

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

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, check here... [X] D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program... 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: RETIREMENT PLAN FOR CORNING NATURAL GAS CORPORATION
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1972
2a Plan sponsor's name (employer, if for a single-employer plan): CORNING NATURAL GAS CORPORATION
2b Employer Identification Number (EIN): 16-0397420
2c Plan Sponsor's telephone number: 607-936-3755
2d Business code (see instructions): 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 | 170 |
| 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) | 60 |
| | 6a(2) | 54 |
| | 6b | 77 |
| | 6c | 25 |
| | 6d | 156 |
| | 6e | 12 |
| | 6f | 168 |
| | 6g(1) | |
| 6g(2) | | |
| 6h | | 3 |
| 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:
1A 3H

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

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

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

| | |
|--|--|
| a Pension Schedules | b General Schedules |
| (1) <input checked="" 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 checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | (3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</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 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 _____

| | | |
|---|--|--|
| 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>RETIREMENT PLAN FOR CORNING NATURAL GAS CORPORATION</u> | B Three-digit plan number (PN) ▶ | <u>001</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CORNING NATURAL GAS CORPORATION</u> | D Employer Identification Number (EIN) <u>16-0397420</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 type="checkbox"/> 100 or fewer <input checked="" 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>21253026</u> |
| | b Actuarial value | 2b | <u>20966926</u> |
| 3 | Funding target/participant count breakdown | (1) Number of participants | (2) Vested Funding Target |
| | a For retired participants and beneficiaries receiving payment | <u>88</u> | <u>14048603</u> |
| | b For terminated vested participants | <u>26</u> | <u>1464720</u> |
| | c For active participants | <u>60</u> | <u>6294865</u> |
| | d Total | <u>174</u> | <u>21808188</u> |
| 4 | If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/> | | |
| | a Funding target disregarding prescribed at-risk assumptions | 4a | |
| | b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b | |
| 5 | Effective interest rate | 5 | <u>5.20 %</u> |
| 6 | Target normal cost | | |
| | a Present value of current plan year accruals | 6a | <u>578455</u> |
| | b Expected plan-related expenses | 6b | <u>132000</u> |
| | c Target normal cost | 6c | <u>710455</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>NICHOLAS R. MARK, FSA, EA</u> Type or print name of actuary <u>BPAS ACTUARIAL & PENSION SERVICES</u> Firm name <u>706 N CLINTON ST</u> <u>SUITE 200</u> <u>SYRACUSE, NY 13204</u> Address of the firm | <u>10/10/2025</u> Date <u>23-07842</u> Most recent enrollment number <u>315-703-8974</u> Telephone number (including area code) |
|---|--|

| 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>19.47</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) | | 35989 |
| | 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>5.27</u> % | | 1897 |
| | 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 | | 37886 |
| | d Portion of (c) to be added to prefunding balance | | 37886 |
| 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 | 37886 |

| Part III Funding Percentages | | | |
|-------------------------------------|--|-----------|---------|
| 14 | Funding target attainment percentage | 14 | 95.23 % |
| 15 | Adjusted funding target attainment percentage | 15 | 95.23 % |
| 16 | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement | 16 | 93.48 % |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | % |

| Part IV Contributions and Liquidity Shortfalls | | 18 Contributions made to the plan for the plan year by employer(s) and employees: | | | | | |
|---|--------------------------------|--|-----------------------|--------------------------------|------------------------------|--------------|---|
| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | | |
| 04/15/2024 | 182756 | 0 | | | | | |
| 07/15/2024 | 182756 | 0 | | | | | |
| 10/16/2024 | 143319 | 0 | | | | | |
| 01/15/2025 | 182756 | 0 | | | | | |
| 08/15/2025 | 114538 | 0 | | | | | |
| | | | Totals ▶ | 18(b) | 806125 | 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 774362 | |
| 20 | Quarterly contributions and liquidity shortfalls: | | |
| | a Did the plan have a "funding shortfall" for the prior year? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| | b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | c If line 20a is "Yes," see instructions and complete the following table as applicable: | | |
| Liquidity shortfall as of end of quarter of this plan year | | | |
| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
| 0 | 0 | 0 | 0 |

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

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

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

| | | | |
|--|---------------------|--------------------|---------------|
| Part VIII Minimum Required Contribution For Current Year | | | |
| 31 Target normal cost and excess assets (see instructions): | | | |
| a Target normal cost (line 6c) | 31a | 710455 | |
| b Excess assets, if applicable, but not greater than line 31a | 31b | 0 | |
| 32 Amortization installments: | Outstanding Balance | Installment | |
| a Net shortfall amortization installment | 1048029 | 101793 | |
| b Waiver amortization installment..... | | | |
| 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 | 812248 | |
| | Carryover balance | Prefunding balance | Total balance |
| 35 Balances elected for use to offset funding requirement | 0 | 37886 | 37886 |
| 36 Additional cash requirement (line 34 minus line 35) | 36 | 774362 | |
| 37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | 37 | 774362 | |
| 38 Present value of excess contributions for current year (see instructions) | | | |
| a Total (excess, if any, of line 37 over line 36) | 38a | 0 | |
| b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances..... | 38b | 0 | |
| 39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) | 39 | 0 | |
| 40 Unpaid minimum required contributions for all years | 40 | 0 | |

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

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

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

| | | |
|---|--|------------|
| A Name of plan RETIREMENT PLAN FOR CORNING NATURAL GAS CORPORATION | B Three-digit plan number (PN) ▶ | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 CORNING NATURAL GAS CORPORATION | D Employer Identification Number (EIN) 16-0397420 | |

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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)

WEALTH ENHANCEMENT

75-3100788

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 28 | NONE | 106355 | 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)

CHARLES SCHWAB

94-1737782

| (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? |
|------------------------|---|--|--|--|---|--|
| 19 | NONE | 8308 | 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 |
|---|--------------------------------------|--|
| | | |

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

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

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

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

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

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

| | |
|---|----------------------------------|
| a Name: BRET G. JOHANTGEN | b EIN: 30-0192194 |
| c Position: ENROLLED ACTUARY | |
| d Address: 1387 FAIRPORT ROAD SUITE 680 FAIRPORT, NY 14450 | e Telephone: 315-703-8950 |

Explanation: INTERNAL REASSIGNMENT

| | |
|--------------------|---------------------|
| 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 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. | 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 | |
| A Name of plan RETIREMENT PLAN FOR CORNING NATURAL GAS CORPORATION | B Three-digit plan number (PN) ▶ 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 CORNING NATURAL GAS CORPORATION | D Employer Identification Number (EIN) 16-0397420 |

| | |
|---------------|--------------------------------------|
| 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 | 0 | 0 |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | 901432 | 297294 |
| (2) Participant contributions | 1b(2) | | |
| (3) Other | 1b(3) | | |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 546191 | 1272489 |
| (2) U.S. Government securities | 1c(2) | 4680713 | 6026296 |
| (3) Corporate debt instruments (other than employer securities): | | | |
| (A) Preferred | 1c(3)(A) | | |
| (B) All other | 1c(3)(B) | 2357825 | 2089400 |
| (4) Corporate stocks (other than employer securities): | | | |
| (A) Preferred | 1c(4)(A) | | |
| (B) Common | 1c(4)(B) | 12013117 | 11213346 |
| (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) | | |
| (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) | 785387 | 2180245 |
| (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 | 21284665 | 23079070 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | | |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | | |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 0 | 0 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 21284665 | 23079070 |

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) | 806125 | |
| (B) Participants..... | 2a(1)(B) | | |
| (C) Others (including rollovers)..... | 2a(1)(C) | | |
| (2) Noncash contributions..... | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2) | 2a(3) | | 806125 |
| 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) | 176216 | |
| (C) Corporate debt instruments..... | 2b(1)(C) | 89902 | |
| (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) | | 266118 |
| (2) Dividends: | | | |
| (A) Preferred stock..... | 2b(2)(A) | | |
| (B) Common stock..... | 2b(2)(B) | 236509 | |
| (C) Registered investment company shares (e.g. mutual funds)..... | 2b(2)(C) | | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | 236509 |
| (3) Rents..... | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds..... | 2b(4)(A) | 8322905 | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | 6776419 | |
| (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) | 678735 | |
| (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) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | |
| c Other income | 2c | | |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | 3533973 |

Expenses

| | | | |
|---|---------------|---------|---------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 1526275 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 1526275 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | 1681 |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | 85666 | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | 106355 | |
| (7) Actuarial fees | 2i(7) | 16840 | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | 2751 | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 211612 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 1739568 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 1794405 |
| 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: **FREED MAXICK P.C.**

(2) EIN: **45-4051133**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 549934.

