

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

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 multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan... D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan...

Part II Basic Plan Information—enter all requested information

1a Name of plan: UGI UTILITIES, INC. HEALTH AND WELFARE PROGRAM FOR RETIRED EMPLOYEES AND THEIR DEPENDENTS
1b Three-digit plan number (PN): 518
1c Effective date of plan: 01/01/2000
2a Plan sponsor's name, mailing address, city, state, ZIP: 500 NORTH GULPH ROAD, KING OF PRUSSIA, PA 19406
2b Employer Identification Number (EIN): 23-1174060
2c Plan Sponsor's telephone number: 610-796-3400
2d Business code: 221210

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

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	717
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)	0
	6a(2)	0
	6b	765
	6c	0
	6d	765
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
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:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4B 4L

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" 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 checked="" type="checkbox"/> General assets of the sponsor	(4) <input checked="" 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	b General Schedules
(1) <input type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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 _____

<p>SCHEDULE A (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>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan UGI UTILITIES, INC. HEALTH AND WELFARE PROGRAM FOR RETIRED EMPLOYEES AND THEIR DEPENDENTS</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>518</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 UGI UTILITIES, INC.</p>	<p>D Employer Identification Number (EIN) 23-1174060</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
SUN LIFE ASSURANCE COMPANY OF CANADA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
38-1082080	80802	955457	778	01/01/2024	12/31/2024

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

<p>(a) Total amount of commissions paid 72797</p>	<p>(b) Total amount of fees paid 14915</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

WILLIS TOWERS WATSON NORTHEAST INC **100 W MATSONFORD RD**
BLDG 5 STE 200
RADNOR, PA 19087

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
72797			3

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

WILLIS TOWERS WATSON INS SVCS WEST **525 MARKET ST**
SUITE 3400
SAN FRANCISCO, CA 94105

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	14915	BONUS	3

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

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

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

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

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received		9a(1)	
(2) Increase (decrease) in amount due but unpaid		9a(2)	
(3) Increase (decrease) in unearned premium reserve		9a(3)	
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid		9b(1)	
(2) Increase (decrease) in claim reserves		9b(2)	
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention	9c(1)(H)		0
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	1614099
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

CARRIER FAILED TO PROVIDE BREAKDOWN OF COMMISSIONS, FEES AND PREMIUMS BETWEEN PLANS OF PLAN SPONSOR.

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 UGI UTILITIES, INC. HEALTH AND WELFARE PROGRAM FOR RETIRED EMPLOYEES AND THEIR DEPENDENTS	B Three-digit plan number (PN) ▶	518
C Plan sponsor's name as shown on line 2a of Form 5500 UGI UTILITIES, INC.	D Employer Identification Number (EIN) 23-1174060	

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)

EXTEND HEALTH INC.

26-0775680

(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?
13 50	NONE	46052	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)

TOWERS WATSON DELAWARE, INC.

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	37000	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)

CROWE LLP

35-0921680

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	17364	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)

MERCER (US), INC.

13-2834414

(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?
16 50	NONE	15385	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)

THE BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	13446	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(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

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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>UGI UTILITIES, INC. HEALTH AND WELFARE PROGRAM FOR RETIRED EMPLOYEES AND THEIR DEPENDENTS</u>	B Three-digit plan number (PN)	<u>518</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>UGI UTILITIES, INC.</u>	D Employer Identification Number (EIN) <u>23-1174060</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>EB TEMPORARY INVESTMENT FUND</u>		
b Name of sponsor of entity listed in (a): <u>MELLON BANK, N.A.</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>306332</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):

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d Entity code

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

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

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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):

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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 UGI UTILITIES, INC. HEALTH AND WELFARE PROGRAM FOR RETIRED EMPLOYEES AND THEIR DEPENDENTS	B Three-digit plan number (PN) ▶ 518
C Plan sponsor's name as shown on line 2a of Form 5500 UGI UTILITIES, INC.	D Employer Identification Number (EIN) 23-1174060

