Eligibility Requirements: Union: An eligible employee will become a participant on the first day of the month following the later of (i) date of hire and (ii) attainment of age 21. Employees hired on or after December 1, 2009 will not be eligible to participate in this plan.

Non-union: All regular full-time, temporary and part-time non-union employees hired before January 1, 2004 are eligible to participate in the Traditional Retirement Benefit Plan. Those hired on or after January 1, 2004 are eligible to participate in the Cash Balance benefit. Non-Union Employees are eligible immediately on the first day one Hour of Service is performed. An eligible employee will become a participant on the first day of employment in the eligible employment class. Effective January 1, 2013, an employee in the eligible employment class shall become a participant of the January 1 or July 1 next following completion of one year of credited service.

Year of Credited/Continuous Service: Years and months of uninterrupted service.

Normal Retirement Date: First day of the month coincident with or next following the participant's 65th birthday.

Compensation: Non-union: Earnings are defined as W-2 pay plus salary reduction amounts and certain bonus and incentive amounts.

Union: Earnings are defined as W-2 pay plus salary reduction amounts.

Effective January 1, 2002, no more than \$200,000 of compensation will be considered for plan purposes. This limit of \$200,000 is subject to the cost of living indexes. Effective January 1, 2024, the limit is \$345,000.

Integration Level: Integration Level is equal to the average of the social security wage bases in effect for each calendar year during the 35-year period ending with the last day of the calendar year in which social security retirement age is attained.

Average Compensation: Average annual earnings is the average of earnings over the five calendar years out of the last 15 years preceding the date of determination which produces the highest average.

Normal Retirement

Benefit: **Non-union**

Traditional Benefit

The annual normal retirement benefit is equal to (1) plus (2) plus (3) minus (4) below.

- (1) 1.25% of Average Annual Earnings up to Social Security Covered Compensation times Credited Service (not greater than 35 years);
- (2) 1.65% of Average Annual Earnings in excess of Social Security Covered Compensation times Credited Service (not greater than 35 years);
- (3) 1.25% of Average Annual Earnings times Credited Service exceeding 35 years (not greater than 5 additional years);
- (4) the pension benefits accrued under the Connecticut Natural Gas Corporation Pension Plan for Salaried and Certain Other Employees;

Minimum Benefit

The annual Normal Retirement Benefit cannot be less than the greatest of:

- a.) A Grandfathered Benefit as of April 30, 1998 accrued under the Prior Plan;
or
- b.) If at least 30 years of Credited Service, minimum annual retirement benefit is \$21,000 (\$1,750 monthly).

Cash Balance Benefit

The Cash Balance account is credited with 6% of Eligible Pay each year and annual interest at the applicable interest rate as prescribed by IRC 417(e)(3) for the month of November for the prior year.

Union

Traditional Benefit

The annual normal retirement benefit is equal to (1), but not less than the greater of (2) and (3) below.

- (1) 1.35% of Average Annual Earnings times Credited Service;
- (2) Accrued benefit as of December 31, 1997; and
- (3) Effective January 1, 2010, \$22,200 with 30 or more years of Credited Service; lower amounts applied prior to January 1, 2010

If, as of January 1, 1998, the participant either (i) attained age 55 and completed five years of Continuous Service or (ii) completed 25 years of Continuous Service, the prior plan formula is grandfathered.

The grandfathered benefit is the greatest of (1), (2) or (3) below

- (1) the normal retirement benefit described above, or
- (2) 2% of Average Annual Earnings multiplied by years of Credited Service up to 30 years, plus 1% of Average Annual Earnings multiplied by years of Credited Service from 30 through 35, minus one-half of the employee's Social Security Benefit multiplied by a fraction (not to be greater than 1), of which the numerator is the employee's Credited Service and the denominator is 30, or
- (3) 1% of the first \$3,000 of annual earnings, plus 2% of annual earnings in excess of \$3,000

Cash Balance Benefit

Effective January 1, 2010, the Cash Balance account is credited with \$5,000 each year and annual interest at the applicable interest rate as prescribed by the 30 Year Treasury Rate, not less than 4.00%, for the month of December of the prior year. This amount is increased to \$6,000 effective January 1, 2015.

Traditional and Cash Balance

Benefits as determined above are offset by the benefit accrued participants as of November 15, 2010.

Normal Form of Benefit: Life Annuity

Accrued Benefit: The amount a participant would be entitled under the benefit formula based upon the Average Monthly Compensation, Years of Credited Service, and the Plan provisions in effect as of the determination.

