

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A** This return/report is for:
 - a multiemployer plan
 - a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 - a single-employer plan
 - a DFE (specify) _____
- B** This return/report is:
 - the first return/report
 - the final return/report
 - an amended return/report
 - a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ▶
- D** Check box if filing under:
 - Form 5558
 - automatic extension
 - the DFVC program
 - special extension (enter description)
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>STP NUCLEAR OPERATING COMPANY UNION RETIREE'S MEDICAL AND DENTAL BENEFITS PLAN</u>	1b Three-digit plan number (PN) ▶ <u>612</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>STP NUCLEAR OPERATING COMPANY</u> <u>PO BOX 289</u> <u>WADSWORTH, TX 77483-0289</u>	1c Effective date of plan <u>06/30/1999</u> 2b Employer Identification Number (EIN) <u>76-0517597</u> 2c Plan Sponsor's telephone number <u>361-972-3611</u> 2d Business code (see instructions) <u>221100</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2025	RACHEL RUSH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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	318
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	0
	6a(2)	0
	6b	334
	6c	0
	6d	334
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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 type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input 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 checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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 STP NUCLEAR OPERATING COMPANY UNION RETIREE'S MEDICAL AND DENTAL BENEFITS PLAN	B Three-digit plan number (PN) ▶	612
C Plan sponsor's name as shown on line 2a of Form 5500 STP NUCLEAR OPERATING COMPANY	D Employer Identification Number (EIN) 76-0517597	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

FORVIS MAZARS, LLP

44-0160260

(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	18800	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)

CREATIVE PLANNING

84-4519624

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	6000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>STP NUCLEAR OPERATING COMPANY UNION RETIREE'S MEDICAL AND DENTAL BENEFITS PLAN</u>	B Three-digit plan number (PN)	<u>612</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>STP NUCLEAR OPERATING COMPANY</u>	D Employer Identification Number (EIN) <u>76-0517597</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>PGIM CORE PLUS BOND FUND</u>	
b Name of sponsor of entity listed in (a):	<u>PRUDENTIAL TRUST COMPANY</u>	
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<u>81-6705696-001</u>	<u>C</u>	<u>506230</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024			
A Name of plan STP NUCLEAR OPERATING COMPANY UNION RETIREE'S MEDICAL AND DENTAL BENEFITS PLAN	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">B Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;">612</td> </tr> </table>	B Three-digit plan number (PN) ▶	612
B Three-digit plan number (PN) ▶	612		
C Plan sponsor's name as shown on line 2a of Form 5500 STP NUCLEAR OPERATING COMPANY	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>D Employer Identification Number (EIN) 76-0517597</td> </tr> </table>	D Employer Identification Number (EIN) 76-0517597	
D Employer Identification Number (EIN) 76-0517597			

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)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1087	50631
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	19512	18543
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	727301	506230
(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)	3211130	2079955
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	3959030	2655359
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	996	50571
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	996	50571
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	3958034	2604788

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)	805669	
(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)		805669
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	69381	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		69381
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		21668
(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)		267652
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1164370

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	2487882	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2487882
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)	18800	
(5) Investment advisory and investment management fees	2i(5)	1784	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	9150	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		29734
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2517616

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1353246
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **FORVIS MAZARS, LLP**

(2) EIN: **44-0160260**

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.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			


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

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

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

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

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




STP Nuclear Operating Company Union Retirees' Medical and Dental Benefits Plan

EIN 76-0517597 PN 612

**Independent Auditor's Report, Financial Statements,
and Supplemental Schedules**

December 31, 2024 and 2023



STP Nuclear Operating Company Union Retirees' Medical and Dental Benefits Plan
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December 31, 2024 and 2023

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Independent Auditor's Report

Benefits Trust Committee
STP Nuclear Operating Company Union Retirees'
Medical and Dental Benefits Plan
Wadsworth, Texas

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

We have performed audits of the financial statements of STP Nuclear Operating Company Union Retirees' Medical and Dental Benefits Plan (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 December 31, 2024 and 2023 and the related statements of changes in net assets available for benefits for the years then ended and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the 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 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 Department of Labor'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.
- 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 accounting principles generally accepted in the United States of America 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 these financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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 accounting principles generally accepted in the United States of America.

