

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [] automatic extension... 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: SOUTHERN STAR RETIREMENT PLAN (NON-UNION)
1b Three-digit plan number (PN): 007
1c Effective date of plan: 01/01/2003
2a Plan sponsor's name (employer, if for a single-employer plan): SOUTHERN STAR CENTRAL GAS PIPELINE, INC.
2b Employer Identification Number (EIN): 73-0183220
2c Plan Sponsor's telephone number: 270-852-5000
2d Business code (see instructions): 486000

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	326
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)	236
	6a(2)	225
	6b	7
	6c	74
	6d	306
	6e	9
	6f	315
	6g(1)	
6g(2)		
6h		0
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 3D 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
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>SOUTHERN STAR RETIREMENT PLAN (NON-UNION)</u>	B Three-digit plan number (PN) ▶	<u>007</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SOUTHERN STAR CENTRAL GAS PIPELINE, INC.</u>	D Employer Identification Number (EIN) <u>73-0183220</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>47822327</u>
	b Actuarial value	2b	<u>48764745</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>14</u>	<u>1742893</u>
	b For terminated vested participants	<u>76</u>	<u>4172121</u>
	c For active participants	<u>236</u>	<u>32596086</u>
	d Total	<u>326</u>	<u>38511100</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>5.22 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>2202953</u>
	b Expected plan-related expenses	6b	<u>519836</u>
	c Target normal cost	6c	<u>2722789</u>

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

SIGN HERE		
	Signature of actuary	<u>09/29/2025</u>
	<u>MICHAEL J. MUTH, F.S.A.</u>	Date
	Type or print name of actuary	<u>23-03727</u>
	<u>RUDD AND WISDOM, INC.</u>	Most recent enrollment number
	Firm name	<u>512-346-1590</u>
	<u>9500 ARBORETUM BLVD., SUITE 200</u>	Telephone number (including area code)
	<u>AUSTIN, TX 78759</u>	
	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

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

21 Discount rate:

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

22 Weighted average retirement age **22** 63

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	31a	2722789
b Excess assets, if applicable, but not greater than line 31a	31b	2722789

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment.....	0	0

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

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	6281056

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

a Total (excess, if any, of line 37 over line 36)	38a	6281056
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

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

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

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

A Name of plan SOUTHERN STAR RETIREMENT PLAN (NON-UNION)	B Three-digit plan number (PN) ▶	007
C Plan sponsor's name as shown on line 2a of Form 5500 SOUTHERN STAR CENTRAL GAS PIPELINE, INC.	D Employer Identification Number (EIN) 73-0183220	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

RUDD AND WISDOM, INC.

74-1896655

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	172097	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)

ADVANCED CAPITAL GROUP

41-1921960

(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 51	NONE	31840	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)

SAGEVIEW ADVISORY INVESTMENT

33-0818667

(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 51	NONE	23017	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

FROST BROWN TODD, LLP

61-0722001

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50 70	NONE	18186	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)

US BANK, N.A.

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50 51 52 59 65 72	NONE	16495	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

DEAN DORTON ALLEN FORD, PLLC

27-3858252

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	15000	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"/>

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan SOUTHERN STAR RETIREMENT PLAN (NON-UNION)	B Three-digit plan number (PN) ▶ 007
C Plan sponsor's name as shown on line 2a of Form 5500 SOUTHERN STAR CENTRAL GAS PIPELINE, INC.	D Employer Identification Number (EIN) 73-0183220

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2716755	6850000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	115637	5318
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2128944	1423541
(2) U.S. Government securities	1c(2)	6005826	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	8772022	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(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)	25470942	45818461
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	2730674	0

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	47940800	54097320
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	20872	28156
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	20872	28156
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	47919928	54069164

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)	6850000	
(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)		6850000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	115018	
(B) U.S. Government securities.....	2b(1)(B)	119183	
(C) Corporate debt instruments.....	2b(1)(C)	147838	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	36694	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		418733
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	784089	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		784089
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	20820877	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	20835674	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-14797
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		2735707
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		10773732

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	4344041	
(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)		4344041
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	15000	
(5) Investment advisory and investment management fees	2i(5)	54856	
(6) Bank or trust company trustee/custodial fees	2i(6)	16495	
(7) Actuarial fees	2i(7)	172097	
(8) Legal fees	2i(8)	18186	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	32926	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		309560
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4653601

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		6120131
l Transfers of assets:			
(1) To this plan.....	2l(1)		29105
(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: **DEAN DORTON ALLEN FORD, PLLC**

(2) EIN: **27-3858252**

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		5000000
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.)			
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 548870.

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

A Name of plan <u>SOUTHERN STAR RETIREMENT PLAN (NON-UNION)</u>	B Three-digit plan number (PN) ▶	<u>007</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SOUTHERN STAR CENTRAL GAS PIPELINE, INC.</u>	D Employer Identification Number (EIN) <u>73-0183220</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): <u>31-0841368</u>		
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	12

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 03 / 30 / 2018 (MM/DD/YYYY) and the Opinion Letter serial number J501725A.

Structured Attachment Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	Schedule SB, line 26a Schedule of Active Participant Data	2024 This Form is Open to Public Inspection
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Name of Plan	SOUTHERN STAR RETIREMENT PLAN (NON-UNION)						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	73-0183220	PN	007

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29	1					
30 to 34	6			2		
35 to 39	13			12		
40 to 44	16			15		
45 to 49	14			11		
50 to 54	13			7		
55 to 59	4			5		
60 to 64	8			3		
65 to 69				2		
70 & Up						

Name of Plan	SOUTHERN STAR RETIREMENT PLAN (NON-UNION)						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	73-0183220	PN	007

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39	4					
40 to 44	13					
45 to 49	12			9		
50 to 54	6			18		
55 to 59	5			22		
60 to 64	2			6		
65 to 69				1		
70 & Up				1		

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54	3					
55 to 59	2					
60 to 64						
65 to 69						
70 & Up						

Name of Plan	SOUTHERN STAR RETIREMENT PLAN (NON-UNION)						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	73-0183220	PN	007

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Southern Star Retirement Plan (Non-Union)
EIN: 73-0183220 PN: 007

2024 Schedule H, line 3a – Accountant's Opinion



Financial Statements and Supplemental Schedules

for

**SOUTHERN STAR RETIREMENT
PLAN (NON-UNION)**

Years ended December 31, 2024 and 2023
with Independent Auditor's Report

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NOTE: All other schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable to this Plan for the audit years addressed in the Independent Auditor's Report.

Independent Auditor's Report

To the Participants and the Benefit Investment Committee of
Southern Star Retirement Plan (Non-Union)
Owensboro, Kentucky

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

We have performed audits of the financial statements of Southern Star Retirement Plan (Non-Union) (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the 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 a qualified institution 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 (GAAP).
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

Auditor's Responsibilities for the Audit of the Financial Statements, continued

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 GAAP.

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) 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 their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

Dean Dotson Allen Ford, PLLC

Louisville, Kentucky
October 8, 2025

SOUTHERN STAR RETIREMENT PLAN (NON-UNION)

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

Assets	<u>2024</u>	<u>2023</u>
Investments, at fair value:		
Money market fund	\$ 1,423,541	\$ 2,128,944
U.S. government securities	-	6,005,826
Corporate debt instruments	-	8,772,022
Mutual funds	45,818,461	25,470,942
Municipal securities	<u>-</u>	<u>2,730,674</u>
Total investments, at fair value	47,242,002	45,108,408
Receivables:		
Employer contributions	6,850,000	2,716,755
Accrued income	<u>5,318</u>	<u>115,637</u>
Total receivables	<u>6,855,318</u>	<u>2,832,392</u>
Total assets	54,097,320	47,940,800
Liabilities		
Accrued administrative expenses	<u>28,156</u>	<u>20,872</u>
Net assets available for benefits	<u>\$ 54,069,164</u>	<u>\$ 47,919,928</u>

See accompanying notes.

