

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
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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 CONSOLIDATED ASSET MANAGEMENT SERVICES PENSION PLAN
1b	Three-digit plan number (PN) ▶ 004
1c	Effective date of plan 10/29/2021
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) CONSOLIDATED ASSET MANAGEMENT SERVICES, LLC 910 LOUISIANA ST., SUITE 2400 HOUSTON, TX 77002
2b	Employer Identification Number (EIN) 41-2239010
2c	Plan Sponsor's telephone number 713-358-9700
2d	Business code (see instructions) 221100

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.	10/14/2025	JASON O'NEAL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	JASON O'NEAL
	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

3a Plan administrator's name and address ☒ 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	5 162
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) 144 6a(2) 139 6b 5 6c 16 6d 160 6e 0 6f 160 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:

1A 1C 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) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 1
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 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	B Three-digit plan number (PN)	004
CONSOLIDATED ASSET MANAGEMENT SERVICES PENSION PLAN		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
CONSOLIDATED ASSET MANAGEMENT SERVICES, LLC	41-2239010	

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

(a) Name of insurance carrier
VOYA RETIREMENT INSURANCE AND ANNUITY CO

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	ZHUD24	160	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	3274221

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year	7b	0
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c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits.....	7c(2)		
(3) Interest credited during the year.....	7c(3)		
(4) Transferred from separate account	7c(4)		
(5) Other (specify below)..... ▶	7c(5)		

(6) Total additions	7c(6)	0
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d Total of balance and additions (add lines 7b and 7c(6))	7d	0
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e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(2) Administration charge made by carrier.....	7e(2)		
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)..... ▶	7e(4)		

(5) Total deductions	7e(5)	0
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f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

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
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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 CONSOLIDATED ASSET MANAGEMENT SERVICES PENSION PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CONSOLIDATED ASSET MANAGEMENT SERVICES, LLC	D Employer Identification Number (EIN) 41-2239010
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	17833614	
b	Actuarial value	2b	17833614	
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	2	557645	557645
b	For terminated vested participants	16	127511	127511
c	For active participants	144	17078230	17252229
d	Total	162	17763386	17937385
4	If the plan is in at-risk status, check the box and complete lines (a) and (b). ☐			
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	5.24 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	2374914	
b	Expected plan-related expenses	6b	110000	
c	Target normal cost	6c	2484914	

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 JAMES E. RITCHIE Type or print name of actuary BOLTON PARTNERS, INC. Firm name 1 W. PENNSYLVANIA AVENUE, SUITE 600 TOWSON, MD 21204 Address of the firm	10/10/2025 Date 23-05643 Most recent enrollment number 410-547-0500 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>10.01</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		722352
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.37</u> %		38790
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		761142
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	99.42 %
15 Adjusted funding target attainment percentage	15	105.45 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	95.78 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/19/2024	263761	0	01/09/2025	417515	0
02/12/2024	263761	0	01/24/2025	417514	0
04/04/2024	417515	0			
04/29/2024	147318	0			
10/28/2024	417515	0			
11/13/2024	417515	0			
Totals ►			18(b)	2762414	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2672680

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	☐ 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) ☐ 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	2484914	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	103771	12155	
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	2497069	
	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	2497069	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	2672680	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	175611	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan CONSOLIDATED ASSET MANAGEMENT SERVICES PENSION PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 CONSOLIDATED ASSET MANAGEMENT SERVICES, LLC	D Employer Identification Number (EIN) 41-2239010	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

UBS FINANCIAL SERVICES INC.

13-2638166

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 51 27 28	NONE	52037	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BOLTON PARTNERS, INC.

52-1231144

(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	0	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SMITH & DOWNEY, P.A.

52-1839270

(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	NONE	0	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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:	BDO USA, PC	b EIN:	13-5381590
c Position:	ACCOUNTANT		
d Address:	2929 ALLEN PARKWAY, 20TH FLOOR HOUSTON, TX 77019	e Telephone:	713-960-1706

Explanation: A NEW ACCOUNTANT WAS HIRED AS THE RESULT OF A COMPETITIVE SEARCH PROCESS.