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 schedules listed in the table of contents are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor'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 Department of Labor'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).

Forvis Mazars, LLP

**Houston, Texas
October 8, 2025**

Federal Employer Identification Number: 44-0160260

STP Nuclear Operating Company Union Retirees' Medical and Dental Benefits Plan
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

	2024	2023
ASSETS		
Investments, at Fair Value		
Money markets	\$ 18,543	\$ 19,512
Mutual funds	2,079,955	3,211,130
Common/collective trusts	506,230	727,301
Total Investments	2,604,728	3,957,943
Receivables		
Due from broker for securities sold	50,631	1,087
Total Receivables	50,631	1,087
Total Assets	2,655,359	3,959,030
LIABILITIES		
Due to broker for securities purchased	50,571	996
Total Liabilities	50,571	996
Net Assets Available for Benefits	\$ 2,604,788	\$ 3,958,034

STP Nuclear Operating Company Union Retirees' Medical and Dental Benefits Plan
Statements of Changes in of Net Assets Available for Benefits
Years Ended December 31, 2024 and 2023

	2024	2023
Additions		
Net appreciation in fair value of investments	\$ 289,320	\$ 456,603
Interest and dividends	69,381	95,260
Participant contributions	805,669	771,549
Corrective contributions	-	3,148
Total Additions	1,164,370	1,326,560
Deductions		
Premiums paid	2,487,882	2,405,228
Administrative expenses	29,734	40,535
Total Deductions	2,517,616	2,445,763
Net Decrease in Net Assets Available for Benefits	(1,353,246)	(1,119,203)
Net Assets Available for Benefits, Beginning of Year	3,958,034	5,077,237
Net Assets Available for Benefits, End of Year	\$ 2,604,788	\$ 3,958,034

STP Nuclear Operating Company Union Retirees' Medical and Dental Benefits Plan
Notes to Financial Statements
December 31, 2024 and 2023

Note 1. Description of the Plan

General

The STP Nuclear Operating Company Union Retirees' Medical and Dental Benefits Trust (Trust) was established in conjunction with the formation of the STP Nuclear Operating Company (Company) in 1997 as an amendment, restatement, and continuation of the Houston Lighting & Power Company (HL&P) Union Retiree Medical and Dental Benefits Trust. Through establishing the Trust, the STP Nuclear Operating Company Union Retirees' Medical and Dental Benefits Plan (Plan) was established. The Trust was amended effective May 1, 2014 to reflect the participation in NECA/IBEW Family Medical Care Trust Fund Plan Number 16 (FMCP), a Taft-Hartley multi-employer defined benefit health and welfare plan. The Plan was restated effective January 1, 2020 to reflect all prior amendments.

The Plan is subject to the reporting requirements and regulations pursuant to the *Employee Retirement Income Security Act of 1974*, as amended (ERISA). The following description of the Plan provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

Plan Administration

The Plan is administered by a benefits committee (Benefits Trust Committee) whose members are appointed by the Board of Directors of the Company. The Benefits Trust Committee has the power to carry out the provisions of the Plan, including the administration and investment of the Plan's assets in accordance with the provisions of the Plan. The trustee of the Plan is The Northern Trust Company (Trustee). Generally, the Trustee is responsible for receiving income and executing investment transactions pursuant to the instructions of the Benefits Trust Committee. The Trustee is also responsible for maintaining custody of the Plan's assets and for payment of benefits at the direction of the Benefits Trust Committee.