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	73668	15995
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	248533	306332
(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)	18930689	22028906
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

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	19252890	22351233
Liabilities			
g Benefit claims payable.....	1g	34019	34228
h Operating payables.....	1h	16490	96605
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	199074	212022
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	249583	342855
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	19003307	22008378

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)		
(B) Participants.....	2a(1)(B)	4512	
(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)		4512
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	390406	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		390406
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		15572
(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)		3152717
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		3563207

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	47702	
(2) To insurance carriers for the provision of benefits	2e(2)	230582	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		278284
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)	118765	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	161087	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		279852
j Total expenses. Add all expense amounts in column (b) and enter total	2j		558136

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3005071
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: WIPFLI LLP

(2) EIN: 39-0758449

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		15000000
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 _____.

**UGI UTILITIES, INC. HEALTH AND WELFARE PROGRAM
FOR RETIRED EMPLOYEES AND THEIR DEPENDENTS**

EIN #23-1174060 Plan Number 518

FINANCIAL STATEMENTS

For the years ended December 31, 2024 and 2023

**UGI UTILITIES, INC. HEALTH AND WELFARE PROGRAM
FOR RETIRED EMPLOYEES AND THEIR DEPENDENTS**

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Independent Auditor's Report

To the Plan Administrator

UGI Utilities, Inc. Health and Welfare Program for Retired Employees and their Dependents

Opinion on the 2024 Financial Statements

We have audited the financial statements of UGI Utilities, Inc. Health and Welfare Program for Retired Employees and their Dependents, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of benefit obligations and net assets available for benefits as of December 31, 2024, and the related statement of changes in benefit obligations and net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the benefit obligations and net assets available for benefits of UGI Utilities, Inc. Health and Welfare Program for Retired Employees and their Dependents as of December 31, 2024, and the changes in benefit obligations and net assets available for benefits for the year ended December 31, 2024, in accordance with accounting principles generally accepted in the United States of America (GAAP).

Basis for Opinion on the 2024 Financial Statements

We conducted our audit 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 UGI Utilities, Inc. Health and Welfare Program for Retired Employees and their Dependents and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the 2024 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.

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 Retirement Income Plan for UGI Utilities, Inc. Health and Welfare Program for Retired Employees and their Dependents ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the 2024 Financial Statements

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 UGI Utilities, Inc. Health and Welfare Program for Retired Employees and their Dependents' 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 UGI Utilities, Inc. Health and Welfare Program for Retired Employees and their Dependents' ability to continue as a going concern for a reasonable period of time.

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.

2024 Supplemental Schedule Required by ERISA

The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024 is presented for purposes of additional analysis and are not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and is derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including their form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Auditor's Report on the 2023 Financial Statements

The 2023 financial statements of UGI Utilities, Inc. Health and Welfare Program for Retired Employees and their Dependents were audited by predecessor auditors whose report dated November 14, 2024, expressed an unmodified opinion on those financial statements and included an other-matter paragraph that provided an opinion that the information in the 2023 supplemental schedules were fairly stated in all material respects in relation to the financial statements as a whole.

Wipfli LLP

Wipfli LLP

Minneapolis, Minnesota

October 7, 2025

UGI UTILITIES, INC. HEALTH AND WELFARE PROGRAM
FOR RETIRED EMPLOYEES AND THEIR DEPENDENTS
STATEMENTS OF BENEFIT OBLIGATIONS AND NET ASSETS
AVAILABLE FOR BENEFITS