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

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

| | | |
|---|--|------------|
| A Name of plan <u>RETIREMENT PLAN FOR CORNING NATURAL GAS CORPORATION</u> | B Three-digit plan number (PN) ▶ | <u>001</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>CORNING NATURAL GAS CORPORATION</u> | D Employer Identification Number (EIN) <u>16-0397420</u> | |

| | |
|---------------|----------------------|
| Part I | Distributions |
|---------------|----------------------|

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

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

| | | |
|---|--|---|
| 1 | | 0 |
|---|--|---|

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 04-2457313

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

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

| | | |
|---|--|---|
| 3 | | 0 |
|---|--|---|

| | |
|----------------|---|
| Part II | Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.) |
|----------------|---|

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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



CORNING NATURAL GAS CORPORATION

RETIREMENT PLAN FINANCIAL STATEMENTS
DECEMBER 31, 2024



Independent Auditor's Report

To the Audit Committee and Participants
Retirement Plan for Corning Natural Gas Corporation

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

We have performed audits of the financial statements of the Retirement Plan for Corning Natural Gas Corporation (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits and accumulated plan benefits as of December 31, 2024 and 2023, the related statement of changes in net assets available for benefits and statement of changes in accumulated plan benefits for the year ended December 31, 2024, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant

ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and

disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

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

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

Other Matter—Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, line 4i – schedule of assets (held at year end) as of December 31, 2024 and Schedule H, line 4j – schedule of reportable transactions for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Freed Maxick P.C.

Buffalo, New York
October 7, 2025

**RETIREMENT PLAN FOR
CORNING NATURAL GAS CORPORATION**

**Statements of Net Assets
Available for Benefits
December 31, 2024 and 2023**

| ASSETS | <u>2024</u> | <u>2023</u> |
|--|----------------------|----------------------|
| Investments at Fair Value | | |
| Cash and cash equivalents | \$1,272,489 | \$546,191 |
| Common stocks | 11,213,346 | 12,013,117 |
| Mutual funds | 2,180,245 | 785,387 |
| U.S. government securities | 6,026,296 | 4,680,713 |
| Corporate bonds | 2,089,400 | 2,357,825 |
| | <hr/> | <hr/> |
| Total investments | 22,781,776 | 20,383,233 |
| | | |
| Employer Contributions Receivable | 297,294 | 901,432 |
| | <hr/> | <hr/> |
| Net Assets Available for Benefits | \$ 23,079,070 | \$ 21,284,665 |

See accompanying notes

**RETIREMENT PLAN FOR
CORNING NATURAL GAS CORPORATION**

**Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2024**

Additions to Net Assets

| | |
|---|------------------|
| Investment income | |
| Net appreciation in fair value of investments | \$2,225,221 |
| Dividend income | 236,509 |
| Interest income | 266,118 |
| Net investment income | <u>2,727,848</u> |
| Employer Contributions | <u>806,125</u> |
| Total Additions | 3,533,973 |

Deductions from Net Assets

| | |
|-------------------------------|------------------|
| Benefits paid to participants | 1,526,275 |
| Administrative expenses | <u>213,293</u> |
| Total deductions | <u>1,739,568</u> |

Change in Net Assets 1,794,405

Net Assets Available for Benefits - Beginning of Year 21,284,665

Net Assets Available for Benefits - Ending of Year \$23,079,070

See accompanying notes.

**RETIREMENT PLAN FOR
CORNING NATURAL GAS CORPORATION**

**Statements of Accumulated Plan Benefits
December 31, 2024 and 2023**

Actuarial Present Value of Accumulated Plan Benefits

| | <u>2024</u> | <u>2023</u> |
|---|----------------------------|----------------------------|
| Vested Benefits | | |
| Participants currently receiving payments | \$13,973,114 | \$12,081,158 |
| Terminated participants | 1,117,000 | 1,115,354 |
| Other participants | <u>4,234,102</u> | <u>4,913,945</u> |
| Total vested benefits | 19,324,216 | 18,110,457 |
| Non-Vested Benefits | <u>155,134</u> | <u>96,481</u> |
| Total Actuarial Present Value of Accumulated Plan Benefits | <u><u>\$19,479,350</u></u> | <u><u>\$18,206,938</u></u> |

See accompanying notes.

**RETIREMENT PLAN FOR
CORNING NATURAL GAS CORPORATION**

**Statement of Changes in Accumulated Plan Benefits
For the Year Ended December 31, 2024**

| | |
|---|---------------------|
| Actuarial Present Value of Accumulated Plan Benefits - Beginning of Year | \$18,206,938 |
| Increase (Decrease) During the Year Attributable to: | |
| Benefits accumulated, net experience gain or loss, and other | 1,051,570 |
| Benefits paid | (1,526,275) |
| Increase for interest due to decrease in discount period | 1,264,676 |
| Changes in actuarial assumptions | <u>482,441</u> |
| Net change | <u>1,272,412</u> |
| Actuarial Present Value of Accumulated Plan Benefits - End of Year | <u>\$19,479,350</u> |

See accompanying notes.

**RETIREMENT PLAN FOR
CORNING NATURAL GAS CORPORATION**
Notes to Financial Statements

Note 1. Description of the Plan - The following description of the Retirement Plan for Corning Natural Gas Corporation (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General - The Plan is a non-contributory defined benefit pension plan covering substantially all employees of Corning Natural Gas Corporation (the "Company"). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Participants are eligible to participate in the Plan on January 1 or July 1 following the date they meet the following age and service conditions; attains age 21 and completes one year of service. One year of service is defined as 1,000 hours completed in the twelve-consecutive-month period beginning with date of hire.

The Pension Committee (the "Committee"), which is appointed by the Company's Board of Directors, is responsible for oversight of the Plan. The Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Company's Board of Directors.

Plan Funding - The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. During 2024, the Company made contributions of \$806,125 as determined by the Plan's independent actuary. The Company met the minimum funding requirements of ERISA for the year ended December 31, 2024. The contributions made to the Plan by the Company are held and invested by the trustee of the Plan.

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

Pension Benefits - Benefits are determined based on the participant's hypothetical account balance. Plan participants are eligible for their plan benefit after terminating employment with vested rights. Participants become vested in the Plan upon completion of 5 or more years of service or attainment of the normal retirement age (62). If employees terminate before rendering 5 years of service, they forfeit the right to receive the portion of their accumulated plan benefits attributable to the Company's contributions. Upon termination of employment, participants have the option of receiving their vested benefit in the form of a one-time lump sum payment or a monthly annuity payable for their lifetime. Participants may elect to defer payment of their benefit until a later date if the value of the vested benefit is greater than \$1,000. Participants with a balance greater than \$5,000 may not receive a lump sum distribution per the Plan document. Those who elect to receive a lump sum payment with a balance between \$1,000 and \$5,000 will receive the distribution as rolled into an IRA, and those with a balance less than \$1,000 are automatically paid out in cash.