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		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.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024					
A Name of plan CONSOLIDATED ASSET MANAGEMENT SERVICES PENSION PLAN				B Three-digit plan number (PN) ▶ 004	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 CONSOLIDATED ASSET MANAGEMENT SERVICES, LLC				D Employer Identification Number (EIN) 41-2239010	
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)					
a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT D					
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO					
c EIN-PN 71-0294708-000		d Entity code P		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3274221	
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)	
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 1	

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
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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)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
	For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
	A Name of plan CONSOLIDATED ASSET MANAGEMENT SERVICES PENSION PLAN	B Three-digit plan number (PN) 004
C Plan sponsor's name as shown on line 2a of Form 5500 CONSOLIDATED ASSET MANAGEMENT SERVICES, LLC	D Employer Identification Number (EIN) 41-2239010	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2357770	835029
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	133348	200091
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	185567	120397
(2) U.S. Government securities	1c(2)	2825455	3061230
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	9435259	12958789
(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)		
(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)	2961076	3274221
(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	17898475	20449757
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	17898475	20449757

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)	2762414	
(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)		2762414
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)	0	
(C) Corporate debt instruments	2b(1)(C)	617799	
(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)		617799
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		0
(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)	-1090039	
(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)		603799
(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)		0
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2893973

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	209231	
(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)		209231
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)	0	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	52037	
(11) Other expenses	2i(11)	81423	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		133460
j Total expenses. Add all expense amounts in column (b) and enter total	2j		342691

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2551282
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: **CROWE, LLP**

(2) EIN: **35-0921680**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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 559502.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		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.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024					
A Name of plan CONSOLIDATED ASSET MANAGEMENT SERVICES PENSION PLAN				B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 CONSOLIDATED ASSET MANAGEMENT SERVICES, LLC				D Employer Identification Number (EIN) 41-2239010	
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): 71-0294708					
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	3
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					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ 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. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

- 21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

Schedule H, Line 3a – Accountant Opinion

The Consolidated Asset Management Services Pension Plan is timely filing its Federal Form 5500 utilizing a valid extension on Form 5558 for the plan year ended 2024. However, the independent auditor has not been able to complete the necessary audit work in order to issue its audit report for the year. The independent auditor is currently working with the Plan Administrator and service providers to obtain the information necessary to issue its audit report. The Consolidated Asset Management Services Pension Plan expects to have the audit report within the next 30 days and the Consolidated Asset Management Services Pension Plan will file an amended Form 5500, with the audited financial statements attached, as soon as the report is issued.

Consolidated Asset Management Services Pension Plan
2024 Form 5500
EIN/PN: 41-2239010/004

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

Attained Age	Years of Credited Service										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & Up	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	1	0	0	0	0	0	0	0	1
30 to 34	0	1	4	1	0	0	0	0	0	0	6
35 to 39	0	0	5	1	5	0	0	0	0	0	11
40 to 44	0	1	5	1	11	0	0	0	0	0	18
45 to 49	0	1	5	1	7	4	1	0	0	0	19
50 to 54	0	0	2	0	12	4	0	2	2	0	22
55 to 59	0	0	1	2	16	6	1	4	5	0	35
60 to 64	0	0	1	0	7	9	2	2	1	5	27
65 to 69	0	0	0	0	1	0	0	2	0	0	3
70 & Up	0	0	0	0	0	1	0	0	0	1	2
Total	0	3	24	6	59	24	4	10	8	6	144

Schedule SB, Part V: Statement of Actuarial Methods and Assumptions

Actuarial Cost Method

Traditional Unit Credit. The actuarial cost method for determining the Target Liability and Target Normal Cost is prescribed by the Pension Protection Act of 2006.