	December 31,	
	2024	2023
BENEFIT OBLIGATIONS		
Claims payable and currently due	\$ 34,228	\$ 34,019
Postretirement benefit obligations (Note 4)	10,898,115	9,472,604
Total benefit obligations	<u>10,932,343</u>	<u>9,506,623</u>
NET ASSETS AVAILABLE FOR BENEFITS:		
Assets:		
Trust investments, at fair value (Note 5):		
S&P 500 Index equity mutual fund	17,092,681	14,059,706
Bond index mutual fund	4,936,225	4,870,983
Common collective trust fund	306,332	248,533
Interest and dividends receivable	15,995	1,288
Prepaid taxes	—	72,380
Total assets	<u>22,351,233</u>	<u>19,252,890</u>
Liabilities:		
Due to Plan sponsor	212,022	199,074
Accrued taxes	40,707	—
Accounts payable	55,898	16,490
Total liabilities	<u>308,627</u>	<u>215,564</u>
Net assets available for benefits	<u>22,042,606</u>	<u>19,037,326</u>
Net assets available for benefits in excess of benefit obligations	<u>\$ 11,110,263</u>	<u>\$ 9,530,703</u>

See accompanying notes to financial statements.

UGI UTILITIES, INC. HEALTH AND WELFARE PROGRAM
FOR RETIRED EMPLOYEES AND THEIR DEPENDENTS
STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS AND
NET ASSETS AVAILABLE FOR BENEFITS

	Year Ended December 31,	
	2024	2023
CHANGES IN BENEFIT OBLIGATIONS:		
Increase (decrease) during the period attributable to:		
Claims payable and currently due	\$ 208	\$ 12,361
Changes in postretirement benefit obligations (Note 4)	1,425,511	(430,875)
Net increase (decrease) in benefit obligations	<u>1,425,719</u>	<u>(418,514)</u>
CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS:		
Additions:		
Retiree contributions	4,512	3,600
Investment income:		
Dividends and interest	390,406	359,843
Net appreciation in fair value of investments	3,168,289	2,876,108
Total additions	<u>3,563,207</u>	<u>3,239,551</u>
Deductions:		
Benefit payments - HRA	46,346	46,235
Benefit payments - other	1,148	1,114
Premium expense	230,582	220,197
Income taxes	161,087	120,273
Administrative expenses	118,765	149,712
Total deductions	<u>557,928</u>	<u>537,531</u>
Increase (decrease) in net assets available for benefits	<u>3,005,279</u>	<u>2,702,020</u>
Increase (decrease) in net assets available for benefits in excess of benefit obligations	1,579,560	3,120,534
Net assets available for benefits in excess of benefit obligations		
Beginning of year	9,530,703	6,410,169
End of year	<u>\$ 11,110,263</u>	<u>\$ 9,530,703</u>

See accompanying notes to financial statements.

**UGI UTILITIES, INC. HEALTH AND WELFARE PROGRAM
FOR RETIRED EMPLOYEES AND THEIR DEPENDENTS**

NOTES TO FINANCIAL STATEMENTS

1. Description of the Plan

General. The UGI Utilities, Inc. Health and Welfare Program for Retired Employees and Their Dependents (the “Plan”) was established effective January 1, 2000. The Plan provides death and medical benefits on behalf of certain retirees and their dependents of UGI Utilities, Inc. (“UGI Utilities” or the “Company” or “Plan Sponsor”). The Plan also provides death and medical benefits on behalf of certain retirees and their dependents of UGI Utilities’ parent holding company UGI Corporation (“UGI”) and certain affiliate companies (together with UGI Utilities, the “Employers”).

The following brief description of the Plan provides general information on the provisions of the Plan in effect on December 31, 2024 and during the periods covered by the financial statements. Additional information related to benefits under the Plan is included in the Plan document.

The Plan is intended to constitute a plan under Section 125 of the Internal Revenue Code (“IRC”) of 1986, as amended. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). The Plan is administered by the UGI Corporation Retirement Plan Committee (“Plan Administrator”) which is comprised of certain members of UGI’s senior management. An irrevocable trust has been established to hold the Plan’s investment assets, known as the UGI Utilities, Inc. Retiree Welfare Benefits Trust (the “Trust”), for the benefit of certain participants in the Plan as further described below.