The Plan provides for normal retirement benefits upon reaching age 62 or completion of 5 years of service, whichever is later. There are provisions for early retirement at age 55 with 10 years of service and for late retirement. Annual retirement benefits under the Plan are based on the following calculation:

For salaried and non-union hourly employees, 1.5% of the first \$4,200 of the participant's final average compensation times the participant's years of credited service (up to a maximum of 30 after which each additional year of service will count as one-half year of credited service), plus 2% of the participant's final

Note 1. Description of the Plan – Continued

average compensation in excess of \$4,200 times the participant's years of credited service (up to a maximum of 30 after which each additional year of service will count as one-half year of credited service). For bargaining unit employees, 40% of the participant's final average compensation multiplied by the following fraction: participant's number of years of credited service by thirty-four.

Death and Disability Benefits - Upon death, on or after the earliest retirement date, a death benefit equal to the value of the employee's accumulated benefits will be paid to the employee's beneficiary under all benefit payment methods with the exception of single life annuity. Amount and type of benefit will be based on date of death in comparison to (a) actual retirement date, (b) normal retirement date, (c) deferred retirement date, and (d) benefit commencement date. Active employees who become totally disabled receive annual disability benefits that are equal to the equivalent normal retirement benefit they have accumulated as of the time they become disabled. Disability benefits are paid until normal retirement age, at which time disabled participants will receive the normal retirement benefits, with their annual compensation remaining the same as at the time they became disabled.

Vesting - A plan participant, or former participant, has a fully vested interest in their accrued benefit on or after the earlier of their normal retirement date or completion of 5 or more years of service. Prior to then, a participant, or former participant, shall have no vested interest in their accrued benefit.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting - The accompanying financial statements have been prepared using the accrual basis of accounting.

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

Investment Valuation and Income Recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for a discussion of fair value measurements.

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

Payment of Benefits - Benefit payments to participants are recorded upon distribution.

Administrative Expenses - The Plan's expenses are paid by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation in fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

Subsequent Events - These financial statements have not been updated for subsequent events occurring after October 7, 2025, which is the date these financial statements were available to be issued.

Note 3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. The actuarial present value of accumulated plan benefits is determined by an actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of December 31, 2024 were (a) life expectancy of participants (the sex distinct amount-weighted Pri-2012 mortality tables projected using Scale MP-2021 for 2024), (b) retirement age assumptions (the latter of the attainment age 62 or the fifth anniversary of participation in the Plan), and (c) investment return. The valuations included an assumed rate of return of 7.20%. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025. Had the valuations been performed as of December 31, 2024, there would be no material differences.

Note 4. Information Certified by the Trustee (Unaudited)

The following is a summary of unaudited information regarding the Plan, included in the Plan's financial statements that was prepared by Charles Schwab Trust Bank, the trustee of the Plan, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the trustees that such information is complete and accurate.

| | <u>2024</u> | <u>2023</u> |
|---|--------------|--------------|
| Net Assets Available for Benefits | | |
| Investments | \$22,781,776 | \$20,383,233 |
| Changes in Net Assets Available for Benefits | | |
| Net appreciation in fair value of investments | \$2,225,221 | \$3,163,583 |
| Interest income | \$266,118 | \$190,715 |
| Dividend income | \$236,509 | \$230,398 |

Note 5. Fair Value Measurements

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

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

Level 2: Inputs to the valuation methodology include:

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

Note 5. Fair Value Measurements – Continued

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's 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 is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used on December 31, 2024 and 2023.

Cash and cash equivalents - Valued at cost plus interest.

Common stocks - Valued at the closing price reported on the active market on which the stocks are traded.

Mutual funds - Valued at the daily closing prices 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 value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

U.S. government securities – Valued using pricing models maximizing the use of observable inputs for similar securities.

Corporate bonds - Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

Note 5. Fair Value Measurements - continued

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023.

| | Assets at Fair Value as of <u>December 31, 2024</u> | | |
|-----------------------------------|--|-----------------------|----------------------|
| | <u>Level 1</u> | <u>Level 2</u> | <u>Total</u> |
| Cash and cash equivalents | \$1,272,489 | | \$1,272,489 |
| Common stocks | 11,213,346 | - | 11,213,346 |
| Mutual funds | 2,180,245 | - | 2,180,245 |
| U.S. government securities | - | 6,026,296 | 6,026,296 |
| Corporate bonds | - | 2,089,400 | 2,089,400 |
| Total asset at fair value | \$ 14,666,080 | \$ 8,115,696 | \$ 22,781,776 |

| | Assets at Fair Value as of <u>December 31, 2023</u> | | |
|-----------------------------------|--|-----------------------|----------------------|
| | <u>Level 1</u> | <u>Level 2</u> | <u>Total</u> |
| Cash and cash equivalents | \$546,191 | | \$546,191 |
| Common stocks | 12,013,117 | - | 12,013,117 |
| Mutual funds | 785,387 | - | 785,387 |
| U.S. government securities | - | 4,680,713 | 4,680,713 |
| Corporate bonds | - | 2,357,825 | 2,357,825 |
| Total asset at fair value | \$ 13,344,695 | \$ 7,038,538 | \$ 20,383,233 |

Note 6. Plan Termination

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

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under the Plan provisions in effect at any time during the five years preceding Plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All non-vested benefits.

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

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

Note 7. Tax Status

The Plan obtained its latest determination letter on August 29, 2017, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC).

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRC. The Plan is subject to routine audits by taxing jurisdictions and the Department of Labor; however, there are currently no audits for any tax periods in progress.

Note 8. Risks and Uncertainties

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

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

**RETIREMENT PLAN FOR
CORNING NATURAL GAS CORPORATION**
Employer Identification Number 16-0397420
Schedule H, Line 4i - Schedule of Assets
(Held at Year End) December 31, 2024

| (b) Identity of issue, borrower, lessor, or <u>similar party</u> | (c) Description of Investment including maturity date, rate of interest, collateral, par, or <u>maturity date</u> | (d) <u>Cost</u> | (e) <u>Current value</u> |
|--|---|--------------------|-----------------------------|
| Cash and cash equivalents | | \$1,272,489 | \$1,272,489 |
| Common Stocks | | | |
| Abbott Laboratories | | 170,743 | 175,094 |
| Air Prods & Chems Inc | | 181,415 | 226,811 |
| Alphabet Inc | | 258,436 | 462,388 |
| Amazon Com Inc | | 367,255 | 717,625 |
| Amgen Incorporated | | 279,635 | 290,614 |
| Anglo Amern PLC Ads | | 259,870 | 228,300 |
| Apple Inc | | 389,809 | 699,173 |
| Bank of America Corp | | 103,130 | 145,782 |
| Berkshire Hathaway B New | | 179,265 | 292,819 |
| Boeing Co | | 368,788 | 414,357 |
| Chevron Corp New | | 151,418 | 145,130 |
| Chubb LTD | | 126,273 | 176,279 |
| Constellation Brands CL A | | 238,020 | 223,431 |
| Crowdstrike Hldgs In | | 139,674 | 226,168 |
| Devon Energy CP New | | 416,713 | 311,099 |
| Eaton Corp PLC | | 177,494 | 314,281 |
| Exxon Mobil Corp | | 125,374 | 145,972 |
| General Dynamics Corp | | 147,971 | 174,167 |
| Goldman Sachs Group Inc | | 84,191 | 150,599 |
| Home Depot Inc | | 122,795 | 171,156 |
| Intuitive Surgical | | 108,963 | 257,326 |
| JP Morgan Chase & Co | | 85,407 | 180,022 |
| Johnson & Johnson | | 356,005 | 288,517 |
| Mastercard Inc | | 155,823 | 233,797 |
| McDonalds Corp | | 176,431 | 201,474 |
| Microsoft Corp | | 442,269 | 722,873 |
| Nextera Energy Inc | | 256,761 | 234,641 |
| Nvidia Corp | | 38,437 | 360,837 |
| Palo Alto Networks | | 79,946 | 167,039 |
| Pepsico Inc | | 188,050 | 170,612 |
| PNC Financial Services GP Inc | | 141,479 | 174,144 |
| Proctor & Gamble Co | | 198,563 | 227,836 |
| Service Now Inc | | 114,457 | 258,669 |