For determining the Target Liability, the present value of the benefits accumulated as of the valuation date is calculated by projecting future benefit payments of the accrued benefit, adjusted for the probability of payment according to the demographic assumptions, and discounting the payments to the valuation date using the segment interest rates. Payments made within five years of the valuation date are discounted using the first segment rate, payments made at least five but less than 20 years after the valuation date are discounting using the second segment rate, and payments made at least 20 years after the valuation date are discounted using the third segment rate. The Target Normal Cost is calculated in an identical manner, substituting the future benefit payments anticipated based on service earned during the current plan year (if any).

Asset Valuation

Market Value of Assets, including contributions receivable discounted to the valuation date using the prior plan year Effective Interest Rate.

The asset valuation method for valuation purposes is prescribed by the Pension Protection Act of 2006 based on elections made by the plan sponsor.

Valuation Date

January 1, 2024.

Interest

The interest assumption for valuation purposes is prescribed by the Pension Protection Act of 2006 based on elections made by the plan sponsor.

For Minimum Required Contribution

September 2023 segment rates (four month lookback) adjusted by the 25-year average segment rates for the plan year beginning January 1, 2024.

	1/1/2023		1/1/2024	
	Without Stabilization	With Stabilization	Without Stabilization	With Stabilization
First Segment	1.41%	4.75%	3.62%	4.75%
Second Segment	3.09%	5.00%	4.46%	4.87%
Third Segment	3.58%	5.74%	4.52%	5.59%
Effective Interest Rate	3.35%	5.37%	4.48%	5.24%

Schedule SB, Part V: Statement of Actuarial Methods and Assumptions

Expenses

Administrative expenses are assumed to be \$110,000 payable beginning of the year. For the prior year, \$200,000 was expected to be paid from plan assets.

Compensation Increases

3.0% per year including inflation.

Code Sections 401(a)(17) and 415(b) limitations

2.75% per year.

Social Security National Average Wage

3.0% per year.

Retirement Age

Retirement Rates are as follows:

Cash Balance:

Age	Former NRG/PSEG
55	3.75%
56	3.75%
57	3.75%
58	3.75%
59	3.75%
60	6.25%
61	6.25%
62	6.25%
63	6.25%
64	16.00%
65	16.00%
66	16.00%
67	16.00%
68	16.00%
69	16.00%
70	100.00%

Schedule SB, Part V: Statement of Actuarial Methods and Assumptions

Retirement Age (continued)

Final Average Pay:

Age	Former NRG	Former PSEG ¹
50	0.00%	1.25%
51	0.00%	0.50%
52	0.00%	1.00%
53	0.00%	0.50%
54	0.00%	6.00%
55	20.00%	11.00%
56	20.00%	10.25%
57	20.00%	8.25%
58	20.00%	9.75%
59	20.00%	12.00%
60	20.00%	12.25%
61	20.00%	16.25%
62	25.00%	27.50%
63	25.00%	22.75%
64	30.00%	21.50%
65	30.00%	25.50%
66	35.00%	25.75%
67	35.00%	25.00%
68	40.00%	28.25%
69	40.00%	18.75%
70	100.00%	100.00%

Disability, vested and death benefits are assumed to be deferred until normal retirement age.

Turnover

Select and Ultimate rates.

Sample rates for male participants are as follows:

Age	Years of Service			
	<1	1-2	2-3	3 or More
25	9.51%	6.81%	4.59%	3.24%
40	6.51%	9.28%	2.89%	1.78%
55	14.45%	9.89%	2.44%	1.78%

Sample rates for female participants are as follows:

Age	Years of Service			
	<1	1-2	2-3	3 or More
25	19.53%	15.62%	5.76%	8.16%
40	14.16%	10.77%	3.72%	2.71%
55	8.48%	6.53%	4.87%	1.64%

¹ Participants aged 55 or older have a minimum rate of 10.00% in the year first eligible for unreduced pension benefits, 15.00% in the year eligible for subsidized retiree medical, and 15.00% in the year first eligible for both unreduced pension benefits and subsidized retiree medical benefits, if in the same year.