Benefits. The Plan provides the following benefits:

Eligibility: With respect to certain participants of the Employers (other than those described below), the Plan provides medical benefits on behalf of any retiree who, as of January 1, 1989, was (1) at least 55 years of age and had completed at least 10 years of service with the Employers or an Affiliated Corporation (as defined in the Plan document), or (2) whose age and years of service on that date equaled or exceeded 80, and, in either case, received an early, normal, or late retirement pension from the Retirement Income Plan for Employees of UGI Utilities, Inc. immediately following his or her retirement. With respect to certain participants hired after December 31, 1993 (excluding those employees subject to collective bargaining agreements), such employees who retired before September 30, 2009 generally are entitled to medical benefits if at the date of retirement they had attained an age of 55 and had at least 10 years of eligible service. With respect to certain participants subject to collective bargaining agreements, such employees who retired on or before January 1, 2012, generally are entitled to retiree medical benefits if at the date of retirement they had attained age 55 and had at least 10 years of eligible service.

Retiree Medical Benefits: The Plan currently provides retiree medical benefits for eligible participants and continuously covered dependents who are Medicare eligible through a health reimbursement arrangement (“HRA”). If a Plan participant who is 65 or older enrolls in a Medicare supplemental plan made available through a claims administrator chosen by the Plan Administrator from time to time, the Company establishes and contributes to an HRA on behalf of such Plan participant or covered dependents. The amount of such HRA contribution depends upon the retiree’s retirement date. For the 2024 and 2023 Plan years, such HRA contribution amounts ranged from \$500 to \$700 per eligible participant. Such amounts in future years may be more or less than these amounts, or may be zero. The HRA contributions can be used to offset the cost of supplemental Medicare plan premiums as well as for reimbursement of qualified out-of-pocket medical expenses. If an eligible retiree or covered dependent chooses not to enroll in a Medicare

**UGI UTILITIES, INC. HEALTH AND WELFARE PROGRAM
FOR RETIRED EMPLOYEES AND THEIR DEPENDENTS**

NOTES TO FINANCIAL STATEMENTS (continued)

supplemental plan made available through the claims administrator or chooses not to enroll when he or she becomes Medicare eligible, such retiree or covered dependent will not be eligible to receive a subsidy or retiree medical benefits under the Plan at any time in the future. If an eligible retiree or covered dependent is enrolled in the HRA benefit, but ceases to become eligible for the HRA in the future because he or she chooses not to enroll at a future date, the remaining unused HRA account balance is deemed to have been forfeited. Such amounts shall be used to offset administrative costs of the Plan and, to the extent of any excess, shall be used, to reduce employer contributions.

For eligible retirees and covered dependents who are not Medicare eligible, the Plan pays claims associated with these participants until they become Medicare eligible at which time they can choose to enroll in the HRA benefit described above. Such claims for eligible participants who are not Medicare eligible are funded by Employer and retiree contributions.

The Plan also covers Medicare-eligible disabled employees who are receiving long-term disability benefits under the UGI Utilities, Inc. Health and Welfare Program for active employees.

Retiree Death Benefits. For those eligible employees (excluding those employees subject to collective bargaining agreements as further described below), the retiree death benefit will generally be equal to 25% of the retiree's pre-retirement life amount (37.5% for certain eligible employees who retired prior to January 1, 2008), which is based mainly on the retiree's final annual compensation on the date of retirement, with such calculated death benefit not to exceed \$50,000. With respect to participants subject to collective bargaining agreements, only such employees who retired on or after January 1, 2012, shall be entitled to the retiree death benefit described above. Death benefits are covered by a group term life contract with an insurance company. Premiums for coverage are paid from the Trust and from Employers' contributions.