**RETIREMENT PLAN FOR
CORNING NATURAL GAS CORPORATION
Employer Identification Number 16-0397420
Schedule H, Line 4i - Schedule of Assets
(Held at Year End) December 31, 2024**

| (b) Identity of issue, borrower, lessor, or <u>similar party</u> | (c) Description of Investment including maturity date, rate of interest, collateral, par, or <u>maturity date</u> | (d) <u>Cost</u> | (e) <u>Current value</u> |
|--|---|--------------------|-----------------------------|
| T J X Cos Inc | | 80,081 | 172,637 |
| Taiwan Semiconductor Mfg Co ADR | | 45,627 | 116,717 |
| Terex Corp | | 230,765 | 203,969 |
| Tesla Motors Inc | | 170,493 | 317,822 |
| Unitedhealth Group Inc | | 291,219 | 290,364 |
| Universal Display Co | | 96,284 | 113,305 |
| Wal-Mart Stores Inc | | 101,722 | 223,074 |
| Walt Disney Co | | 193,517 | 230,940 |
| Wells Fargo & Co | | 120,402 | 206,365 |
| Zoetis Inc | | 180,830 | 169,121 |
| Total Common Stocks | | 8,141,800 | 11,213,346 |
| Mutual Funds | | | |
| Schwab Govt Money FU Ultra | | 1,837,656 | 1,837,656 |
| Vanguard Mortgage Backed SEC ETF IV | | 359,237 | 342,589 |
| Total Mutual Funds | | 2,196,893 | 2,180,245 |
| U.S. Government Securities | | | |
| US Treas BD | 4.500%, 02/15/36 | 738,394 | 708,669 |
| US Treasu NT | 1.875%, 02/15/32 | 1,519,325 | 1,422,240 |
| US Treasu NT | 3.875%, 12/31/29 | 871,618 | 845,267 |
| US Treasur NT | 3.500%, 09/15/25 | 361,253 | 367,976 |
| US Treasur NT | 2.250%, 11/15/27 | 960,147 | 959,651 |
| US Treasur NT | 4.250%, 11/15/34 | 322,486 | 316,723 |
| US Treasury | 3.125% | 1,093,126 | 1,076,484 |
| New York St Dorm | 3.630%, 03/15/27 | 19,985 | 19,643 |
| New York St Urba | 3.270%, 03/15/28 | 82,629 | 81,947 |
| NY St Dorm Auth | 3.650%, 03/15/28 | 232,970 | 227,696 |
| Total U.S. Government Securities | | 6,201,933 | 6,026,296 |
| Corporate Bonds | | | |
| Bank of America C | 3.248%, 10/21/27 | 167,881 | 173,625 |
| Duke Energy Corp | 2.650% | 244,419 | 251,657 |
| Lowe's Companie | 3.375%, 09/15/25 | 172,128 | 173,197 |

**RETIREMENT PLAN FOR
CORNING NATURAL GAS CORPORATION
Employer Identification Number 16-0397420
Schedule H, Line 4i - Schedule of Assets
(Held at Year End) December 31, 2024**

| (b) Identity of issue, borrower, lessor, or <u>similar party</u> | (c) Description of Investment including maturity date, rate of interest, collateral, par, or <u>maturity date</u> | (d) <u>Cost</u> | (e) <u>Current value</u> |
|--|---|--------------------|-----------------------------|
| Meta Platforms | 4.950%, 05/15/33 | 170,455 | 170,128 |
| Netflix, In | 5.875%, 11/15/28 | 173,919 | 170,315 |
| Norfolk Southern | 2.300%, 05/15/31 | 171,446 | 171,118 |
| Pepsico, In | 3.900%, 07/18/32 | 162,232 | 158,841 |
| The Southern Co | 3.700% | 242,085 | 253,885 |
| Verizon Communi | 4.125%, 03/16/27 | 312,775 | 310,973 |
| US Bancorp | 1.375%, 07/22/30 | 251,851 | 255,661 |
| Total Corporate Bonds | | 2,069,191 | 2,089,400 |
| Total | | \$19,882,306 | \$22,781,776 |

This schedule was prepared solely from information certified by Charles Schwab Trust Bank as complete and accurate.

**RETIREMENT PLAN FOR
CORNING NATURAL GAS CORPORATION
Employer Identification Number 16-0397420**

**Schedule H, Line 4j - Schedule of Reportable Transactions
For Year Ended December 31, 2024**

| <u>(a) Identity of Party Involved</u> | <u>(b) Description of Asset</u> | <u>(c) Purchase Price</u> | <u>(d) Selling Price</u> | <u>(g) Cost of Asset</u> | <u>(h) Current Value of Asset on Transaction Date</u> | <u>(i) Net Gain (Loss)</u> |
|---------------------------------------|---------------------------------|---------------------------|--------------------------|--------------------------|---|----------------------------|
| Single Transactions | | | | | | |
| GOVT MONEY FU ULTRA | Mutual Fund | \$1,635,000 | \$ - | \$1,635,000 | \$1,635,000 | \$ - |
| Series Transactions | | | | | | |
| GOVERNMENT MONEY FD INV SHS | Cash equivalent | \$2,048,442 | \$ - | \$2,048,442 | \$2,048,442 | \$ - |
| GOVERNMENT MONEY FD INV SHS | Cash equivalent | \$ - | \$1,167,712 | \$1,167,712 | \$1,167,712 | \$ - |
| GOVT MONEY FU ULTRA | Mutual Fund | \$1,837,656 | \$ - | \$1,837,656 | \$1,837,656 | \$ - |

The above data is based solely upon information which has been certified by Charles Schwab Trust Bank as complete and accurate.

Age and Service of Active Participants

| Completed Years of Service on January 1, 2024 | | | | | | | | | | | |
|---|----------|-----------|-----------|----------|----------|----------|----------|----------|----------|----------|-----------|
| Attained Age | Under 1 | 1 - 4 | 5 - 9 | 10 - 14 | 15 - 19 | 20 - 24 | 25 - 29 | 30 - 34 | 35 - 39 | 40+ | Total |
| Under 25 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 25-29 | 0 | 5 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6 |
| 30-34 | 0 | 7 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 9 |
| 35-39 | 0 | 6 | 4 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 12 |
| 40-44 | 0 | 2 | 8 | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 14 |
| 45-49 | 0 | 2 | 2 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 6 |
| 50-54 | 0 | 0 | 2 | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 5 |
| 55-59 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| 60-64 | 0 | 0 | 0 | 1 | 2 | 0 | 1 | 1 | 0 | 0 | 5 |
| 65-70 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| 70 & up | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| Total | 0 | 22 | 19 | 7 | 8 | 1 | 1 | 1 | 0 | 1 | 60 |

| Active Member Statistics | January 1, 2024 | January 1, 2023 |
|--------------------------|-----------------|-----------------|
| Number of members | 60 | 51 |
| Average age | 42.61 | 43.43 |
| Average years of service | 8.92 | 9.33 |
| Average salary | \$87,983 | \$87,364 |

The valuation of a defined benefit pension plan involves estimates and assumptions about the probability of events occurring far into the future. Examples include assumptions about future employment, mortality, and retirement. Below is a description of the actuarial assumptions and methods used in the valuation.

Funding Target Liability

Valuation Date: January 1, 2024

Demographic Information: The demographic information was provided as of January 1, 2024 by Corning Natural Gas Corporation. Although we did not audit the data, we did review the data for reasonableness.

Actuarial Cost Method: As required by PPA, the Traditional Unit Credit Cost Method was used.

Asset Valuation Method: The actuarial value of assets is determined by averaging the fair market value of assets as of the valuation date and the adjusted fair market values as of the preceding two valuation dates. This methodology is consistent with that provided in IRS Notice 2009-22.

Anticipated Rate of Return on Plan Assets: 7.25%, based on Corning Natural Gas Corporation's expectation and expert opinions from the Plan's investment advisors. Based on this information, the Plan's current investment policy (as shown in the annual funding notice), and asset allocation, we believe the selected Expected Long-Term Rate of Return does not significantly conflict with what we believe is reasonable for the assumption and purpose of the measurement.