Eligibility/Benefits

Union employees who transferred from HL&P to the Company effective October 1, 1997, union employees who commenced their employment with the Company subsequent to October 1, 1997, and their eligible dependents may become plan participants upon the retirement of the union employee from the Company. Plan assets from the Trust are used to pay a portion of retiree medical and dental premiums to FMCP. Due to the plan amendment effective May 1, 2014, in which union employees joined FMCP, plan participants pay no premiums while in retirement with the exception of those who retire after January 1, 2020 prior to completing six (6) full years of FMCP coverage.

Contributions and Funding Policy

Plan assets are held in a voluntary employees' beneficiary association trust. The Trust represents the largest source of funding for the Plan. Neither the Company nor plan participants make contributions to the Trust. Contributions toward premiums are made by active employees and those who retire after January 1, 2020 prior to completing six (6) full years of FMCP coverage.

Amendment and Termination

The Benefits Trust Committee may at any time amend or terminate the Plan subject to the provisions of ERISA. In the event the Plan terminates, net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to cover any reimbursement due to the Company and any administrative costs or expenses incurred incident to the final liquidation of the Plan with the balance to be distributed to plan participants.

Note 2. Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results may differ from such estimates.

Valuation of Investments and Income Recognition

The Plan's investments are carried at fair value. Fair value is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for additional information about the valuation methodologies.

Purchases and sales of investments are reflected on a trade-date basis. The net appreciation in fair value of investments consists of the net change in both the unrealized appreciation in fair value of investments and the net realized gains (losses) upon the sale of investments, determined using the fair values or the purchase price if acquired since that date. Dividends are recorded on the ex-dividend date. Interest is recorded as earned.

Payment of Benefits

Benefits, medical, and dental premiums are remitted by the Company throughout the year to FMCP. The Plan reimburses the Company's portion.

Administrative Expenses

Eligible administrative expenses, including the Trustee's fees, are paid by the Plan. Investment-related expenses are included in net appreciation of fair value of investments.

Risks and Uncertainties

The Plan invests in various investment instruments, which are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments 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.

Note 3. Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 820, *Fair Value Measurement*, established a single authoritative definition of fair value, sets a framework for measuring fair value, and requires additional disclosures about fair value measurements. In accordance with ASC 820, the Plan classifies its investments into Level 1, which refers to securities valued using quoted prices from active markets for identical assets; Level 2, which refers to securities not traded on an active market but for which observable market inputs are readily available; and Level 3, which refers to securities valued based on significant unobservable inputs. Assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The following table sets forth by level within the fair value hierarchy are a summary of the Plan's investments measured at fair value on a recurring basis at December 31, 2024 and 2023.

STP Nuclear Operating Company Union Retirees' Medical and Dental Benefits Plan
Notes to Financial Statements
December 31, 2024 and 2023

In accordance with ASC 820, the table below includes the debt and equity securities aggregated by general asset type at December 31, 2024 and 2023. Following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

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

Money Markets – Valued at the daily closing price as reported by the fund.

Common/Collective Trusts – Valued at estimated fair value NAV. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its 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.

	Fair Value	Fair Value Measurements Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
2024				
Mutual funds	\$ 2,079,955	\$ 2,079,955	\$ -	\$ -
Money markets	18,543	18,543	-	-
Common/collective trusts	506,230	-	506,230	-
Investments, at fair value	<u>\$ 2,604,728</u>	<u>\$ 2,098,498</u>	<u>\$ 506,230</u>	<u>\$ -</u>
2023				
Mutual funds	\$ 3,211,130	\$ 3,211,130	\$ -	\$ -
Money markets	19,512	19,512	-	-
Common/collective trusts	727,301	-	727,301	-
Investments, at fair value	<u>\$ 3,957,943</u>	<u>\$ 3,230,642</u>	<u>\$ 727,301</u>	<u>\$ -</u>

Note 4. Information Certified by Trustee

The plan administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103 8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, The Northern Trust Company, the Trustee of the Plan, has certified the following information included in the accompanying financial statements and supplemental schedules is complete and accurate:

- Investments as shown in the accompanying statements of net assets available for benefits as of December 31, 2024 and 2023

STP Nuclear Operating Company Union Retirees' Medical and Dental Benefits Plan
Notes to Financial Statements
December 31, 2024 and 2023

- Investment income as shown in the accompanying statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023
- Investment information included in the accompanying schedule of assets (held at end of year) as of December 31, 2024 and schedule of reportable transactions for the year ended December 31, 2024

The Plan's independent auditors did not perform auditing procedures with respect to this information except for comparing such information to the related information included in the accompanying financial statements and supplemental schedules.