Trust Funding Requirements. Pursuant to orders issued by the Pennsylvania Public Utility Commission ("PAPUC"), UGI Utilities is required to fund postretirement health care and death benefit obligations associated with UGI Utilities' participants by depositing into the Trust the annual amount of such postretirement benefit costs, if any, determined under the provisions of the guidance issued by the Financial Accounting Standards Board related to Employers' accounting for other postretirement benefits. Prior to January 1, 2017, such Trust assets were used by the Plan to fund UGI Utilities' retiree medical and death benefits and related administrative costs. Effective January 1, 2017, such Trust assets are used to fund UGI Utilities' retiree medical and death benefits as well as to fund certain subsidiaries' retiree medical and death benefits and related administrative costs. Retiree contributions are only required for participants who are not Medicare eligible. Benefit payments made on behalf of Employers' retirees and dependents other than retirees and dependents of UGI Utilities, and beginning January 1, 2017, eligible participants of UGI Utilities' subsidiaries, are paid from Employers' assets.

Plan Termination. Although they have not expressed any intention to do so, the Plan Administrator shall have the right to terminate the Plan at any time and the Employers reserve the right to terminate their participation in the Plan by resolution of their boards of directors and written notice to the Plan Administrator. Upon termination, the Plan shall be continued, as directed by the Plan Administrator, in order to pay benefits until net assets available for benefits are exhausted.

Trustee. Bank of New York Mellon Corporation ("BNY Mellon") serves as trustee (the "Trustee") for the Trust established to fund postretirement medical and death benefits under the Plan.

**UGI UTILITIES, INC. HEALTH AND WELFARE PROGRAM
FOR RETIRED EMPLOYEES AND THEIR DEPENDENTS**

NOTES TO FINANCIAL STATEMENTS (continued)

2. Accounting Policies

Use of Estimates. The accompanying financial statements are prepared in accordance with accounting principles generally accepted in the United States of America (“GAAP”). GAAP requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein, disclosures of contingent assets and liabilities, and the accumulated postretirement benefit obligations at the date of the financial statements. Actual results could differ from these estimates.

Investments. The Statements of Benefit Obligations and Net Assets Available for Benefits reflect the Plan’s investments reported at their fair values. 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 at the measurement date. The Plan Administrator determines the Plan's valuation policies utilizing information provided by the investment advisers and custodians. Refer to Note 5 for the fair value measurement disclosures associated with the Plan’s investments.

Purchases and sales of securities are recorded on a trade date basis. Interest earned on investments is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date. Net appreciation in fair value of investments includes the Plan's gains and losses on investments purchased and sold as well as held during the year.

Contributions. Employers’ contributions represent net amounts paid or payable to the Plan to fund (1) benefits provided under the Plan including premiums payable and currently due; (2) required contributions to the Trust, if any; and (3) administrative expenses. It is the Employers’ policy to fund benefit and administrative expenses to the extent such expenses are not funded by retiree contributions or Trust assets. The Employers fund the excess of benefit obligations over assets into the Trust pursuant to the PAPUC’s orders or as benefits are otherwise paid.

Administrative Fees. Trust custodial fees and consulting and audit fees are paid from Trust assets. The Employers pay for all other administrative costs of the Plan. In addition, certain investment related expenses are included in “Net appreciation in fair value of investments” in 2024 and 2023, respectively, presented in the accompanying Statements of Changes in Benefit Obligations and Net Assets Available for Benefits.

Benefit Payments. As previously mentioned, if a Plan participant who is 65 or older enrolls in a Medicare supplemental plan made available through a claims administrator chosen by the Plan Administrator from time to time, the Company will establish and contribute to an HRA on behalf of such Plan participant. Unused HRA amounts available to participants totaled \$29,340, and \$29,232 at December 31, 2024 and 2023, respectively. Claims incurred during the 2024 and 2023 Plan years that were submitted after the end of each respective Plan year totaled \$34,228 and \$34,019, respectively.

Premiums paid by either the Company or the VEBA trust are recorded as premium expense in the accompanying Statement of Changes in Net Assets Available for Benefits. Claim payments are recorded when paid by the third-party claims processor. Payments for HRA benefit payments represent amounts paid by the Claims Administrator on behalf of the Plan as well as premium payments for approved plans. Amounts due to claims processors that have not been reimbursed by the Plan are recorded as “Claims payable and currently due” in the accompanying Statements of Net Assets Available for Benefits.