Actuarial Valuation Software: For purposes of developing the projected future benefit payments as well as determining attributed liabilities and normal costs as of the valuation date, we utilized the ProVal software platform developed by Winklevoss Technologies. We believe this externally developed valuation system is appropriate, was used for its intended purpose, and did not produce unreasonable results.

Interest Rates for Minimum Required Contribution: The January 2023 funding segment rates were utilized as prescribed by IRC Section 430(h) and elected by Corning Natural Gas Corporation. Below, please find the segment rates after reflection of the segment rate stabilization provisions of IRC Section 430(h)(2)(C)(iv) with regard to provisions provided under Section 9706 of the American Rescue Plan Act of 2021.

| Segment | Interest Rate |
|-----------|---------------|
| Segment 1 | 4.75% |
| Segment 2 | 4.96% |
| Segment 3 | 5.59% |

| Effective Interest Rate |
|-------------------------|
| 5.20% |

Segment 1 is applied to benefit payments expected to be made in the first 5 years, segment 2 is applied to benefit payments expected to be made in the next 15 years and segment 3 is applied thereafter

Interest Rates used to determine Maximum Recommended Contribution: Below, please find the segment rates without reflection of the segment rate stabilization provisions of IRC Section 430(h)(2)(C)(iv). These rates were utilized to determine the low-default risk obligation measurement (“LDROM”) of the accrued benefits as of the Valuation Date.

| Segment | Interest Rate |
|-----------|---------------|
| Segment 1 | 4.37% |
| Segment 2 | 4.96% |
| Segment 3 | 4.95% |

| Effective Interest Rate |
|-------------------------|
| 4.91% |

Segment 1 is applied to benefit payments expected to be made in the first 5 years, segment 2 is applied to benefit payments expected to be made in the next 15 years and segment 3 is applied thereafter.

Rate of Compensation Increase: Salaries are assumed to increase at 5.00% per year, based the Plan Sponsor’s review of historical experience as well as future expectations.

Mortality for Healthy Lives:

Base mortality table: The sex distinct Amount-Weighted Pri-2012 mortality tables for employees and healthy annuitants.

Mortality improvements: The base mortality table is adjusted by projecting mortality improvements using the IRS 2024 Adjusted Scale MP-2021 from the year 2012 through 2024, with an additional projection period of 8 years for males and 9 years for females. For ages below 80, the additional projection period is increased by 1 year for each year below age 80. For ages above 80, the additional projection period is reduced (but not below zero) by 1/3 year for each year above 80.

Retirement Incidence: Participants are assumed to retire upon attaining Normal Retirement Age. Normal Retirement Age is the later of the attainment of age 62 or the fifth anniversary of participation in the plan. Due to limited experience, this assumption was based on the provisions of the Plan, as well as the corporation’s future expectations.

Turnover: One-half of the 1990 Vaughn Turnover Tables is used. Due to limited available experience, this assumption was based on the provisions of the Plan, as well as the corporation’s future expectations. Illustrative rates are shown below:

| Termination | |
|-------------|------------|
| Age | Percentage |
| 25 | 6.80% |
| 30 | 5.05% |
| 35 | 3.95% |
| 40 | 3.25% |
| 45 | 2.75% |
| 50 | 2.25% |
| 55 | 0.00% |

Disability: As the plan does not offer disability benefits, rates of disability were not assumed.

Administrative Expenses: Actual plan expenses, not including investment advisory fees, paid out of the trust during the previous plan year rounded to the nearest thousand.

Spouse Assumptions: For purposes of the pre-retirement spouse's benefit, it is assumed that all participants will have an eligible surviving spouse of the same age.

Compensation and Benefit Limitation: The IRC Section 401(a)(17) compensation limit and the IRC Section 415 benefit limitation for years following the plan year end were assumed to increase annually by 2.50%.

Form of Benefit: Participants currently receiving benefit payments are assumed to continue receiving benefits in the optional form they elected upon retirement. All other participants are assumed to elect to receive benefits based on the assumptions below:

Death: Deferred life annuity payable at Normal Retirement Date under the Plan.

Termination: Deferred life annuity payable at Normal Retirement Date under the Plan.

Retirement: Immediate life annuity.

**RETIREMENT PLAN FOR
CORNING NATURAL GAS CORPORATION
Employer Identification Number 16-0397420**

**Schedule H, Line 4j - Schedule of Reportable Transactions
For Year Ended December 31, 2024**

| <u>(a) Identity of Party Involved</u> | <u>(b) Description of Asset</u> | <u>(c) Purchase Price</u> | <u>(d) Selling Price</u> | <u>(g) Cost of Asset</u> | <u>(h) Current Value of Asset on Transaction Date</u> | <u>(i) Net Gain (Loss)</u> |
|---------------------------------------|---------------------------------|---------------------------|--------------------------|--------------------------|---|----------------------------|
| Single Transactions | | | | | | |
| GOVT MONEY FU ULTRA | Mutual Fund | \$1,635,000 | \$ - | \$1,635,000 | \$1,635,000 | \$ - |
| Series Transactions | | | | | | |
| GOVERNMENT MONEY FD INV SHS | Cash equivalent | \$2,048,442 | \$ - | \$2,048,442 | \$2,048,442 | \$ - |
| GOVERNMENT MONEY FD INV SHS | Cash equivalent | \$ - | \$1,167,712 | \$1,167,712 | \$1,167,712 | \$ - |
| GOVT MONEY FU ULTRA | Mutual Fund | \$1,837,656 | \$ - | \$1,837,656 | \$1,837,656 | \$ - |

The above data is based solely upon information which has been certified by Charles Schwab Trust Bank as complete and accurate.

**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 Retirement Plan For Corning Natural Gas Corporation | B Three-digit plan number (PN) ▶ | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CORNING NATURAL GAS CORPORATION | D Employer Identification Number (EIN) 16-0397420 | |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" 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 | 21,253,026 | |
| b Actuarial value | 2b | 20,966,926 | |
| 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 | 88 | 14,048,603 | 14,048,603 |
| b For terminated vested participants | 26 | 1,464,720 | 1,464,720 |
| c For active participants | 60 | 6,294,865 | 6,463,746 |
| d Total | 174 | 21,808,188 | 21,977,069 |
| 4 If the plan is in at-risk status, check the box and complete lines (a) and (b) | <input type="checkbox"/> | | |
| a Funding target disregarding prescribed at-risk assumptions | 4a | | |
| b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b | | |
| 5 Effective interest rate | 5 | 5.20% | |
| 6 Target normal cost | | | |
| a Present value of current plan year accruals | 6a | 578,455 | |
| b Expected plan-related expenses | 6b | 132,000 | |
| c Target normal cost | 6c | 710,455 | |

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>Nicholas R Mark</u> NRW | |
| | Signature of actuary | <u>10/10/2025</u> |
| | Nicholas R. Mark, FSA, EA | Date |
| | Type or print name of actuary | 2307842 |
| | BPAS Actuarial & Pension Services | Most recent enrollment number |
| | Firm name | 315-703-8974 |
| | 706 N Clinton St Suite 200 Syracuse NY 13204 | Telephone number (including area code) |
| | 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 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>19.47%</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) | | 35,989 |
| | 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>5.27%</u> | | 1,897 |
| | 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 | | 37,886 |
| | d Portion of (c) to be added to prefunding balance | | 37,886 |
| 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 | 37,886 |

| Part III | | Funding Percentages | |
|-----------------|--|----------------------------|--------|
| 14 | Funding target attainment percentage | 14 | 95.23% |
| 15 | Adjusted funding target attainment percentage | 15 | 95.23% |
| 16 | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement | 16 | 93.48% |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | % |

Part IV Contributions and Liquidity Shortfalls

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

| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
|-----------------------|--------------------------------|------------------------------|-----------------------|--------------------------------|------------------------------|
| 04/15/2024 | 182,756 | 0 | | | |
| 07/15/2024 | 182,756 | 0 | | | |
| 10/16/2024 | 143,319 | 0 | | | |
| 01/15/2025 | 182,756 | 0 | | | |
| 08/15/2025 | 114,538 | 0 | | | |
| | | | Totals ▶ | 18(b) 806,125 | 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 | 774,362 |

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 62 |
| 23 Mortality table(s) (see instructions) | <input type="checkbox"/> Prescribed - combined | <input checked="" type="checkbox"/> Prescribed - separate | <input type="checkbox"/> Substitute | |

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

| | | | |
|--|---------------------|-------------------|--------------------|
| 31 Target normal cost and excess assets (see instructions): | | | |
| a Target normal cost (line 6c)..... | 31a | 710,455 | |
| b Excess assets, if applicable, but not greater than line 31a | 31b | 0 | |
| 32 Amortization installments: | Outstanding Balance | | Installment |
| a Net shortfall amortization installment | 1,048,029 | | 101,793 |
| b Waiver amortization installment | | | |
| 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 | 812,248 | |
| | | Carryover balance | Prefunding balance |
| 35 Balances elected for use to offset funding requirement | | 0 | 37,886 |
| 36 Additional cash requirement (line 34 minus line 35)..... | 36 | 774,362 | |
| 37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... | 37 | 774,362 | |
| 38 Present value of excess contributions for current year (see instructions) | | | |
| a Total (excess, if any, of line 37 over line 36) | 38a | 0 | |
| b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | 38b | 0 | |
| 39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) | 39 | 0 | |
| 40 Unpaid minimum required contributions for all years | 40 | 0 | |

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

| |
|--|
| 41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021 |
|--|

Retirement Plan for Corning Natural Gas Corporation

EIN/PN: 16-0397420 / 001

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

| (1) | (2) | (3) | (4) | (5) |
|------------------------|--------|---------------------------------|--------------------------------------|------------------------------|
| Age | Rate | Expected Active Headcount | Expected Retirements (2) x (3) | Weighted Age (1) x (4) |
| 62 | 1.0000 | 37.7 | 37.7 | 2,338.2 |
| 63 | 1.0000 | 1.0 | 1.0 | 63.0 |
| 64 | 1.0000 | 1.0 | 1.0 | 64.0 |
| 65 | 1.0000 | 1.0 | 1.0 | 65.0 |
| Total | | | 40.7 | 2,530.2 |
| Average Retirement Age | | | | 62.15 |

Retirement Plan for Corning Natural Gas Corporation
 Schedule SB, Line 19 - Discounted Employer Contributions
 EIN/PN: 16-0397420/001

| Date Due | Date Made | Plan year | Contribution Amount | Applicable Effective Interest Rate | Interest Adjusted Contribution |
|---------------|------------|-----------|---------------------|------------------------------------|--------------------------------|
| 04/15/2024 | 04/15/2024 | 2024 | \$182,756 | 5.20% | \$180,074 |
| 07/15/2024 | 07/15/2024 | 2024 | \$182,756 | 5.20% | \$177,806 |
| 10/15/2024 | 10/16/2024 | 2024 | \$143,319 | 10.20%* | \$137,645 |
| 01/15/2025 | 01/15/2025 | 2024 | \$182,756 | 5.20% | \$173,356 |
| 09/15/2025 | 08/15/2025 | 2024 | \$114,538 | 5.20% | \$105,481 |
| Totals | | | \$806,125 | | \$774,362 |

In addition to the above contributions, the plan sponsor applied \$39,437 in prefunding balance to the 2024 plan year on October 15, 2024.

* Discounted using the 2024 Plan Year Effective Interest Rate plus 5% (10.20%) for the period between the due date and the date the contribution was made and the original Effective Interest Rate for the period between the beginning of the plan year and the due date.

This summary is intended as an outline of plan provisions and does not alter the intent or meaning of the provisions contained in the plan document.

Plan Sponsor: Corning Natural Gas Corporation
EIN/PN: 16-0397420/001

Union Provisions

Effective Date: North Penn Gas Company and certain of its affiliates established a retirement plan and trust for the benefit of their Participants on January 1, 1951. Corning Natural Gas Corporation became a participating employer in the Plan and trust on January 1, 1952. Effective January 1, 1972, Corning Natural Gas Corporation (the "Company") established the Plan as a separate retirement plan for its own Participants. Effective December 31, 2001 this plan was merged with the Retirement Plan for Salaried and Non-Union Hourly. The effective date of the most recently restated plan is January 1, 2001. The summary below reflects our understanding of the primary provisions of the Plan.

Year of Service: For Vesting and Participation, Years of Service shall mean one year of service for each plan year in which the Participant completes at least 1,000 hours of service. Benefit service is calculated as one year of service for each plan year in which the Participant completes at least 1,000 hours of service.

Compensation:

Annual Compensation Plan compensation is defined as total compensation under Section 415 of the Internal Revenue Code, including amounts of salary reduction excluded from the Participant's gross income for income tax purposes under Code Section 125, 401(k), 402(h), or 403(b) for such plan year. Effective January 1, 1989, compensation for any year in excess of \$200,000, as indexed, shall not be included for purposes of future accruals.

Final Average Compensation Final Average Compensation is 1/12th of the average of the Participant's Compensation during the five consecutive years of highest Compensation with the company

Eligibility:

| | |
|--|--|
| Participation | Each present Participant who is covered by a collective bargaining agreement with the Company pursuant to which this plan was adopted, can become a member of the Plan on the first day of the plan year or the first day of the seventh month of such plan year coincident with or next following completion of one year of service and attainment of age 21. |
| Normal Retirement | First day of the month coincident with or immediately following the participant's 62 nd birthday or fifth anniversary of plan participation, if later. |
| Early Retirement | Must have attained age 55 and completed at least 10 Years of Service. |
| Vested Termination | A Participant, regardless of age, shall be fully vested after 5 Years of Service. |
| Pre-retirement Survivor Benefits | Unless an election to the contrary has been made, if a married Participant dies after having met the requirements for either an Early Retirement Benefit or a vested deferred retirement benefit, but prior to the commencement of benefit payments, the surviving spouse will receive a survivor annuity. |
| Post-retirement Survivor Benefits | If a married Participant dies after commencement of benefits, there are no survivor benefits except through an option elected at retirement. |

Amount of Pension:

| | |
|--------------------------|--|
| Normal Retirement | For retirements after September 1, 2000, 40% of Final Average Compensation multiplied by number of Years of Service (not more than 34 years) to the date of retirement, divided by 34. |
| Early Retirement | Calculated the same as Normal Retirement Benefit, but reduced for early commencement. Reduced pension may commence on the first day of any month coincident with or following the early retirement date. Payment continues during the lifetime of the retired Participant. The benefit payable prior to Normal Retirement Date is reduced by 1/15 th for each of the first five years the pension benefit is payable before Normal Retirement Date and 1/30 th for the next two years. |

Vested Termination

The benefit accrued at any date other than the Normal Retirement Date is equal to the Normal Retirement Benefit multiplied by the ratio of number of Years of Service to date to the projected Years of Service at normal retirement, not in excess of 34 years. Full pension commences at Normal Retirement Date. Reduced pension may commence as of the first day of any month coincident with or next following age 55, if a Participant has been credited with at least 10 Years of Service.

**Preretirement
Survivor Annuity**

In the case of a vested terminated Participant who dies prior to attaining earliest retirement date, the amount of the benefit payable to the surviving spouse is equal to 50% of the benefit the Participant would have received had he separated from service on the date of death, survived to earliest retirement age, retired at earliest retirement age with a 50% contingent annuitant option in effect and died on the day after the day on which he would have reached earliest retirement age. In the case of a vested terminated Participant eligible for early retirement, the amount of the benefit payable to the surviving spouse is equal to 50% of the benefit the participant would have received had he retired on the day before his death with a 50% contingent annuitant option in effect.