Note 5. Benefit Obligations

The following information details benefit obligations of the Plan for the periods indicated:

	<u>2024</u>	<u>2023</u>
Short-Term Liability		
Amounts due to Company	\$ -	\$ -
	<u>\$ -</u>	<u>\$ -</u>
Long-Term Liability		
Amounts due for benefits of participants	\$ 2,604,788	\$ 3,958,034
	<u>\$ 2,604,788</u>	<u>\$ 3,958,034</u>
Short-Term Liability		
Balance, beginning of year	\$ -	\$ -
Premiums incurred	2,487,882	2,405,228
Premiums paid	<u>(2,487,882)</u>	<u>(2,405,228)</u>
	<u>\$ -</u>	<u>\$ -</u>
Long-Term Liability		
VEBA balance, beginning of year	\$ 3,958,034	\$ 5,077,237
Net appreciation in fair value of investments	289,320	456,603
Participant contributions	805,669	771,549
Corrective contributions	-	3,148
Interest and dividends	69,381	95,260
Premiums paid	(2,487,882)	(2,405,228)
Administrative expenses	<u>(29,734)</u>	<u>(40,535)</u>
VEBA Balance, End of Year	<u>\$ 2,604,788</u>	<u>\$ 3,958,034</u>

The Plan provides that the Company's obligation for benefits for retirees is to be paid from the Trust. The obligation of the Plan has been limited to the assets within the Trust as of period-end. Once the assets within the Trust are depleted, the Plan will effectively no longer exist. Upon such event, participants will continue to participate in applicable programs of the Company, which will provide similar benefit coverage to participants and their dependents paid from Company assets.

In determining the obligation, the Plan has not utilized any significant actuarial assumptions, such as a discount rate, healthcare cost trend, or mortality assumptions. The benefits offered by the Plan can only be satisfied to the

STP Nuclear Operating Company Union Retirees' Medical and Dental Benefits Plan
Notes to Financial Statements
December 31, 2024 and 2023

extent there are assets in the Trust. The Trust represents the single source for funding, which limits the obligation to the current balance within the Trust.

Note 6. Income Tax Status

The trust funding certain benefits of the Plan received an exemption letter from the Internal Revenue Service dated March 21, 2000 stating that the trust, as then designed, was tax-exempt under the provisions of Section 501(c)9 of the Internal Revenue Code. However, as a result of the Plan's funding policy, from time to time, the trust may be subject to income taxes. No federal or state income taxes have been recorded in the financial statements. The plan administrator believes that the Plan and related trust are currently being operated in compliance with the applicable requirements of the Internal Revenue Code.

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

Note 7. Exempt Party-in-Interest Transactions

The Plan invests in funds managed by the Trustee. As such, transactions related to this investment qualify as exempt party-in-interest transactions.

Note 8. Subsequent Events

The Plan has evaluated subsequent events from the statements of net assets available for benefits date through October 8, 2025, the date at which the financial statements were available to be issued, and determined there were no items to disclose other than the items discussed herein.