SOUTHERN STAR RETIREMENT PLAN (NON-UNION)

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	\$ 2,611,758	\$ 4,016,395
Interest and dividends	<u>1,311,974</u>	<u>955,555</u>
Total investment income	3,923,732	4,971,950
Employer contributions	<u>6,850,000</u>	<u>2,716,755</u>
Total additions	10,773,732	7,688,705
Deductions from net assets attributed to:		
Benefits paid to participants	4,344,041	883,020
Administrative expenses	<u>309,560</u>	<u>485,318</u>
Total deductions	<u>4,653,601</u>	<u>1,368,338</u>
Net increase	6,120,131	6,320,367
Transfer of assets:		
Transfer from Southern Star Retirement Plan (Union)	29,105	255,161
Net assets available for benefits:		
Beginning of year	<u>47,919,928</u>	<u>41,344,400</u>
End of year	<u>\$ 54,069,164</u>	<u>\$ 47,919,928</u>

See accompanying notes.

SOUTHERN STAR RETIREMENT PLAN (NON-UNION)

Notes to the Financial Statements

1. Description of the Plan

The following description of the Southern Star Retirement Plan (Non-Union) (the Plan) provides only general information about the Plan's provisions. Participants should refer to the Plan document and summary plan description for a more complete description of the Plan's provisions, copies of which may be obtained from Southern Star Central Gas Pipeline, Inc. (the Company, Employer, Plan Sponsor and Plan Administrator).

General

On January 1, 2003, the Company created and established the Plan. The Plan, a noncontributory defined benefit plan, was closed to new participants as of June 1, 2017. Participants in the Plan as of June 1, 2017 were not affected by this change. Participants that terminate employment with the Company subsequent to June 1, 2017 and return to the Company for employment at a later date are no longer eligible to continue participation in the Plan upon their return and only have a right to their vested benefits that had accrued prior to their separation.

It is the policy of the Company to provide a secure source of retirement income for its non-union employees by maintaining a pension plan for the benefit of participating employees (or their beneficiaries) that invests the assets of the Plan to achieve, over the long term, the highest prudent rates of return on such investments. These investments and returns shall be commensurate with clearly established and predefined risks and in accordance with the requirements of the Employee Retirement Income Security Act of 1974, as amended (ERISA), and any other applicable law or governmental regulation. The fiduciary obligations and responsibilities of the managing and administrative parties involved shall be governed by and performed in accordance with ERISA.

The Company is responsible for placing the assets of the Plan in a trust (the Trust) and appointing a trustee to safeguard the assets. U.S. Bank, N.A. serves as trustee to the Plan. The Company and the trustee have executed a trust agreement (the Trust Agreement) to govern the activity of the trustee. The Trust Agreement provides for such actions by the trustee as employing custodians, legal counsel and accountants as it deems necessary or desirable to manage or protect the Trust assets. These actions will be for the exclusive purpose of providing benefits to the employees (or their beneficiaries) participating in the Plan and will be in accordance with existing legal requirements. The investment objectives of the Plan are as follows:

- (1) To fully fund the accumulated benefit obligation for the Plan;
- (2) To maximize returns with reasonable and prudent levels of risk associated with long-term investment objectives;
- (3) To minimize fluctuations in dollar contributions from year to year, but this objective is subordinate to the other objectives; and
- (4) To accommodate the short-term liquidity requirements of the Plan

SOUTHERN STAR RETIREMENT PLAN (NON-UNION)

Notes to the Financial Statements, continued

1. Description of the Plan, continued

General, continued

A formal quarterly review of these investment objectives is performed by the Benefit Investment Committee (the Committee). These objectives will remain in effect unless they are deemed inappropriate by the Committee. The Committee will also re-examine the applicability of these objectives in the event of significant changes in Company structure, actuarial assumptions, contribution levels, economic conditions or any event that may significantly alter the Plan's characteristics.

All investments, unless specifically approved by the Committee, will be readily marketable and of suitable investment quality.

Eligibility and Vesting

Each participant is eligible for normal retirement at age 65, but not earlier than the date of their fifth anniversary of participation. The Plan is open to all employees of the Company who:

- (1) Are not represented by any collective bargaining agreement;
- (2) Have attained age 21 and completed one year of employment containing 1,000 hours or more of service in a 12-month period; and
- (3) Began employment with or were rehired by the Company prior to June 1, 2017

Active participants become fully vested after completion of 5 years of vesting-credit service.

A participant's vesting percentage shall always be 100% vested upon the attainment of age 55 while in employment with the employer or upon being determined by the Plan Administrator to have become totally and permanently disabled.

Benefits

The normal annual retirement benefit is computed by multiplying the years of credited service by 1.275% of the participant's final average monthly pay (average of 36 highest-paid consecutive months during the last 120 months of employment).

Participants have the option of receiving benefits in the form of a single-life annuity, joint and survivor benefits, a ten-year certain and life annuity, or a lump-sum distribution.

Funding

The Company contributes such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to participants and satisfy the ERISA minimum funding requirements. The total Plan contribution will be at least equal to the minimum required under ERISA, but no greater than the Internal Revenue Service (IRS) maximum deductible contribution. The Plan has met the ERISA minimum funding requirements for 2024 and 2023.

SOUTHERN STAR RETIREMENT PLAN (NON-UNION)

Notes to the Financial Statements, continued

1. Description of the Plan, continued

Transfers

Participants in the Southern Star Retirement Plan (Union) (Union Plan) often transfer into this Plan. Pursuant to the provisions covering both plans, when participants transfer plans, the recipient plan (Transferee Plan) provides a benefit to these participants based on their combined Union and Non-Union service, and the former plan (Transferor Plan) is relieved of all liabilities for these participants by transferring assets to the Transferee Plan sufficient to cover the Transferor Plan liability (based on service and compensation at the time of transfer). During the 2023 Plan year, one participant in the Union Plan transferred to the Plan, and \$29,105 was subsequently transferred to the Plan in 2024. During the 2022 Plan year, six participants in the Union Plan transferred to the Plan, and \$255,161 was subsequently transferred to the Plan in 2023.

Administrative Expenses

The Plan incurs administrative expenses directly related to the Plan, which consist primarily of trustee fees, Pension Benefit Guaranty Corporation (PBGC) fees, actuarial fees, investment advisor fees, and audit fees. These expenses are reported on the statements of changes in net assets available for benefits as administrative expenses. Expenses relating to purchases, sales or transfers of the Plan's investments are charged to the particular investment fund to which the expenses relate. All other administrative expenses are paid by the Company on behalf of the Plan.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

Management's Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual amounts could differ from those estimates.

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, 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 statements of net assets available for benefits.

SOUTHERN STAR RETIREMENT PLAN (NON-UNION)

Notes to the Financial Statements, continued

2. Summary of Significant Accounting Policies, continued

Risks and Uncertainties, continued

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

Contributions

Employer contributions are accrued in the period in which they become an obligation of the Company.

Investment Valuation and Income Recognition

The Plan's 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. The Plan's valuation policies are determined by utilizing information provided by the investment advisors and trustee.

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 or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (see Note 3) represent the actuarial present value of estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. 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. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee services rendered to the valuation date.

The Plan's actuary estimated the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants 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.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

SOUTHERN STAR RETIREMENT PLAN (NON-UNION)

Notes to the Financial Statements, continued

2. Summary of Significant Accounting Policies, continued

Subsequent Events

The Plan's management has evaluated subsequent events for accounting and disclosure requirements through October 8, 2025, the date that the financial statements were available to be issued.

3. Accumulated Plan Benefits

The actuarially computed present value of accumulated plan benefits calculated by the Company's consulting actuary as of January 1, 2024 is as follows:

Actuarial present value of accumulated plan benefits	
Vested benefits:	
Retirees, disables, and beneficiaries	\$ 1,529,387
Terminated participants	3,257,644
Active participants	27,406,357
Nonvested benefits	<u>2,834,316</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 35,027,704</u>

The changes in actuarial present value of accumulated plan benefits for the year ended January 1, 2024 is as follows:

Actuarial present value of accumulated plan benefits as of	
January 1, 2023	\$ 32,088,617
Benefits paid	(883,020)
Benefits accumulated	1,630,368
Increase for interest due to decrease in discount period	2,231,203
Transfers from Union Plan	227,224
Change in actuarial assumptions	<u>(266,688)</u>
Actuarial present value of accumulated plan benefits as of	
January 1, 2024	<u>\$ 35,027,704</u>

The actuary estimated the accumulated plan benefits as of January 1, 2024. There were no significant changes to the Plan that would have changed the valuation had it been performed as of December 31, 2023. The change in assumptions relates primarily to a change in the interest rates used to value lump sums.