**UGI UTILITIES, INC. HEALTH AND WELFARE PROGRAM
FOR RETIRED EMPLOYEES AND THEIR DEPENDENTS
NOTES TO FINANCIAL STATEMENTS (continued)**

Risks and Uncertainties. Contributions to the Plan and the accumulated postretirement benefit obligations are determined based upon certain assumptions pertaining to interest rates, inflation rates and employee compensation and demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes will occur in the near term and the effect of such changes could be material to the financial statements.

The Plan's investments are subject to various risks including interest rate, credit and overall market volatility. Market risks include global events that could impact the value of investment securities, such as pandemics or international conflict. The degree and concentration of these risks vary by investment fund. The Plan's exposure to credit losses in the event of nonperformance of investment is limited to the carrying amount of such investments. Due to the level of risk associated with the separate investment funds, it is reasonably possible that changes in risk in the near term could materially affect the amounts reported in the Statements of Benefit Obligations and Net Assets Available for Benefits and the Statements of Changes in Benefit Obligations and Net Assets Available for Benefits.

Secure 2.0 Act. The Secure 2.0 Act of 2022 was signed into law on December 29, 2022. This legislation includes a vast array of provisional changes to retirement plans, which became effective January 1, 2023. Plan management evaluated the impact of the adoption and implementation of this legislation on the Plan and there was no material impact to the Plan for the years ended December 31, 2024 and 2023.

Subsequent Events. We have evaluated the impact of subsequent events through October 7, 2025, the date the financial statements were available to be issued, and the effects of that evaluation have been reflected in the Plan's financial statements and related disclosures.

3. Federal Income Tax Status

The Trust established under the Plan to hold the Plan's assets for retiree health and life insurance benefits associated with UGI Utilities' participants is intended to qualify as a Voluntary Employee Beneficiary Association pursuant to Section 501(c)(9) of the IRC. The Plan obtained a favorable tax determination letter from the Internal Revenue Service dated July 15, 1998. The Plan has been amended since receiving the determination letter. The Plan Administrator believes that the Plan, as amended, is designed and currently operating in compliance with applicable requirements of the IRC and, therefore, remains tax-exempt.

Investment assets held by the Trust are designated to fund either retiree medical benefits or retiree death benefits. Investment income earned on the portion of the Trust's assets used to fund retiree death benefits is exempt from income taxes. Investment income earned on the portion of the Trust's assets used to fund retiree medical claims is subject to unrelated business income taxes, which are paid by the Plan and included in the Statements of Changes in Benefit Obligations and Net Assets Available for Benefits.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if it has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. There are no uncertain tax positions reflected in the Plan's financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**UGI UTILITIES, INC. HEALTH AND WELFARE PROGRAM
FOR RETIRED EMPLOYEES AND THEIR DEPENDENTS**

NOTES TO FINANCIAL STATEMENTS (continued)

4. Postretirement Benefit Obligations

The postretirement benefit obligations represent the actuarially calculated present value of those estimated future benefits that are attributed to employee service rendered through the valuation dates. Postretirement benefits include future benefits expected to be paid to or for current retirees and their beneficiaries and dependents as well as benefits expected to be paid to or for active employees and their beneficiaries and dependents after such employees retire. Prior to an active employee's full eligibility date, the accumulated postretirement benefit obligation ("APBO") represents the portion of the expected postretirement benefit obligation that is attributable to the employee's service rendered through the valuation date.