Schedule SB, Part V: Statement of Actuarial Methods and Assumptions

Disablement

Select and Ultimate rates.

Sample rates for male participants are as follows:

Age	Years of Service	
	Less than 20	20 or More
25	0.002%	0.021%
40	0.006%	0.075%
55	0.052%	0.902%

Sample rates for female participants are as follows:

Age	Years of Service	
	Less than 20	20 or More
25	0.008%	0.033%
40	0.034%	0.141%
55	0.169%	0.696%

Mortality

For Valuation

2024 IRS Generational Mortality Table per Treasury Reg. Section 430(h)(3) (changed from the 2023 IRS Separate Annuitant and Non-Annuitant Static Mortality Table).

The mortality assumption for valuation purposes is prescribed by the Pension Protection Act of 2006 based on elections made by the plan sponsor.

Marriage/Age of Spouse

70% of the population is assumed to be married with females assumed to be three years younger than males.

Schedule SB, Part V: Statement of Actuarial Methods and Assumptions

Form of Payment

Cash Balance - Former NRG (“Generation Bridge I”) and Former PSEG (“Generation Bridge II” and “Parkway”):

Active Participants – Retirement Eligible¹:

Form of Payment	Election Percent
Immediate Lump Sum	75%
Immediate Single Life Annuity	10%
Immediate Joint & 75% Survivor	15%

¹ Participants represented by Local 246 are not eligible for an immediate disability benefit nor a lump sum benefit upon becoming disabled. These participants are assumed to elect the same form of payment as Final Average Pay participants who are not retirement eligible, described below.

Active Participants – Not Retirement Eligible:

Form of Payment	Election Percent
Immediate Lump Sum	75%
Deferred Single Life Annuity	10%
Deferred Joint & 75% Survivor	15%

Terminated Vested Participants:

Form of Payment	Election Percent
Immediate Lump Sum	75%
Deferred Single Life Annuity	10%
Deferred Joint & 75% Survivor	15%

Schedule SB, Part V: Statement of Actuarial Methods and Assumptions

Form of Payment (continued)

Final Average Pay – Former NRG (“Generation Bridge I”) and Former PSEG (“Generation Bridge II” and “Parkway”):

Active Participants – Retirement Eligible²:

Form of Payment	Election Percent
Immediate Single Life Annuity	45%
Immediate Joint & 75% Survivor	55%

² Participants represented by Local 457 are not eligible for an immediate disability benefit upon becoming disabled. These participants are assumed to elect the same form of payment as participants who are not retirement eligible, described below.

Active Participants – Not Retirement Eligible:

Form of Payment	Election Percent
Deferred Single Life Annuity	45%
Deferred Joint & 75% Survivor	55%

Terminated Vested Participants:

Form of Payment	Election Percent
Deferred Single Life Annuity	45%
Deferred Joint & 75% Survivor	55%

Interest Credit

Former NRG Cash Balances are assumed to increase 5.56% per year which is the 3rd segment rate of the September 2023 417(e) rates. (changed from the 5.07% per year which was the 3rd segment rate of the September 2022 417(e) rates).

Former PSEG Cash Balances are assumed to increase 6.00% per year.

Lump Sum Conversion

For Minimum Required Contribution

Code section 417(e) mortality and funding segment rates fixed at the valuation date.

Schedule SB, Part V: Statement of Actuarial Methods and Assumptions

Changes Since Prior Year

The following changes to assumptions were made since the prior year:

- The statutory segment interest rates and mortality tables for determining the Minimum Required Contributions and PBGC premiums were updated per IRS regulations.
- The interest crediting rate for Former NRG Cash Balances was updated from 5.07% to 5.56%.
- The assumed administrative expenses load was updated from \$200,000 to \$110,000.