SOUTHERN STAR RETIREMENT PLAN (NON-UNION)

Notes to the Financial Statements, continued

3. Accumulated Plan Benefits, continued

Significant assumptions underlying the actuarial valuation are as follows:

Discount rate used for present values: 7.00%

Retirement age: An active participant is assumed to retire (normal, late, or early) in accordance with the annual rates as illustrated below:

Attained age:	Retirements per 1,000 Eligible Participants	
	Participants who meet the rule of 70*	Participants who do not meet the rule of 70*
55	300	100
56	150	50
57	150	50
58	150	50
59	150	50
60	150	50
61	150	50
62	150	50
63	150	50
64	150	50
65	150	50
66	150	50
67	1,000	1,000

*Rule of 70: A participant meets the Rule of 70 as of January 1, 2018 if their age plus years of benefit service equals or exceeds 70 years on that date.

Mortality:

Healthy Lives Mortality/Pre-retirement Mortality: Pri-2012 White Collar Employee Table projected from the 2012 Base Year using the Scale MP-2021 mortality improvement rates

Healthy Lives Mortality/Post-retirement Mortality: Pri-2012 White Collar Retiree Table projected from the 2012 Base Year using the Scale MP-2021 mortality improvement rates

Post-disability Mortality: Pri-2012 Disabled Retiree Table projected from the 2012 Base Year using the Scale MP-2021 mortality improvement rates

Lump Sum Payments: 2024 Applicable Internal Revenue Code (IRC) Section 417(e) mortality rates projected using Scale MP-2021 to the expected distribution date(s)

These 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.

SOUTHERN STAR RETIREMENT PLAN (NON-UNION)

Notes to the Financial Statements, continued

4. Information Certified and Provided by Trustee

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator has elected that information certified by the trustee not be subjected to any auditing procedures except for comparing such information to the related information contained in the financial statements and supplementary information.

U.S. Bank, N.A., the trustee of the Plan, has certified to all investments (individually and in summary) as of December 31, 2024 and 2023. U.S. Bank, N.A. also certified to the completeness and accuracy of investment income for the years ended December 31, 2024 and 2023.

The following tables set forth the Plan's investments as of December 31, 2024 and 2023, and the investment income for the years then ended certified by the trustee:

	<u>2024</u>	<u>2023</u>
Money market fund	\$ 1,423,541	\$ 2,128,944
U.S. government securities	-	6,005,826
Corporate debt instruments	-	8,772,022
Mutual funds	45,818,461	25,470,942
Municipal securities	<u>-</u>	<u>2,730,674</u>
Total investments	<u>\$ 47,242,002</u>	<u>\$ 45,108,408</u>
Net appreciation in fair value of investments	\$ 2,611,758	\$ 4,016,395
Interest and dividends	1,311,974	955,555

5. Fair Value Measurements

The Plan classifies its investments based on a hierarchy consisting of: Level 1 (valued using quoted prices from active markets for identical assets), Level 2 (not traded on an active market but for which observable market inputs are readily available), and Level 3 (valued based on significant unobservable inputs). 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value on a recurring basis:

Money market fund: Valued at cost which approximates fair value.

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

Corporate debt instruments: Valued using yield curve matrix derived from quoted prices for similar assets in active markets.

SOUTHERN STAR RETIREMENT PLAN (NON-UNION)

Notes to the Financial Statements, continued

5. Fair Value Measurements, continued

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

Municipal securities: Valued at the quoted market price of shares held by the Plan at year end.

There have been no changes in the valuation methodologies used at December 31, 2024 and 2023.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan Administrator believes the valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31:

	Level 1	Level 2	Level 3	Total
<u>2024</u>				
Investments measured at fair value:				
Money market fund	\$ 1,423,541	\$ -	\$ -	\$ 1,423,541
U.S. government securities	-	-	-	-
Corporate debt instruments	-	-	-	-
Mutual funds	45,818,461	-	-	45,818,461
Municipal securities	-	-	-	-
Total investments at fair value	\$ 47,242,002	\$ -	\$ -	\$ 47,242,002
<u>2023</u>				
Investments measured at fair value:				
Money market fund	\$ 2,128,944	\$ -	\$ -	\$ 2,128,944
U.S. government securities	3,467,530	2,538,296	-	6,005,826
Corporate debt instruments	-	8,772,022	-	8,772,022
Mutual funds	25,470,942	-	-	25,470,942
Municipal securities	-	2,730,674	-	2,730,674
Total investments at fair value	\$ 31,067,416	\$ 14,040,992	\$ -	\$ 45,108,408

To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another. Plan management evaluates the significance of transfers between levels based upon the nature of the investment and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2024 and 2023, there were no significant transfers in or out of Level 3.

SOUTHERN STAR RETIREMENT PLAN (NON-UNION)

Notes to the Financial Statements, continued

6. Exempt Party-in-Interest Transactions

Certain Plan investments are shares of mutual funds managed by U.S. Bank, N.A., the trustee as defined by the Plan; therefore, these transactions qualify as party-in-interest. Administrative expenses of \$16,495 and \$15,617 for the years ended December 31, 2024 and 2023, respectively, were paid by the Plan to U.S. Bank, N.A., for investment management services and withdrawal charges. The Plan pays additional direct fees to other parties-in-interest which is also included in administrative expenses on the statements of changes in net assets available for benefits.

Additionally, indirect fees are paid to U.S. Bank, N.A. based on investment account values. These fees range from 0.03% to 1.04% of the investment account value for the years ended December 31, 2024 and 2023. The fees are reported within net appreciation in fair value of investments on the statements of changes in net assets available for benefits.

7. Tax Status

The Plan received a favorable determination letter dated August 3, 2020, in which the IRS stated that the Plan is designed in accordance with Section 401(a) of the IRC and therefore, the related trust is exempt from taxation. The Plan has since been amended since receiving the determination letter. However, the Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

8. Plan Termination

Although it has not expressed an intention to do so, the Company, by action of its Board of Directors, with the approval of the PBGC and subject to ERISA, may discontinue its contributions to the Plan at any time. In the event such discontinuance results in the termination of the Plan, the Plan will be liquidated and the assets will be distributed (after provision is made for administrative expenses, termination and benefits accrued prior to the date of termination) in the following order of precedence:

- (1) Voluntary participant contributions, if any;
- (2) Mandatory participant contributions, if any;
- (3) Benefits to retired participants or beneficiaries who began receiving benefits at least three years before the termination date of the Plan (including those benefits which would have been received for at least three years by participants had they retired at their normal retirement ages) based on the Plan provisions in effect during the five-year period ending on the termination date of the Plan under which such benefits would have been the least;
- (4) All other benefits guaranteed by the PBGC;
- (5) All other nonforfeitable benefits under the Plan; and
- (6) All other benefits under the Plan

SOUTHERN STAR RETIREMENT PLAN (NON-UNION)

Notes to the Financial Statements, continued

8. Plan Termination, continued

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 plan benefits and may also depend on the financial condition of the Company and the level of benefits guaranteed by the PBGC as well as the priority of those benefits. Some benefits may be fully or partially provided for by the then-existing net assets of the Plan and the PBGC guarantee, while other benefits may not be provided for at all.