The APBOs at December 31, 2024 and 2023 comprise the following:

	2024	2023
Participants currently receiving benefits	\$ 7,760,730	\$ 6,808,636
Other participants - vested	2,532,589	2,049,275
Nonvested benefits	604,796	614,693
Total actuarial present value of accumulated plan benefits	<u>\$ 10,898,115</u>	<u>\$ 9,472,604</u>

The change in APBO during the 2024 and 2023 Plan years is attributable to:

APBO - December 31, 2022	\$ 9,903,479
Benefits accumulated	583,866
Benefits and premiums paid, net of participant contributions	(263,945)
Assumption changes	(750,796)
APBO - December 31, 2023	<u>9,472,604</u>
Benefits accumulated	605,217
Benefits and premiums paid, net of participant contributions	(277,477)
Assumption changes	1,097,771
APBO - December 31, 2024	<u>\$ 10,898,115</u>

The major actuarial assumptions used in the valuation include the following:

	2024	2023	2022
Discount rate	5.05% - 5.21%	6.02% - 6.13%	5.5% - 5.7%
Rate of return	5.25	5.25%	5.25%
Mortality	Pri-2012 blue collar table with rates decreased by 4.5%, projected Scale MP-2021 on a generational basis	Pri-2012 blue collar table with rates decreased by 4.9%, projected Scale MP-2020 on a generational basis	Pri-2012 blue collar table with rates decreased by 4.9%, projected Scale MP-2020 on a generational basis
Retirement age	Various rates through age 70	Various rates through age 70	Various rates through age 70

Because retiree medical benefits paid by the Plan consist principally of contributions to HRAs, changes in health care cost trend rates do not have a material impact on the APBO.

**UGI UTILITIES, INC. HEALTH AND WELFARE PROGRAM
FOR RETIRED EMPLOYEES AND THEIR DEPENDENTS**

NOTES TO FINANCIAL STATEMENTS (continued)

The actuarial present value of postretirement benefit obligations reported and the contributions made to the Plan are based on certain assumptions pertaining to interest rates, inflation rates, employee compensation and 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 estimates and assumptions in the near term would be material to the financial statements.

The changes in the APBOs during the 2024 and 2023 Plan years are primarily attributable to changes in the discount rate. The change in APBO during the 2022 Plan year is primarily attributable to changes in the discount rate and mortality improvement scale.

5. Fair Value Measurements

The Plan performs fair value measurements in accordance with GAAP. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability (an exit price) in an orderly transaction between market participants at the measurement date.

GAAP establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value into three levels. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). A level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement. The Plan uses the following fair value hierarchy, which prioritizes the inputs to valuation techniques used to measure fair value into three broad categories:

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.

The following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in the valuation methodologies used at December 31, 2024 and 2023:

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 U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset values ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded. The S&P 500 Index equity mutual fund seeks to track the performance of the Standard & Poor's 500 Index of large capitalization stocks.

**UGI UTILITIES, INC. HEALTH AND WELFARE PROGRAM
FOR RETIRED EMPLOYEES AND THEIR DEPENDENTS**

NOTES TO FINANCIAL STATEMENTS (continued)

The bond index mutual fund seeks to provide investment results corresponding to the Bloomberg Barclay's U.S. Aggregate Bond Index.

Common collective trust fund: Valued at the NAV of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner. The common collective trust held by the plan is a short-term investment fund.

The following tables present, by level within the fair value hierarchy, the Plan's investments that are measured at fair value on a recurring basis:

	December 31, 2024				
	Fair Value Measurements				
	Level 1	Level 2	Level 3	Other	Total
S&P 500 Index equity mutual fund	\$ 17,092,681	\$ —	\$ —	\$ —	\$ 17,092,681
Bond index mutual fund	4,936,225	—	—	—	4,936,225
Common collective trust fund (a)	—	—	—	306,332	306,332
Total investments	<u>\$ 22,028,906</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ 306,332</u>	<u>\$ 22,335,238</u>

	December 31, 2023				
	Fair Value Measurements				
	Level 1	Level 2	Level 3	Other	Total
S&P 500 Index equity mutual fund	\$ 14,059,706	\$ —	\$ —	\$ —	\$ 14,059,706
Bond index mutual fund	4,870,983	—	—	—	4,870,983
Common collective trust fund (a)	—	—	—	248,533	248,533
Total investments	<u>\$ 18,930,689</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ 248,533</u>	<u>\$ 19,179,222</u>

(a) Assets measured at NAV and therefore excluded from the fair value hierarchy, and also presented as "Other".