Supplemental Schedules

STP Nuclear Operating Company Union Retirees' Medical and Dental Benefits Plan
EIN 76-0517597 PN 612
Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
Common/Collective Trusts			
PGIM CORE PLUS BOND FUND	Common/collective trust	\$ 585,606	\$ 506,230
Total Common/Collective Trusts		<u>585,606</u>	<u>506,230</u>
Money Markets			
* NORTHERN INSTL FDS GOVT PORTFOLIO	Money market	18,543	18,543
Total Money Markets		<u>18,543</u>	<u>18,543</u>
Mutual Funds			
HARDING LOEVNER FDS INC	Registered Investment Company	132,329	122,847
LEGG MASON GLOBAL ASSET MGMT TR RAREGLOBAL INFRASTRUCTURE VALUE FD	Registered Investment Company	83,171	81,947
* NORTHERN EQUITY INDEX FUNDS INTL EQT INDEX	Registered Investment Company	216,077	275,211
ISHARES MSCI GLOBAL MIN VOL FACTOR ETF	Registered Investment Company	258,419	388,861
ARTISAN FDS INC INTL FD	Registered Investment Company	124,056	121,159
MFS INTERNATIONAL EQUITY FD	Registered Investment Company	97,559	109,801
* NORTHERN FDS GLOBAL REAL ESTATE INDEX FD	Registered Investment Company	117,643	117,537
* NORTHERN FUNDS STK INDEX FD	Registered Investment Company	258,643	496,240
DFA INVESTMENT DIMENSIONS GROUP INC US SMALL CAP	Registered Investment Company	50,391	69,716
MAINSTAY MCKY H/Y CORP BND-I	Registered Investment Company	238,595	224,793
MANAGED PORTFOLIO SER TORTOISE MLP & PIPELINE FD	Registered Investment Company	47,798	71,843
Total Mutual Funds		<u>1,624,681</u>	<u>2,079,955</u>
		<u>\$ 2,228,830</u>	<u>\$ 2,604,728</u>

*Identified as party in interest

The information shown on this supplemental schedule has been summarized from information provided by the Trustee, which the Trustee has certified as complete and accurate.

STP Nuclear Operating Company Union Retirees' Medical and Dental Benefits Plan
EIN 76-0517597 PN 612
Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions
Year Ended December 31, 2024

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Series transactions in excess of 5%								
The Northern Trust Company	PGIM Core Plus Bond Fund Fund – 9 Sales	\$ -	\$ 244,784	\$ -	\$ -	\$ 279,099	\$ 244,784	\$ (34,315)
The Northern Trust Company	Northern Funds Stock Index Fund Fund – 6 Purchases	\$ 15,757	\$ -	\$ -	\$ -	\$ 15,757	\$ 15,757	\$ -
The Northern Trust Company	Northern Funds Stock Index Fund Fund – 9 Sales	\$ -	\$ 500,000	\$ -	\$ -	\$ 275,536	\$ 500,000	\$ 224,464
The Northern Trust Company	Northern Institutional Funds Government Portfolio Fund – 37 Purchases	\$ 1,571,053	\$ -	\$ -	\$ -	\$ 1,571,053	\$ 1,571,053	\$ -
The Northern Trust Company	Northern Institutional Funds Government Portfolio Fund – 14 Sales	\$ -	\$ 1,572,021	\$ -	\$ -	\$ 1,572,021	\$ 1,572,021	\$ -
The Northern Trust Company	iShares MSCI Global Min Vol Factor ETF Fund – 4 Sales	\$ -	\$ 205,259	\$ -	\$ -	\$ 136,865	\$ 205,259	\$ 68,394
The Northern Trust Company	Mainstay MacKay High Yield Corporate Bond Fund – 12 Purchases	\$ 19,332	\$ -	\$ -	\$ -	\$ 19,332	\$ 19,332	\$ -
The Northern Trust Company	Mainstay MacKay High Yield Corporate Bond Fund – 4 Sales	\$ -	\$ 203,000	\$ -	\$ -	\$ 216,487	\$ 203,000	\$ (13,487)

The information shown on this supplemental schedule has been summarized from information provided by the Trustee, which the Trustee has certified as complete and accurate.