SUPPLEMENTAL SCHEDULES

SOUTHERN STAR RETIREMENT PLAN (NON-UNION)

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

December 31, 2024

Plan Sponsor: Southern Star Central Gas Pipeline, Inc.
 Plan Sponsor Employer Identification Number: 73-0183220
 Plan number: 007

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party		Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
Money Market Fund				
*	First American	Govt Ob Fd Cl Z - Market price \$1.00	\$ 1,423,541	\$ 1,423,541
Mutual Funds				
	PGIM	Return Bond Cl R6	12,664,800	12,366,421
	PIMCO	Short Term Fund Instl Cl	5,617,672	5,640,812
	Fidelity	500 Index Fund	4,767,030	4,826,496
	T. Rowe Price	Large Cap Growth I	3,932,934	3,908,598
	Putnam	Large Cap Value R6	4,043,684	3,727,356
	Artisan	Value Fund Ins	3,576,596	3,326,712
	Victory	Sycamore Established Value	2,635,322	2,330,218
	Vanguard	S P Mid Cap 400 Growth Etf	2,294,985	2,268,450
	Fidelity	Long Term Treasury Bond	2,148,490	2,001,667
	Fidelity	International Index Fund	1,807,629	1,691,075
	PIMCO	Rae US Small Instl	981,350	985,492
	Fidelity	Small Cap Growth K6	920,000	946,066
	Mfs International	International New Discovery Fund	1,014,903	901,095
	Dfa	Emerging Markets Core Equity I	940,000	898,002
			<u>47,345,395</u>	<u>45,818,461</u>
	Total		<u>\$ 48,768,936</u>	<u>\$ 47,242,002</u>

* Represents a party-in-interest

See Independent Auditor's Report.

SOUTHERN STAR RETIREMENT PLAN (NON-UNION)

Schedule H, Line 4j - Schedule of Reportable Transactions**

Year ended December 31, 2024

Plan Sponsor: Southern Star Central Gas Pipeline, Inc.
 Plan Sponsor Employer Identification Number: 73-0183220
 Plan number: 007

(a)	(b)	(c)	(d)	(g)	(h)	(i)	
Identity of Party	Description of Assets	Number of Sales / Purchases	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Gain (Loss) on Sale
Individual Transactions:							
Artisan	Value Fund Ins	1	\$ 2,800,000	\$ -	\$ 2,800,000	\$ 2,800,000	\$ -
Fidelity	500 Index Fund	1	3,000,000	-	3,000,000	3,000,000	-
* First American	Govt Ob Fd Cl Z	1	2,501,354	-	2,501,354	2,501,354	-
* First American	Govt Ob Fd Cl Z	1	8,327,984	-	8,327,984	8,327,984	-
* First American	Govt Ob Fd Cl Z	1	3,337,700	-	3,337,700	3,337,700	-
* First American	Govt Ob Fd Cl Z	1	-	18,000,000	18,000,000	18,000,000	-
* First American	Govt Ob Fd Cl Z	1	18,000,000	-	18,000,000	18,000,000	-
* First American	Govt Ob Fd Cl Z	1	-	17,999,805	17,999,805	17,999,805	-
* First American	Govt Ob Fd Cl Z	1	2,716,755	-	2,716,755	2,716,755	-
* First American	Govt Ob Fd Cl Z	1	4,001,732	-	4,001,732	4,001,732	-
* First American	Govt Ob Fd Cl Z	1	-	2,940,000	2,940,000	2,940,000	-
T. Rowe Price	Large Cap Growth I	1	2,500,000	-	2,500,000	2,500,000	-
PIMCO	Short Term Fund Instl Cl	1	5,500,000	-	5,500,000	5,500,000	-
PGIM	Return Bond Cl R6	1	11,500,000	-	11,500,000	11,500,000	-
Putnam	Large Cap Value R6	1	3,800,000	-	3,800,000	3,800,000	-
Vanguard	S P Mid Cap 400 Growth Etf	1	2,294,985	-	2,294,985	2,294,985	-
Vanguard	Developed Markets Idx	1	-	3,499,825	3,060,544	3,499,825	439,281
Vanguard	Institutional Index Fund	1	-	9,925,561	6,134,787	9,925,561	3,790,774
Vanguard	Mid Cap Index Adm	1	-	2,499,601	1,531,349	2,499,601	968,252
Victory	Sycamore Established Value	1	2,400,000	-	2,400,000	2,400,000	-

SOUTHERN STAR RETIREMENT PLAN (NON-UNION)

Schedule H, Line 4j - Schedule of Reportable Transactions**, continued

Year ended December 31, 2024

(a)	(b)	(c)	(d)	(g)	(h)	(i)	
<u>Identity of Party</u>	<u>Description of Assets</u>	<u>Number of Sales / Purchases</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Current Value of Asset on Transaction Date</u>	<u>Gain (Loss) on Sale</u>
Series of Transactions in Same Security:							
Artisan	Value Fund Ins	4	\$ 3,576,596	\$ -	\$ 3,576,596	\$ 3,576,596	\$ -
Fidelity	500 Index Fund	3	4,767,030	-	4,767,030	4,767,030	-
* First American	Govt Ob Fd Cl Z	120	52,222,803	-	52,222,803	52,222,803	-
* First American	Govt Ob Fd Cl Z	73	-	52,928,212	52,928,212	52,928,212	-
T. Rowe Price	Large Cap Growth I	3	3,932,934	-	3,932,934	3,932,934	-
PIMCO	Short Term Fund Instl Cl	6	5,617,672	-	5,617,672	5,617,672	-
PGIM	Return Bond Cl R6	8	12,664,800	-	12,664,800	12,664,800	-
Putnam	Large Cap Value R6	3	4,043,684	-	4,043,684	4,043,684	-
Vanguard	Developed Markets Idx	5	-	3,761,511	3,296,644	3,761,511	464,867
Vanguard	Institutional Index Fund	8	-	12,006,006	7,550,580	12,006,006	4,455,426
Vanguard	Mid Cap Index Adm	5	-	2,726,016	1,698,931	2,726,016	1,027,085
Victory	Sycamore Established Value	4	2,635,322	-	2,635,322	2,635,322	-

* Represents a party-in-interest

** All individual transactions or series of transactions which, when aggregated, exceed 5% of net assets available for benefits as of January 1, 2024.

See Independent Auditor's Report.

Southern Star Retirement Plan (Non-Union)
EIN: 73-0183220 PN: 007

2024 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

A. Actuarial Methods

1. Actuarial Funding Method

The Accrued Benefit actuarial funding method is used in developing the contribution requirements of the plan. The actuarial funding method is the procedure by which the actuary annually identifies a series of annual contributions which, along with current assets and future investment earnings, will fund the expected plan benefits. The normal cost for the plan is the sum of the individually determined normal cost for each active participant. Each active participant's normal cost is determined as the present value of benefits that the participant is expected to accrue during the year of valuation.

The plan's current accrued liability is the sum of the individually determined accrued liability for each active participant plus the present value of future benefits for all retirees and vested terminated participants. Each active participant's accrued liability is the present value of all benefits which have accrued as of the valuation date.

The unfunded accrued liability is the amount by which the accrued liability exceeds the current plan assets. The unfunded accrued liability is recalculated each time a valuation is performed and is amortized in level dollar annual contributions in accordance with IRS guidelines.

2. Plan Value of Assets

Assets are valued at the average fair market value as reported by the trustee as of the valuation date, including the present value¹ of any receivable contributions made for a prior plan year which were not recognized by the trustee as of the asset valuation date, and the adjusted fair market value of assets determined for the two immediately preceding valuation dates. The adjusted fair market value of assets for a prior valuation date is the fair market value of assets on that date, increased for contributions included in the plan's asset balance on the current valuation date that were not included in the plan's asset balance on the prior valuation date increased by assumed investment return at a rate^{2,3} of 7.00%, and reduced for benefits and administrative expenses paid from plan assets during the same period. The average shall be adjusted as to not be in excess of 110% of market value nor to be less than 90% of market value.

¹ Present value is determined using the effective interest rate for the preceding plan year.

² WRERA precludes this rate from exceeding the 3rd segment rate. IRS Notice 2009-22 provides guidance on the determination of the 3rd segment rate due to (i) use of yield curve in lieu of segment rates and (ii) PPA transition issues.

³ This rate is an actuarial assumption and is not part of the actuarial funding method per Treasury Regulation 1.430(d)-1(f)(1)(iv).