Early Retirement: Non-union: A participant who has attained age 55 and 10 Years of Continuous or 30 years of Continuous Service may retire and receive an Early Retirement benefit. The amount of the Early Retirement Benefit equals the Accrued Benefit, reduced by 3% per year from age 65. If age 61 or 60 with 30 years of Continuous service, reduction is 1.5% per year from age 65. If age 62 and 30 years of Continuous Service, there is no reduction.

Union: A participant who has attained age 55 and 10 Years of Continuous or 30 years of Continuous Service may retire and receive an Early Retirement benefit. Effective January 1, 2002, the benefit payable upon early retirement is the participant's accrued normal retirement benefit reduced 0.0833% for each of the first 60 months (1% per year) retirement precedes age 65, and 0.1667% for each additional month (2% per year) that payment begins before age 60. However, if the participant has at least 30 years of service and is age 61, there is no reduction.

The \$22,200 minimum annual benefit is not reduced for early retirement.

Cash Balance Benefit

As described under normal retirement, based on cash balance account at deferred retirement. Benefit is payable as a lump sum or actuarially equivalent annuity

Late Retirement: Participants who continue employment after their Normal Retirement Date are eligible for a Late Retirement Benefit equal to the monthly benefit determined under the benefit formula based on Average Compensation and Years of Credited Service (limited to 35 for union participants) determined as of date of termination.

Cash Balance Benefit

As described under normal retirement, based on cash balance account at deferred retirement. Benefit is payable as a lump sum or actuarially equivalent annuity.

Death Benefit: Non-union:
The annual benefit payable to the spouse of a participant who dies while actively employed is the greatest of:
(1) 55% of the accrued normal retirement benefit, reduced by 1/2 of 1% for each

year that the surviving spouse is more than five years younger than the participant;
(2) \$100 per month.

The annual benefit payable to the spouse of a participant who dies after terminating employment is the amount such spouse would have received had the terminated participant retired under the normal form of payment immediately prior to death.

Union:

The annual benefit payable to the spouse of a participant who dies while actively employed is the greatest of:

- (1) 55% of the accrued normal retirement benefit, reduced by 1/2 of 1% for each year that the surviving spouse is more than five years younger than the participant;
- (2) For employees at least age 55 with 30 years of service, 75% of accrued normal retirement benefit.
- (3) \$1,850;
- (4) The amount provided by Employee Contributions plus interest to the date of determination.

The annual benefit payable to the spouse of a participant who dies after terminating employment is the amount such spouse would have received had the terminated participant retired under the normal form of payment immediately prior to death.

Cash Balance Benefit

As described under normal retirement, based on the Cash Balance account at the date of death.

Vesting: 100% vested at 5 years of Continuous Service for the Traditional Benefit, and at 3 years of Continuous Service for the Cash Balance Benefit.

Cost of Living Adjustment: Non-union: A Cost of Living Adjustment may be effective each July 1 on an ad hoc basis for employees who retired under the Plan before the preceding January 1st. Spouses of employees who died prior to retirement with a vested benefit may also be eligible for a Cost of Living Adjustment.

Union: For employees hired before January 1, 1998; the monthly benefit of a retired employee shall be adjusted as of July 1 of each year. The amount of adjustment is equal to the lesser of 3% and the actual increase in CPI as of the January of the year of determination over the CPI of the preceding January.

For employees hired on or after January 1, 1998; every five years the Retirement Committee shall evaluate whether a cost of living adjustment should apply.

SECTION V
AMORTIZATION BASES UNDER SECTION 430 OF THE IRS CODE

Shortfall Amortization Bases

<u>Description</u>	<u>Date Base Established</u>	<u>Initial Base</u>	<u>Initial Years</u>	<u>Remaining Years</u>	<u>Present Value of Remaining Payments</u>	<u>Amortization Amount</u>
2024 Shortfall	01/01/2024	\$ 120,798	15	15	\$ 120,798	\$ 11,040
2023 shortfall	01/01/2023	170,869	15	14	163,265	15,648
Subtotal - Shortfall Bases					\$ 284,063	\$ 26,688
Total Amortization Bases					\$ 284,063	\$ 26,688

Changes In Actuarial Methods

Automatic approval under IRS Revenue Procedure 2017-56, Section 4.01, due to change in both the enrolled actuary and the business organization providing actuarial services to the plan (“takeover plan”).