During the period commencing with a Participant's earliest retirement date and ending immediately prior to the earlier of (a) the Participant's actual retirement date, or (b) the Participant's Normal Retirement Date, a Participant remaining in the service of the Company for any period of time after his earliest retirement date shall receive an in-service survivor benefit in the form of a survivor annuity payable upon the Participant's death to his spouse. Monthly payments under the in-service survivor annuity shall be equal to 50% of the Participant's accrued annual benefit, expressed as a single life annuity for the life of the Participant as of his date of death.

During the period commencing with a Participant's Normal Retirement Date and ending immediately prior to the earlier of (a) the Participant's deferred retirement date, or (b) the Participant's required commencement date, the spouse shall receive an in-service survivor benefit if the Participant dies while in service of the Company. The in-service benefit payable shall be equal to 100% of the participants accrued annual benefit as of the date of death, expressed as a single life annuity for the life of the Participant and shall be paid in the form of an annuity for the life of the Participant's surviving spouse.

**Surviving Spouse
Annuity**

In lieu of the retirement benefit otherwise payable to a Participant who is married at the commencement of retirement benefit payments, such married Participant shall, in the absence of any written optional election form, automatically receive a reduced monthly retirement benefit under a 50% joint and survivor option to provide for the continuation of 50% of such reduced retirement benefit to his eligible surviving spouse. Such 50% automatic surviving spouse annuity shall commence on the first day of the month following the date of death of the Participant and shall continue during the lifetime of such eligible surviving spouse.

Forms of Benefit:

The optional payment methods described below are the actuarial equivalent of the normal form otherwise payable as of a Participant's retirement date.

Normal

Commences on the first day of the month next following the Participant's actual retirement date and continues for the lifetime of the Participant unless an automatic surviving spouse annuity is in effect or an optional benefit is elected and in effect.

Optional Forms

Life annuity
 50% Joint and survivor annuity
 75% Joint and survivor annuity
 100% Joint and survivor annuity
 50% Reversionary Joint and survivor annuity
 75% Reversionary Joint and survivor annuity
 100% Reversionary Joint and survivor annuity
 10 year Certain and Life annuity
 Full Refund Annuity

Lump Sums

Benefits with a present value of not more than \$5,000 are paid in a single sum. The value is determined by using the "applicable mortality" and the "applicable interest" rates. If the interest rate provided by the Plan's definition of actuarial equivalence would, if used, result in a greater benefit, such interest rate shall be used in lieu of the applicable interest rates.

Salaried Provisions

| | |
|-----------------------------------|--|
| Effective Date: | The original effective date of the plan was January 1, 1988. Effective December 31, 2001 this plan was merged with the Retirement Plan for Employees of Corning Natural Gas. The effective date of the most recently restated plan is January 1, 2011. The summary below reflects our understanding of the primary provisions of the Plan. |
| Year of Service: | For Vesting and Participation, Year of Service shall mean one year of service for each plan year in which the Participant completes at least 1,000 hours of service. For Benefit Service purposes only, any year of service in excess of 30 years will count as one-half. |
| Compensation: | |
| Annual Compensation | Plan compensation is defined as the annual rate of pay in effect on each January 1. Effective January 1, 1989, compensation for any year in excess of \$200,000, as indexed, shall not be included for purposes of future accruals. |
| Final Average Compensation | Final Average Compensation is 1/12 th of the average of the Participant's Compensation during the four consecutive years of highest Compensation with the company |
| Eligibility: | |
| Participation | Each present Participant who is not covered by a plan established and maintained under a collective bargaining agreement can become a member of the Plan on the first day of the plan year or the first day of the seventh month of such year coincident with or next following completion of one year of service and attainment of age 21. Participants who on December 31, 1987 were included in the Predecessor Plan and who were not included in a unit of Participants covered by a collective bargaining agreement with the Company shall be included in this Plan as of January 1, 1988. Prior to January 1, 1988, Participants hired after age 60 were excluded. |
| Normal Retirement | First day of the month coincident with or immediately following the participant's 62 nd birthday or fifth anniversary of plan participation, if later. |
| Early Retirement | Must have attained age 55 and completed at least 10 Years of Service. |
| Vested Termination | A Participant, regardless of age, shall be fully vested after 5 Years of Service. |

**Pre-retirement
Survivor Annuity**

Unless an election to the contrary has been made, if a married Participant dies after having met the requirements for either an Early Retirement Benefit or a vested deferred retirement benefit, but prior to the commencement of benefit payments, the surviving spouse will receive a survivor annuity.

**Post-retirement
Survivor Annuity**

If a married Participant dies after commencement of benefits, there are no survivor benefits except through an option elected at retirement.

Amount of Pension:**Normal Retirement**

1.5% of Final Average Compensation plus 0.5% of Final Average Compensation over \$4,200, the sum multiplied by Years of Service.

Early Retirement

Calculated the same as Normal Retirement Benefit, but reduced for early commencement. Reduced pension may commence on the first day of any month coincident with or following the early retirement date. Payment continues during the lifetime of the retired Participant. The benefit payable prior to Normal Retirement Date is reduced by 4% for each year the pension benefit is payable before Normal Retirement Date.

Vested Termination

The benefit accrued at any date other than the Normal Retirement Date is equal to the Normal Retirement Benefit calculated using the number of Years of Service to date. Full pension commences at Normal Retirement Date. Reduced pension may commence as of the first day of any month coincident with or next following age 55, if a Participant has been credited with at least 10 Years of Service.

**Pre-retirement
Survivor Annuity**

In the case of a vested terminated Participant who dies prior to attaining earliest retirement date, the amount of the benefit payable to the surviving spouse is equal to 50% of the benefit the Participant would have received had he separated from service on the date of death, survived to earliest retirement age, retired at earliest retirement age with a 50% contingent annuitant option in effect and died on the day after the day on which he would have reached earliest retirement age. In the case of a vested terminated Participant eligible for early retirement, the amount of the benefit payable to the surviving spouse is equal to 50% of the benefit the participant would have received had he retired on the day before his death with a 50% contingent annuitant option in effect.

During the period commencing with a Participant's earliest retirement date and ending immediately prior to the earlier of (a) the Participant's actual retirement date, or (b) the Participant's Normal Retirement Date, a Participant remaining in the service of the Company for any period of time after his earliest retirement date shall receive an in-service survivor benefit in the form of a survivor annuity payable upon the Participant's death to his spouse. Monthly payments under the in-service survivor annuity shall be equal to 50% of the Participant's accrued annual benefit, expressed as a single life annuity for the life of the Participant as of his date of death.

During the period commencing with a Participant's Normal Retirement Date and ending immediately prior to the earlier of (a) the Participant's deferred retirement date, or (b) the Participant's required benefit commencement date, the spouse shall receive an in-service survivor benefit if the Participant dies while in the service of the Company. The in-service survivor benefit payable shall be equal to 100% of the Participant's accrued annual benefit as of the date of his death, expressed as a single life annuity for the life of the Participant and shall be paid in the form of an annuity for the life of the Participant's surviving spouse.

**Surviving Spouse
Annuity**

In lieu of the retirement benefit otherwise payable to a Participant who is married at the commencement of retirement benefit payments, such married Participant shall, in the absence of any written optional election form, automatically receive a reduced monthly retirement benefit under a 50% joint and survivor option to provide for the continuation of 50% of such reduced retirement benefit to his eligible surviving spouse. Such 50% automatic surviving spouse annuity shall commence on the first day of the month following the date of death of the Participant and shall continue during the lifetime of such eligible surviving spouse.

Forms of Benefit:

The optional payment methods described below are the actuarial equivalent of the normal form otherwise payable as of a Participant's retirement date.

Normal

Commences on the first day of the month next following the Participant's actual retirement date and continues for the lifetime of the Participant unless an automatic surviving spouse annuity is in effect or an optional benefit is elected and in effect.