Southern Star Retirement Plan (Non-Union)
EIN: 73-0183220 PN: 007

2024 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

B. Actuarial Assumptions

1. Mortality: The active and retired participants of the plan are expected to exhibit mortality in accordance with the following published mortality tables:

a. For purposes of IRC §430 and IRC §436:

- i. Healthy Lives Mortality: Optional Combined Static Tables for small plans under Regulation 1.430(h)(3)-1 in effect for 2024 plan years
- ii. Post-disability Mortality: Optional Combined Static Tables for small plans under Regulation 1.430(h)(3)-1 in effect for 2024 plan years

No additional future mortality improvement has been assumed other than that used to develop the IRS prescribed mortality table identified above.

2. Withdrawal: The active participants are assumed to terminate their employment for causes other than death, disability or retirement in accordance with annual rates as illustrated below.

Attained Age	Terminations Per 1,000 Participants
20	100
25	50
30	50
40	50
50	50
55 and above	0

Rationale: This assumption is based upon the actuary's review of recent experience, adjusted for the actuary's future expectations. The experience study was completed in 2021.

3. Interest Rates:

	For purposes of:	
	Minimum Required Contribution under IRC §430 and IRC §436 reflecting Pension Funding Stabilization	Maximum Tax Deductible Contribution under IRC §404
1 st Segment Rate	4.75%	3.62%
2 nd Segment Rate	4.87%	4.46%
3 rd Segment Rate	5.59%	4.52%

The segment rates used in this valuation are consistent with the plan sponsor's election to:

- use the segment rates under IRC Section 430(h)(2)(C) for purposes of determining the Funding Target and Target Normal Cost; and
 - use September as the applicable month for the segment rates.
4. Earnings Progression: The increase in the levels of participant compensation is assumed to occur at an annual rate of 5.00%. (See item 12 for assumptions regarding earnings in the valuation year.)

Southern Star Retirement Plan (Non-Union)
EIN: 73-0183220 PN: 007

2024 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Rationale: This assumption is based upon the actuary’s review of recent wage growth experience in this plan, adjusted for the actuary’s future expectations. The experience study was completed in 2024.

5. Retirement Age: A participant is assumed to retire in accordance with the annual rates as illustrated below.

Attained Age	Retirements per 1,000 Eligible Participants	
	Participants who met the Rule of 70 ¹ as of 01/01/2018	Participants who did not meet the Rule of 70 ¹ as of 01/01/2018
55	300	100
56	150	50
57	150	50
58	150	50
59	150	50
60	150	50
61	150	50
62	150	50
63	150	50
64	150	50
65	150	50
66	150	50
67	1,000	1,000

¹ Rule of 70: a participant met the Rule of 70 as of 01/01/2018 if their age plus years of benefit service equaled or exceeded 70 years on that date.

Rationale: This assumption is based upon the actuary’s review of recent retirement experience, adjusted for the actuary’s future expectations. The experience study was completed in 2021.

Southern Star Retirement Plan (Non-Union)
EIN: 73-0183220 PN: 007

2024 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

6. Disability: Active participants are expected to become disabled as defined under the plan in accordance with annual rates as illustrated below:

Attained Age	Male	Female	Attained Age	Male	Female
20	0.00286	0.00429	43	0.00365	0.00548
21	0.00287	0.00431	44	0.00383	0.00575
22	0.00288	0.00432	45	0.00405	0.00608
23	0.00284	0.00426	46	0.00430	0.00645
24	0.00280	0.00420	47	0.00460	0.00690
25	0.00278	0.00417	48	0.00494	0.00741
26	0.00277	0.00416	49	0.00532	0.00798
27	0.00276	0.00414	50	0.00574	0.00861
28	0.00275	0.00413	51	0.00623	0.00935
29	0.00275	0.00413	52	0.00676	0.01014
30	0.00275	0.00413	53	0.00735	0.01103
31	0.00276	0.00414	54	0.00798	0.01197
32	0.00278	0.00417	55	0.00868	0.01302
33	0.00281	0.00422	56	0.00946	0.01419
34	0.00284	0.00426	57	0.01035	0.01553
35	0.00288	0.00432	58	0.01135	0.01703
36	0.00294	0.00441	59	0.01245	0.01868
37	0.00300	0.00450	60	0.01363	0.02045
38	0.00307	0.00461	61	0.01491	0.02237
39	0.00314	0.00471	62	0.01628	0.02442
40	0.00323	0.00485	63	0.01778	0.02667
41	0.00334	0.00501	64	0.01938	0.02907
42	0.00348	0.00522	65	0.00000	0.00000

7. Expenses: Target Normal Cost is required to be loaded with plan-related expenses expected to be paid from plan assets during the year. These plan-related expenses are assumed to be 1.15% of the market value of assets as of the beginning of the year excluding receivable contributions.
8. Recognition of IRC Sections 401(a)(17) and 415(b) Limitations: The limitations under IRC Sections 401(a)(17) and 415(b) have been reflected in the determination of plan costs.
9. Marital Status: 80% of males and 60% of females are assumed to be married at the time of separation from service. Female spouses are assumed to be three years younger than their male counterparts.
10. Additional At-Risk Assumptions [Treas. Reg. §1.430(i)-1(c)(3)(ii) and (iii)]:
- a. All *participants* who are not otherwise assumed to retire as of the valuation date but who will be eligible to commence an immediate distribution during the plan year and the ten succeeding plan years are assumed to retire at the earliest retirement date (i.e., the earliest date on which a participant can commence receiving an immediate distribution of a *fully vested benefit*) under the plan but not before the end of the plan year for which the At-Risk Funding Target and At-Risk Target Normal Cost are being determined.
 - b. All *participants* are assumed to elect the optional form of benefit available under the plan at the assumed retirement age (determined after application of (i) above) which results in the highest present value of benefits.

Southern Star Retirement Plan (Non-Union)
EIN: 73-0183220 PN: 007

2024 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

11. Form of Payment: 100% of active participants who retire (normal, late or early) on or after age 55 are assumed to elect a lump sum at retirement. Beneficiaries of active participants who die on or after age 55 are assumed to receive a single life annuity commencing immediately. Beneficiaries of active participants who die before age 55 are assumed to receive the Survivor Pension as a single life annuity commencing at the participant's age 65. Active participants who separate from service are assumed to waive death benefit coverage and elect to receive a single life annuity commencing at age 65. Active participants who become disabled are assumed to receive a single life annuity commencing at age 65. Deferred vested participants as of the valuation date are assumed to waive death benefit coverage and elect to receive a single life annuity commencing at age 65.

Future lump sum payments are estimated assuming the following:

- a. For purposes of IRC §430, §436 and §404:

- i. Mortality: In accordance with Treas. Reg. 1.430(d)-1(f)(4)(iii), future lump sum payments are estimated assuming current Applicable IRC Section 417(e) mortality rates are unchanged in the future.

- ii. Interest:

1. For benefits accrued prior to January 1, 2018: The greater lump sum amount that results from the use of valuation interest rates (see Item B.3. above) and an assumed PBGC interest rate illustrated in the table below.

Year	PBGC Interest Rate	
	§430 and §436	§404 ²
2024	3.25%	1.89%
2025	3.00%	1.89%
2026	2.75%	1.89%
2027	2.50%	1.89%
2028+	2.26% ¹	1.89%

¹ Developed using the same methodology set forth in the Pension Funding Stabilization provisions for determining the valuation interest rates (i.e., adjusted 24-month average of PBGC immediate rates for valuing lump sums for the 24 month period ending the month before the valuation date, subject to a corridor developed using a 25-year average of rolling averages of PBGC immediate rates for valuing lump sums).

² Average of the PBGC immediate rates for valuing lump sums in effect for each of the 24 months preceding the valuation date.

2. For benefits accrued after December 31, 2017: Valuation interest rates (see Item B.3. above).

12. Plan Compensation Determination: A participant's plan compensation for the calendar year containing the valuation date is assumed to be the 2024 estimated plan compensation provided by Southern Star Central Gas Pipeline, Inc.