STP Nuclear Operating Company Union Retirees' Medical and Dental Benefits Plan
EIN 76-0517597 PN 612
Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions
Year Ended December 31, 2024

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Series transactions in excess of 5%								
The Northern Trust Company	PGIM Core Plus Bond Fund Fund – 9 Sales	\$ -	\$ 244,784	\$ -	\$ -	\$ 279,099	\$ 244,784	\$ (34,315)
The Northern Trust Company	Northern Funds Stock Index Fund Fund – 6 Purchases	\$ 15,757	\$ -	\$ -	\$ -	\$ 15,757	\$ 15,757	\$ -
The Northern Trust Company	Northern Funds Stock Index Fund Fund – 9 Sales	\$ -	\$ 500,000	\$ -	\$ -	\$ 275,536	\$ 500,000	\$ 224,464
The Northern Trust Company	Northern Institutional Funds Government Portfolio Fund – 37 Purchases	\$ 1,571,053	\$ -	\$ -	\$ -	\$ 1,571,053	\$ 1,571,053	\$ -
The Northern Trust Company	Northern Institutional Funds Government Portfolio Fund – 14 Sales	\$ -	\$ 1,572,021	\$ -	\$ -	\$ 1,572,021	\$ 1,572,021	\$ -
The Northern Trust Company	iShares MSCI Global Min Vol Factor ETF Fund – 4 Sales	\$ -	\$ 205,259	\$ -	\$ -	\$ 136,865	\$ 205,259	\$ 68,394
The Northern Trust Company	Mainstay MacKay High Yield Corporate Bond Fund – 12 Purchases	\$ 19,332	\$ -	\$ -	\$ -	\$ 19,332	\$ 19,332	\$ -
The Northern Trust Company	Mainstay MacKay High Yield Corporate Bond Fund – 4 Sales	\$ -	\$ 203,000	\$ -	\$ -	\$ 216,487	\$ 203,000	\$ (13,487)

The information shown on this supplemental schedule has been summarized from information provided by the Trustee, which the Trustee has certified as complete and accurate.

STP Nuclear Operating Company Union Retirees' Medical and Dental Benefits Plan
EIN 76-0517597 PN 612
Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
Common/Collective Trusts			
PGIM CORE PLUS BOND FUND	Common/collective trust	\$ 585,606	\$ 506,230
Total Common/Collective Trusts		<u>585,606</u>	<u>506,230</u>
Money Markets			
* NORTHERN INSTL FDS GOVT PORTFOLIO	Money market	18,543	18,543
Total Money Markets		<u>18,543</u>	<u>18,543</u>
Mutual Funds			
HARDING LOEVNER FDS INC	Registered Investment Company	132,329	122,847
LEGG MASON GLOBAL ASSET MGMT TR RAREGLOBAL INFRASTRUCTURE VALUE FD	Registered Investment Company	83,171	81,947
* NORTHERN EQUITY INDEX FUNDS INTL EQT INDEX	Registered Investment Company	216,077	275,211
ISHARES MSCI GLOBAL MIN VOL FACTOR ETF	Registered Investment Company	258,419	388,861
ARTISAN FDS INC INTL FD	Registered Investment Company	124,056	121,159
MFS INTERNATIONAL EQUITY FD	Registered Investment Company	97,559	109,801
* NORTHERN FDS GLOBAL REAL ESTATE INDEX FD	Registered Investment Company	117,643	117,537
* NORTHERN FUNDS STK INDEX FD	Registered Investment Company	258,643	496,240
DFA INVESTMENT DIMENSIONS GROUP INC US SMALL CAP	Registered Investment Company	50,391	69,716
MAINSTAY MCKY H/Y CORP BND-I	Registered Investment Company	238,595	224,793
MANAGED PORTFOLIO SER TORTOISE MLP & PIPELINE FD	Registered Investment Company	47,798	71,843
Total Mutual Funds		<u>1,624,681</u>	<u>2,079,955</u>
		<u>\$ 2,228,830</u>	<u>\$ 2,604,728</u>

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