Optional Forms

Life annuity
50% Joint and survivor annuity
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50% Reversionary Joint and survivor annuity
75% Reversionary Joint and survivor annuity
100% Reversionary Joint and survivor annuity
10 year Certain and Life annuity
Full Refund Annuity

Lump Sums

Benefits with a present value of not more than \$5,000 are paid in a single sum. The value is determined by using the "applicable mortality" and the "applicable interest" rates. If the interest rate provided by the Plan's definition of actuarial equivalence would, if used, result in a greater benefit, such interest rate shall be used in lieu of the applicable interest rates.

**RETIREMENT PLAN FOR
CORNING NATURAL GAS CORPORATION**
Employer Identification Number 16-0397420
Schedule H, Line 4i - Schedule of Assets
(Held at Year End) December 31, 2024

| (b) Identity of issue, borrower, lessor, or <u>similar party</u> | (c) Description of Investment including maturity date, rate of interest, collateral, par, or <u>maturity date</u> | (d) <u>Cost</u> | (e) <u>Current value</u> |
|--|---|--------------------|-----------------------------|
| Cash and cash equivalents | | \$1,272,489 | \$1,272,489 |
| Common Stocks | | | |
| Abbott Laboratories | | 170,743 | 175,094 |
| Air Prods & Chems Inc | | 181,415 | 226,811 |
| Alphabet Inc | | 258,436 | 462,388 |
| Amazon Com Inc | | 367,255 | 717,625 |
| Amgen Incorporated | | 279,635 | 290,614 |
| Anglo Amern PLC Ads | | 259,870 | 228,300 |
| Apple Inc | | 389,809 | 699,173 |
| Bank of America Corp | | 103,130 | 145,782 |
| Berkshire Hathaway B New | | 179,265 | 292,819 |
| Boeing Co | | 368,788 | 414,357 |
| Chevron Corp New | | 151,418 | 145,130 |
| Chubb LTD | | 126,273 | 176,279 |
| Constellation Brands CL A | | 238,020 | 223,431 |
| Crowdstrike Hldgs In | | 139,674 | 226,168 |
| Devon Energy CP New | | 416,713 | 311,099 |
| Eaton Corp PLC | | 177,494 | 314,281 |
| Exxon Mobil Corp | | 125,374 | 145,972 |
| General Dynamics Corp | | 147,971 | 174,167 |
| Goldman Sachs Group Inc | | 84,191 | 150,599 |
| Home Depot Inc | | 122,795 | 171,156 |
| Intuitive Surgical | | 108,963 | 257,326 |
| JP Morgan Chase & Co | | 85,407 | 180,022 |
| Johnson & Johnson | | 356,005 | 288,517 |
| Mastercard Inc | | 155,823 | 233,797 |
| McDonalds Corp | | 176,431 | 201,474 |
| Microsoft Corp | | 442,269 | 722,873 |
| Nextera Energy Inc | | 256,761 | 234,641 |
| Nvidia Corp | | 38,437 | 360,837 |
| Palo Alto Networks | | 79,946 | 167,039 |
| Pepsico Inc | | 188,050 | 170,612 |
| PNC Financial Services GP Inc | | 141,479 | 174,144 |
| Proctor & Gamble Co | | 198,563 | 227,836 |
| Service Now Inc | | 114,457 | 258,669 |

**RETIREMENT PLAN FOR
CORNING NATURAL GAS CORPORATION
Employer Identification Number 16-0397420
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| (b) Identity of issue, borrower, lessor, or <u>similar party</u> | (c) Description of Investment including maturity date, rate of interest, collateral, par, or <u>maturity date</u> | (d) <u>Cost</u> | (e) <u>Current value</u> |
|--|---|--------------------|-----------------------------|
| T J X Cos Inc | | 80,081 | 172,637 |
| Taiwan Semiconductor Mfg Co ADR | | 45,627 | 116,717 |
| Terex Corp | | 230,765 | 203,969 |
| Tesla Motors Inc | | 170,493 | 317,822 |
| Unitedhealth Group Inc | | 291,219 | 290,364 |
| Universal Display Co | | 96,284 | 113,305 |
| Wal-Mart Stores Inc | | 101,722 | 223,074 |
| Walt Disney Co | | 193,517 | 230,940 |
| Wells Fargo & Co | | 120,402 | 206,365 |
| Zoetis Inc | | 180,830 | 169,121 |
| Total Common Stocks | | 8,141,800 | 11,213,346 |
| Mutual Funds | | | |
| Schwab Govt Money FU Ultra | | 1,837,656 | 1,837,656 |
| Vanguard Mortgage Backed SEC ETF IV | | 359,237 | 342,589 |
| Total Mutual Funds | | 2,196,893 | 2,180,245 |
| U.S. Government Securities | | | |
| US Treas BD | 4.500%, 02/15/36 | 738,394 | 708,669 |
| US Treasu NT | 1.875%, 02/15/32 | 1,519,325 | 1,422,240 |
| US Treasu NT | 3.875%, 12/31/29 | 871,618 | 845,267 |
| US Treasur NT | 3.500%, 09/15/25 | 361,253 | 367,976 |
| US Treasur NT | 2.250%, 11/15/27 | 960,147 | 959,651 |
| US Treasur NT | 4.250%, 11/15/34 | 322,486 | 316,723 |
| US Treasury | 3.125% | 1,093,126 | 1,076,484 |
| New York St Dorm | 3.630%, 03/15/27 | 19,985 | 19,643 |
| New York St Urba | 3.270%, 03/15/28 | 82,629 | 81,947 |
| NY St Dorm Auth | 3.650%, 03/15/28 | 232,970 | 227,696 |
| Total U.S. Government Securities | | 6,201,933 | 6,026,296 |
| Corporate Bonds | | | |
| Bank of America C | 3.248%, 10/21/27 | 167,881 | 173,625 |
| Duke Energy Corp | 2.650% | 244,419 | 251,657 |
| Lowe's Companie | 3.375%, 09/15/25 | 172,128 | 173,197 |

**RETIREMENT PLAN FOR
CORNING NATURAL GAS CORPORATION
Employer Identification Number 16-0397420
Schedule H, Line 4i - Schedule of Assets
(Held at Year End) December 31, 2024**

| (b) Identity of issue, borrower, lessor, or <u>similar party</u> | (c) Description of Investment including maturity date, rate of interest, collateral, par, or <u>maturity date</u> | (d) <u>Cost</u> | (e) <u>Current value</u> |
|--|---|--------------------|-----------------------------|
| Meta Platforms | 4.950%, 05/15/33 | 170,455 | 170,128 |
| Netflix, In | 5.875%, 11/15/28 | 173,919 | 170,315 |
| Norfolk Southern | 2.300%, 05/15/31 | 171,446 | 171,118 |
| Pepsico, In | 3.900%, 07/18/32 | 162,232 | 158,841 |
| The Southern Co | 3.700% | 242,085 | 253,885 |
| Verizon Communi | 4.125%, 03/16/27 | 312,775 | 310,973 |
| US Bancorp | 1.375%, 07/22/30 | 251,851 | 255,661 |
| Total Corporate Bonds | | 2,069,191 | 2,089,400 |
| Total | | \$19,882,306 | \$22,781,776 |

This schedule was prepared solely from information certified by Charles Schwab Trust Bank as complete and accurate.

Retirement Plan for Corning Natural Gas Corporation
 Schedule SB, Line 32- Schedule of Amortization Bases
 EIN/PN: 16-0397420/001

| Amortization Schedule as of January 1, 2024 | | | | | |
|---|----------------|----------------|------------------|------------------|----------------|
| Year Established | Initial Period | Initial Amount | Remaining Period | Remaining Amount | Annual Payment |
| 2024 | 15 Years | (\$ 302,444) | 15 Years | (\$ 302,444) | (\$ 27,642) |
| 2023 | 15 Years | \$ 1,413,345 | 14 Years | \$ 1,350,473 | \$ 129,435 |
| Total | | | | \$ 1,048,029 | \$ 101,793 |