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [x] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [x] Form 5558 [] automatic extension... 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: SOUTHERN STAR RETIREMENT PLAN (NON-UNION)
1b Three-digit plan number (PN): 007
1c Effective date of plan: 01/01/2003
2a Plan sponsor's name (employer, if for a single-employer plan): SOUTHERN STAR CENTRAL GAS PIPELINE, INC.
2b Employer Identification Number (EIN): 73-0183220
2c Plan Sponsor's telephone number: 270-852-5000
2d Business code (see instructions): 486000

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 entries for GINA HERMANN on 10/10/25.

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

Form 5500 (2024) v. 240311

SOUTHERN STAR RETIREMENT PLAN (NON-UNION)

Schedule H, Line 4j - Schedule of Reportable Transactions**

Year ended December 31, 2024

Plan Sponsor: Southern Star Central Gas Pipeline, Inc.
 Plan Sponsor Employer Identification Number: 73-0183220
 Plan number: 007

(a)	(b)	(c)	(d)	(g)	(h)	(i)	
Identity of Party	Description of Assets	Number of Sales / Purchases	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Gain (Loss) on Sale
Individual Transactions:							
Artisan	Value Fund Ins	1	\$ 2,800,000	\$ -	\$ 2,800,000	\$ 2,800,000	\$ -
Fidelity	500 Index Fund	1	3,000,000	-	3,000,000	3,000,000	-
* First American	Govt Ob Fd Cl Z	1	2,501,354	-	2,501,354	2,501,354	-
* First American	Govt Ob Fd Cl Z	1	8,327,984	-	8,327,984	8,327,984	-
* First American	Govt Ob Fd Cl Z	1	3,337,700	-	3,337,700	3,337,700	-
* First American	Govt Ob Fd Cl Z	1	-	18,000,000	18,000,000	18,000,000	-
* First American	Govt Ob Fd Cl Z	1	18,000,000	-	18,000,000	18,000,000	-
* First American	Govt Ob Fd Cl Z	1	-	17,999,805	17,999,805	17,999,805	-
* First American	Govt Ob Fd Cl Z	1	2,716,755	-	2,716,755	2,716,755	-
* First American	Govt Ob Fd Cl Z	1	4,001,732	-	4,001,732	4,001,732	-
* First American	Govt Ob Fd Cl Z	1	-	2,940,000	2,940,000	2,940,000	-
T. Rowe Price	Large Cap Growth I	1	2,500,000	-	2,500,000	2,500,000	-
PIMCO	Short Term Fund Instl Cl	1	5,500,000	-	5,500,000	5,500,000	-
PGIM	Return Bond Cl R6	1	11,500,000	-	11,500,000	11,500,000	-
Putnam	Large Cap Value R6	1	3,800,000	-	3,800,000	3,800,000	-
Vanguard	S P Mid Cap 400 Growth Etf	1	2,294,985	-	2,294,985	2,294,985	-
Vanguard	Developed Markets Idx	1	-	3,499,825	3,060,544	3,499,825	439,281
Vanguard	Institutional Index Fund	1	-	9,925,561	6,134,787	9,925,561	3,790,774
Vanguard	Mid Cap Index Adm	1	-	2,499,601	1,531,349	2,499,601	968,252
Victory	Sycamore Established Value	1	2,400,000	-	2,400,000	2,400,000	-

SOUTHERN STAR RETIREMENT PLAN (NON-UNION)

Schedule H, Line 4j - Schedule of Reportable Transactions**, continued

Year ended December 31, 2024

(a)	(b)	(c)	(d)	(g)	(h)	(i)	
<u>Identity of Party</u>	<u>Description of Assets</u>	<u>Number of Sales / Purchases</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Current Value of Asset on Transaction Date</u>	<u>Gain (Loss) on Sale</u>
Series of Transactions in Same Security:							
Artisan	Value Fund Ins	4	\$ 3,576,596	\$ -	\$ 3,576,596	\$ 3,576,596	\$ -
Fidelity	500 Index Fund	3	4,767,030	-	4,767,030	4,767,030	-
* First American	Govt Ob Fd Cl Z	120	52,222,803	-	52,222,803	52,222,803	-
* First American	Govt Ob Fd Cl Z	73	-	52,928,212	52,928,212	52,928,212	-
T. Rowe Price	Large Cap Growth I	3	3,932,934	-	3,932,934	3,932,934	-
PIMCO	Short Term Fund Instl Cl	6	5,617,672	-	5,617,672	5,617,672	-
PGIM	Return Bond Cl R6	8	12,664,800	-	12,664,800	12,664,800	-
Putnam	Large Cap Value R6	3	4,043,684	-	4,043,684	4,043,684	-
Vanguard	Developed Markets Idx	5	-	3,761,511	3,296,644	3,761,511	464,867
Vanguard	Institutional Index Fund	8	-	12,006,006	7,550,580	12,006,006	4,455,426
Vanguard	Mid Cap Index Adm	5	-	2,726,016	1,698,931	2,726,016	1,027,085
Victory	Sycamore Established Value	4	2,635,322	-	2,635,322	2,635,322	-

* Represents a party-in-interest

** All individual transactions or series of transactions which, when aggregated, exceed 5% of net assets available for benefits as of January 1, 2024.

See Independent Auditor's Report.

**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.**

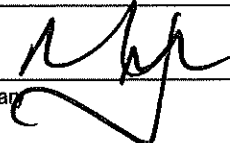
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan SOUTHERN STAR RETIREMENT PLAN (NON-UNION)		B Three-digit plan number (PN) ▶	007
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SOUTHERN STAR CENTRAL GAS PIPELINE, INC.		D Employer Identification Number (EIN) 73-0183220	
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	47,822,327	
b Actuarial value	2b	48,764,745	
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	14	1,742,893	1,742,893
b For terminated vested participants	76	4,172,121	4,172,121
c For active participants	236	32,596,086	35,932,999
d Total	326	38,511,100	41,848,013
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	5.22%	
6 Target normal cost			
a Present value of current plan year accruals	6a	2,202,953	
b Expected plan-related expenses	6b	519,836	
c Target normal cost	6c	2,722,789	

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	MICHAEL J. MUTH, F.S.A.		9-29-2025
		Signature of actuary	Date
	MICHAEL J. MUTH, F.S.A.		2303727
		Type or print name of actuary	Most recent enrollment number
	RUDD AND WISDOM, INC.		512-346-1590
		Firm name	Telephone number (including area code)
	9500 ARBORETUM BLVD., SUITE 200		
	AUSTIN TX 78759		
		Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

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

Schedule SB (Form 5500) 2024
v. 240311

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75%	2nd segment: 4.87%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c).....				31a 2,722,789
b Excess assets, if applicable, but not greater than line 31a				31b 2,722,789
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
b Waiver amortization installment	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....				34 0
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
36 Additional cash requirement (line 34 minus line 35).....				36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				37 6,281,056
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 6,281,056
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

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

Southern Star Retirement Plan (Non-Union)
EIN: 73-0183220 PN: 007

2024 Schedule SB, line 22 - Description of Weighted Average Retirement Age

Participants who meet Rule of 70¹ as of 01/01/2018

Age	t	Assumed Retirement Rate	P _x	Q _x	_t P ₅₅	_t P ₅₅ *Q _x	Age* _t P ₅₅ *Q _x	Percent R70 ²	Retirement Age
55	0	30%	0.700	0.300	1.000	0.300	16.500		
56	1	15%	0.850	0.150	0.700	0.105	5.880		
57	2	15%	0.850	0.150	0.595	0.089	5.087		
58	3	15%	0.850	0.150	0.506	0.076	4.400		
59	4	15%	0.850	0.150	0.430	0.064	3.805		
60	5	15%	0.850	0.150	0.365	0.055	3.289		
61	6	15%	0.850	0.150	0.311	0.047	2.842		
62	7	15%	0.850	0.150	0.264	0.040	2.455		
63	8	15%	0.850	0.150	0.224	0.034	2.121		
64	9	15%	0.850	0.150	0.191	0.029	1.831		
65	10	15%	0.850	0.150	0.162	0.024	1.581		
66	11	15%	0.850	0.150	0.138	0.021	1.364		
67	12	100%	0.000	1.000	0.117	0.117	7.848		
					Totals	1.000	59.003	3.3898%	2.000