**UGI UTILITIES, INC. HEALTH AND WELFARE PROGRAM
FOR RETIRED EMPLOYEES AND THEIR DEPENDENTS**

NOTES TO FINANCIAL STATEMENTS (continued)

Fair Value of Investments in Entities That Use NAV:

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2024 and 2023:

Year End	Investment	Fair Value	Unfunded Commitments	Redemption frequency (if currently eligible)	Redemption Notice Period
December 31, 2024	Common collective trust fund - short-term investment fund	\$ 306,332	n/a	Daily	n/a
December 31, 2023	Common collective trust fund - short-term investment fund	\$ 248,533	n/a	Daily	n/a

6. Related Party and Party-in-Interest Transactions

Parties-in-interest are defined under U.S. Department of Labor regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others.

Certain Plan assets are invested in a common trust fund managed by the Trustee of the Plan Trust. The Plan paid certain administrative expenses related to Plan operations and investment activity to various service providers. These transactions are party in interest transactions under ERISA and are included in administrative expenses in the Statement of Changes in Benefit Obligations and Net Assets Available for Benefits.

During Plan years 2024 and 2023, the Plan Sponsor paid certain medical claims, life insurance premiums and administrative expenses on behalf of the Plan. As these costs were payable by the Plan to the Plan Sponsor, the Plan recognized liabilities of \$212,022 and \$199,074 in Plan years 2024 and 2023, respectively. These liabilities are classified as “Due to Plan Sponsor” on the Statements of Benefit Obligations and Net Assets Available for Benefits.

Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

7. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 for the years ended December 31, 2024 and 2023:

	2024	2023
Net assets available for benefits per the financial statements	\$ 22,042,606	\$ 19,037,326
Claims payable and currently due	(34,228)	(34,019)
Net assets available for benefits per the Form 5500	<u>\$ 22,008,378</u>	<u>\$ 19,003,307</u>

**UGI UTILITIES, INC. HEALTH AND WELFARE PROGRAM
FOR RETIRED EMPLOYEES AND THEIR DEPENDENTS**

NOTES TO FINANCIAL STATEMENTS (continued)

The following is a reconciliation of benefit payments per the financial statements to the Form 5500 for the year ended December 31, 2024:

	2024
Benefit payments per the financial statements	\$ 47,494
Add: amounts payable and currently due at end of year	34,228
Less: amounts payable and currently due at beginning of year	(34,019)
Benefit payments per Form 5500	<u>\$ 47,703</u>

Claims that have been processed and approved for payment at year-end, but not paid, are not considered liabilities under GAAP and, therefore, are not presented as liabilities or claims and premiums paid in the accompanying financial statements, but are recorded on the Form 5500 as a liability.

**UGI UTILITIES, INC. HEALTH AND WELFARE PROGRAM
FOR RETIRED EMPLOYEES AND THEIR DEPENDENTS**

EIN #23-1174060 Plan Number 518

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2024

Name of Issuer and Title of Issue	December 31, 2024		
	Shares	Cost	Value
Equity mutual fund:			
Vanguard Institutional Index Fund - Institutional	35,692	\$ 5,528,529	\$17,092,681
Bond mutual fund:			
Fidelity U.S. Bond Index Fund - Investor	482,997	5,424,898	4,936,225
Common collective trust fund:			
BNY Mellon EB Temporary Investment Fund*	306,332	306,332	306,332
Total investments		<u>\$11,259,759</u>	<u>\$22,335,238</u>

*Party in interest

See accompanying independent auditor's report.

Plan Name	UGI Utilities, Inc. Health and Welfare Program for Retired Employees and Their Dependents
Plan Sponsor EIN	23-1174060
ERISA Plan #	518
Plan Year Ending	December 31, 2024

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Schedule H, Part III, Item 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Item #	Description	Attachment
5500 Sch. H	Line 3	Financial Statements Used in Formulating the IQPA's Opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	