Participants who do not meet Rule of 70¹ as of 01/01/2018

Age	t	Assumed Retirement Rate	P _x	Q _x	_t P ₅₅	_t P ₅₅ *Q _x	Age* _t P ₅₅ *Q _x	Percent R70 ²	Retirement Age
55	0	10%	0.900	0.100	1.000	0.100	5.500		
56	1	5%	0.950	0.050	0.900	0.045	2.520		
57	2	5%	0.950	0.050	0.855	0.043	2.437		
58	3	5%	0.950	0.050	0.812	0.041	2.356		
59	4	5%	0.950	0.050	0.772	0.039	2.276		
60	5	5%	0.950	0.050	0.733	0.037	2.199		
61	6	5%	0.950	0.050	0.696	0.035	2.124		
62	7	5%	0.950	0.050	0.662	0.033	2.051		
63	8	5%	0.950	0.050	0.629	0.031	1.980		
64	9	5%	0.950	0.050	0.597	0.030	1.911		
65	10	5%	0.950	0.050	0.567	0.028	1.843		
66	11	5%	0.950	0.050	0.539	0.027	1.778		
67	12	100%	0.000	1.000	0.512	0.512	34.299		
					Totals	1.000	63.274	96.6102%	61.129

The retirement age for Schedule SB, line item 22 is: 100.0% **63**

¹Rule of 70: A participant meets the Rule of 70 as of 01/01/2018 if their age plus benefit years of service equals or exceeds 70 years on that date.

²Percentage of participants who met Rule of 70 as of 01/01/2018 on the valuation date.

Southern Star Retirement Plan (Non-Union)
EIN: 73-0183220 PN: 007

2024 Schedule SB, Part V – Summary of Plan Provisions

<p>A. Identifying Data</p> <p><i>Plan Name:</i> Southern Star Retirement Plan (Non-Union)</p> <p><i>Type of Plan:</i> Defined benefit</p> <p><i>Plan Sponsor:</i> Southern Star Central Gas Pipeline, Inc.</p> <p><i>Plan Year:</i> January 1 to December 31</p> <p><i>Employer Identification Number / Plan Number:</i> 73-0183220/007</p>	
<p>B. Participation</p> <p><i>Minimum Age:</i> 21</p> <p><i>Maximum Age at Hire:</i> None</p> <p><i>Minimum Service:</i> One year where 1,000 hours in 12 month period is one year.</p> <p><i>Employee Classification:</i> Common law employees not covered under the Collective Bargaining Agreement.</p> <p><i>Entry Date:</i> First of the month coincident with or next following completion of eligibility requirements; however, entry is not permitted for anyone hired or rehired on or after June 1, 2017.</p>	
<p>C. Contributions</p> <p><i>Participant:</i> None required</p> <p><i>Employer:</i> All amounts necessary to adequately finance plan benefits.</p>	
<p>D. Eligibility for Retirement</p> <p><i>Normal Retirement:</i> Age 65 plus 5th anniversary of participation</p> <p><i>Early Retirement:</i> Age 55</p> <p><i>Disability Retirement:</i> Total and Permanent Disability – physical or mental condition preventing participant for life or indefinitely from engaging in any occupation or performing any work for compensation of financial value for which he is fitted by education, training or experience</p>	
<p>E. Retirement Benefit Monthly Amount</p> <p><i>Normal Retirement:</i> 1.275% of average monthly compensation per year of service. Years of service are credited for all service after November 15, 2002.</p> <p><i>Late Retirement:</i> Same formula as normal retirement, but reflecting service and compensation to actual retirement.</p> <p><i>Early Retirement:</i></p> <ol style="list-style-type: none"> a. for benefits accrued prior to July 1, 2020: amount equal to monthly normal retirement benefit accrued at early retirement date when early retirement date is three (3) years or less before normal retirement. When the participant's early retirement date is more than three (3) years before normal retirement date, amount equal to monthly normal retirement benefit accrued at early retirement date reduced 0.4167% for each month early retirement precedes three (3) years before normal retirement up to 24 months and reduced 0.3333% for each additional such month. b. for benefits accrued after June 30, 2020: amount equal to monthly normal retirement benefit reduced actuarially. <p>However, the benefit is unreduced if the participant retires at age 59 or later with the sum of age and years of vesting service at least 85 years; this rule applies to all accrued benefits (i.e., benefits accrued both before and after June 30, 2020).</p> <p><i>Disability:</i></p> <ol style="list-style-type: none"> a. for disabilities that occur prior to July 1, 2020: vested participants receive amount equal to accrued normal retirement benefit as of date of disability commencing as early as age 55. Nonvested participants receive same amount reduced in accordance with the early retirement provisions. b. for disabilities that occur after June 30, 2020: vested and nonvested participants receive amount equal to accrued normal retirement benefit as of the date of disability commencing at Normal Retirement Date. The disability benefit can commence as early as age 55, where such amount is actuarially equivalent to the accrued normal retirement benefit. 	

Southern Star Retirement Plan (Non-Union)
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2024 Schedule SB, Part V – Summary of Plan Provisions

F. Normal Form of Monthly Payment	Single life annuity; other actuarially equivalent payment forms are available; is subject to applicable spousal consent requirements. No benefit payments are made before the participant's age 55.						
G. Optional Forms of Payment	Other optional forms of payment actuarially equivalent to the Normal Form of monthly payment for non-married participants are available, subject to applicable spousal consent requirements. Optional forms of payment include: Social Security Level Income Option Lump Sum 10-year certain and life Joint and 50% Contingent Annuitant Joint and 75% Contingent Annuitant Joint and 100% Contingent Annuitant						
H. Vested Termination Benefits	<p><i>Benefit:</i> Entitlement to vested percentage of accrued normal retirement benefit</p> <p><i>Vesting Schedule for Employer Provided Benefits:</i></p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;">Years of Vesting Service</th> <th style="text-align: center;">Vesting Percent</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">less than 5</td> <td style="text-align: center;">0%</td> </tr> <tr> <td style="text-align: center;">5 or more</td> <td style="text-align: center;">100%</td> </tr> </tbody> </table> <p>Participants become 100% vested upon attainment of age 55, or upon becoming totally and permanently disabled, or upon reaching their normal retirement date.</p> <p><i>Accrued Normal Retirement</i> The monthly benefit that a participant has accrued before reaching normal retirement age payable in the normal form of payment beginning at normal retirement age; the amount of the accrued benefit is determined when a participant terminates his employment and is calculated like the normal retirement benefit but using only years of service and compensation credited at date of termination. Participants may commence monthly deferred vested benefits beginning at age 55 reduced actuarially.</p>	Years of Vesting Service	Vesting Percent	less than 5	0%	5 or more	100%
Years of Vesting Service	Vesting Percent						
less than 5	0%						
5 or more	100%						
I. Plan Provisions for Compliance with Benefit Restrictions under IRC §436	<p><i>Limitations on Benefit Accruals:</i> Benefit accruals are frozen if Plan's AFTAP falls below 60%, as required by PPA. Benefit accruals restart automatically when the Plan's AFTAP increases above 60%. Benefit accruals that otherwise would have been earned when the Plan's AFTAP was below 60% are not restored automatically when the Plan's AFTAP increases sufficiently unless benefit accruals were discontinued for less than 12 months.</p> <p><i>Shutdown or Other Unpredictable Contingent Event Benefits:</i> IRC Section 436(b) does not apply because the plan does not and shall not provide any: (a) special benefits in the event the employer shuts down a business segment ("shutdown benefits") or (b) other unpredictable contingent event benefits.</p> <p><i>Limitations on Prohibited Payments:</i> The election of certain payment forms that include a prohibited payment are prohibited when the Plan's AFTAP falls below 60%. The Plan does not allow special optional payment forms in this situation. The Plan restricts the availability of certain payment forms that include a prohibited payment when the Plan's AFTAP is between 60% and 80%. The Plan does not allow special optional payment forms in this situation.</p>						

Southern Star Retirement Plan (Non-Union)
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2024 Schedule SB, Part V – Summary of Plan Provisions

<i>Limitations on Plan Amendments Increasing Benefit Liabilities:</i>	The plan prevents certain Plan Amendments that would increase liabilities from taking effect if the Plan's AFTAP would be under 80% after the amendment unless additional funding is made in an amount equal to the lesser of: (i) the amount necessary to ensure the Plan's AFTAP is 80% after the amendment, or (ii) the amount of the increase in the Plan's Funding Target Liability due to the amendment (note that this option (ii) is not available if the Plan's AFTAP is presumed to be less than 60%).												
J. Pre-retirement Death Benefits	<p>a. Active vested participants at least age 55 and deferred vested participants who separated from employment on or after age 55: amount equal to 50% of the monthly benefit to which participant would have been entitled upon retirement if the participant had retired with an immediate single life annuity in effect on the day before the participant's death, reduced in accordance with Item 5. above. Participants are not charged for this coverage.</p> <p>b. Active vested participants under age 55: equal to amount that would have been payable under an immediate 50% Joint and Contingent annuity if participant had separated from service on their date of death, survived to the earliest retirement age, retired at such earliest retirement age and died on the day after the day on which he would have attained such earliest retirement age. The amount determined above is reduced for early retirement in accordance with Item 5. above. Participants are not charged for this coverage.</p> <p>c. Deferred vested participants who separated from employment on or before age 55: equal to amount that would have been payable under an immediate 50% Joint and Contingent annuity if participant had retired on the day before their death. The amount determined above is reduced actuarially. A deferred vested participant may waive this coverage. For each full month in which coverage is not waived, a participant's monthly deferred vested retirement benefit is reduced by one (1) minus the cumulative total of the monthly reduction factors as follows:</p> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <thead> <tr style="background-color: #004a99; color: white;"> <th style="padding: 5px;">Age of Member At the Beginning of the Calendar Year of Coverage</th> <th style="padding: 5px;">Monthly Reduction Factor for Full Month of Coverage</th> </tr> </thead> <tbody> <tr style="background-color: #e1f5fe;"> <td style="text-align: center; padding: 5px;">0 - 34</td> <td style="text-align: center; padding: 5px;">0.000042</td> </tr> <tr style="background-color: #e1f5fe;"> <td style="text-align: center; padding: 5px;">35 - 44</td> <td style="text-align: center; padding: 5px;">0.000083</td> </tr> <tr style="background-color: #e1f5fe;"> <td style="text-align: center; padding: 5px;">45 - 54</td> <td style="text-align: center; padding: 5px;">0.000250</td> </tr> <tr style="background-color: #e1f5fe;"> <td style="text-align: center; padding: 5px;">55 - 59</td> <td style="text-align: center; padding: 5px;">0.000417</td> </tr> <tr style="background-color: #e1f5fe;"> <td style="text-align: center; padding: 5px;">60 - 64</td> <td style="text-align: center; padding: 5px;">0.000417</td> </tr> </tbody> </table> <p>d. Pre-retirement death benefits are only available to surviving spouses who are married to the participant for at least the twelve (12) month period ending on the date of the participant's death.</p> <p>e. Death benefits can commence no earlier than the participant's age 55.</p>	Age of Member At the Beginning of the Calendar Year of Coverage	Monthly Reduction Factor for Full Month of Coverage	0 - 34	0.000042	35 - 44	0.000083	45 - 54	0.000250	55 - 59	0.000417	60 - 64	0.000417
Age of Member At the Beginning of the Calendar Year of Coverage	Monthly Reduction Factor for Full Month of Coverage												
0 - 34	0.000042												
35 - 44	0.000083												
45 - 54	0.000250												
55 - 59	0.000417												
60 - 64	0.000417												
K. Basis of Actuarial Equivalence	<p>7% and UP-1984 Mortality Table for monthly benefits and for converting monthly benefits to single payment amounts.</p> <p>a. For participants eligible for normal, late and early retirement and pre-retirement death benefits:</p> <ol style="list-style-type: none"> i. for benefits accrued prior to January 1, 2018: applicable mortality table and the PBGC interest rate for the month of November, February, May or August nearest preceding the date of distribution by at least three (3) months¹, but not less than the single payment amount resulting from the use of the applicable mortality table and the Segment Rates for the month of September, December, March or June nearest preceding the date of distribution by at least five (5) months¹. ii. for benefits accrued after December 31, 2017: applicable mortality table and Segment Rates for the month of September, December, March or June nearest preceding the date of distribution by at least five (5) months¹. <p>b. For all other participants: applicable mortality table and Segment Rates for the month of September immediately preceding the plan year containing the date of distribution.</p>												

¹ Applicable to distributions paid after October 31, 2021. However, for one-year period ending November 19, 2022 amount were determined as greater of this amount and amount determined using interest rates with a two (2) month lookback.

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2024 Schedule SB, Part V – Summary of Plan Provisions

L. Average Monthly Compensation	Averaged over highest 36 consecutive months in last 120 months of employment. Effective for periods after June 30, 2020, compensation used in the determination of average monthly compensation shall not include STIP payments paid on or after July 1, 2020.
M. TEFRA Top Heavy Provisions	
<i>Minimum Accrued Benefit:</i>	2.0% of average monthly compensation per each year plan is top heavy up to 10 years.
<i>Minimum Vesting Schedule:</i>	100% after three years.

SOUTHERN STAR RETIREMENT PLAN (NON-UNION)

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

December 31, 2024

Plan Sponsor: Southern Star Central Gas Pipeline, Inc.
 Plan Sponsor Employer Identification Number: 73-0183220
 Plan number: 007

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party		Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
Money Market Fund				
*	First American	Govt Ob Fd Cl Z - Market price \$1.00	\$ 1,423,541	\$ 1,423,541
Mutual Funds				
	PGIM	Return Bond Cl R6	12,664,800	12,366,421
	PIMCO	Short Term Fund Instl Cl	5,617,672	5,640,812
	Fidelity	500 Index Fund	4,767,030	4,826,496
	T. Rowe Price	Large Cap Growth I	3,932,934	3,908,598
	Putnam	Large Cap Value R6	4,043,684	3,727,356
	Artisan	Value Fund Ins	3,576,596	3,326,712
	Victory	Sycamore Established Value	2,635,322	2,330,218
	Vanguard	S P Mid Cap 400 Growth Etf	2,294,985	2,268,450
	Fidelity	Long Term Treasury Bond	2,148,490	2,001,667
	Fidelity	International Index Fund	1,807,629	1,691,075
	PIMCO	Rae US Small Instl	981,350	985,492
	Fidelity	Small Cap Growth K6	920,000	946,066
	Mfs International	International New Discovery Fund	1,014,903	901,095
	Dfa	Emerging Markets Core Equity I	940,000	898,002
			<u>47,345,395</u>	<u>45,818,461</u>
	Total		<u>\$ 48,768,936</u>	<u>\$ 47,242,002</u>

* Represents a party-in-interest

See Independent Auditor's Report.

Southern Star Retirement Plan (Non-Union)
EIN: 73-0183220 PN: 007

2024 Schedule SB, Line 24 – Change in Actuarial Assumptions

Assumption	Prior Year		Current Year	
	For purposes of the Minimum Required Contribution and AFTAP	For purposes of the Maximum Deductible Contribution	For purposes of the Minimum Required Contribution and AFTAP	For purposes of the Maximum Deductible Contribution
PBGC Interest Rate for Lump Sums	3.00% decreasing to 2.38%¹ Ultimate Rate in 2027	0.65%²	3.25% decreasing to 2.26%¹ Ultimate Rate in 2028	1.89%²
Earnings Progression	6.00%		5.00%	
Mortality Table for Lump Sums	2023 Applicable IRC §417 Rates		2024 Applicable IRC §417 Rates	

¹ Developed using the same methodology set forth in MAP-21 and HTFA, as applicable, for determining the valuation interest rates (i.e., adjusted 24-month average PBGC immediate rate for valuing lump sums using a 25-year average PBGC immediate rate for valuing lump sums corridor).

² Average of the PBGC immediate rates for valuing lump sums in effect for each of the 24 months preceding the valuation date.

These changes were made to reflect the enrolled actuary's best expectations of future plan experience