Rationale for the Selection of Significant Actuarial Assumptions

The mortality table and interest rates used to value the Target Liability are prescribed by Law and selected based on certain elections by the Plan Sponsor. Consolidated Asset Management Services, LLC elected to use the three segment interest rates for the month that is four months prior to the valuation date (i.e., 4-month lookback period was elected) and the separate Annuitant and Non-Annuitant static version of the statutory mortality tables.

The demographic assumptions used by the prior plan will be maintained until there is significant experience under this plan to justify a change in assumptions. We reviewed the following factors to determine if the continued use of the prior plans assumptions were appropriate:

- The provisions of the plan that may promote retirement and/or termination at specific ages
- The make-up of the population of this plan compared to the prior plan
- Discussions with the plan sponsor on future pay expectations
- Our experience with similarly situated plans

Other assumptions reflected in the determination of plan assets and liabilities that are not specifically discussed in this section are not considered significant relative to the measurement.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Within the process for electronic filing of Form 5500, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB, which is attached in .pdf form to the electronic filing, will govern to the extent there are any differences between the data filed electronically and the data contained on the signed Schedule SB.

Form 5500

Department of the Treasury
Internal Revenue ServiceDepartment 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

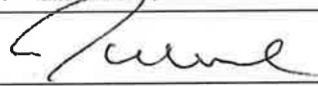
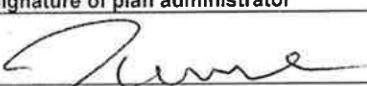
- A This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
☒ a single-employer plan ☐ a DFE (specify) _____
- B This return/report is: ☐ the first return/report ☐ 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 CONSOLIDATED ASSET MANAGEMENT SERVICES PENSION PLAN	1b Three-digit plan number (PN) ▶ 004
	1c Effective date of plan 10/29/2021
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) CONSOLIDATED ASSET MANAGEMENT SERVICES, LLC 910 LOUISIANA ST., SUITE 2400 HOUSTON TX 77002	2b Employer Identification Number (EIN) 41-2239010 2c Plan Sponsor's telephone number 713-358-9700 2d Business code (see instructions) 221100

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		10/14/2025	JASON O'NEAL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/14/2025	JASON O'NEAL
	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.

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3a Plan administrator's name and address ☒ 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	5 162
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) 144 6a(2) 139 6b 5 6c 16 6d 160 6e 0 6f 160 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: 1A 1C 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) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ 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 (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) ☐ DCG (Individual Plan Information) – Number Attached _____ (5) ☐ MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ A (Insurance Information) – Number Attached <u>1</u> (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ 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 H, Line 4j – Schedule of Reportable Transactions

The Consolidated Asset Management Services Pension Plan is timely filing its Federal Form 5500 utilizing a valid extension on Form 5558 for the plan year ended 2024. However, the independent auditor has not been able to complete the necessary audit work in order to issue its audit report for the year. The independent auditor is currently working with the Plan Administrator and service providers to obtain the information necessary to issue its audit report. The Consolidated Asset Management Services Pension Plan expects to have the audit report within the next 30 days and the Consolidated Asset Management Services Pension Plan will file an amended Form 5500, with the audited financial statements attached, as soon as the report is issued.

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
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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.**

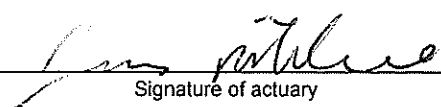
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan CONSOLIDATED ASSET MANAGEMENT SERVICES PENSION PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CONSOLIDATED ASSET MANAGEMENT SERVICES, LLC	D Employer Identification Number (EIN) 41-2239010
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month 01 Day 01 Year 2024	
2 Assets:	
a Market value.....	2a 17,833,614
b Actuarial value.....	2b 17,833,614
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.....	2 557,645 557,645
b For terminated vested participants	16 127,511 127,511
c For active participants.....	144 17,078,230 17,252,229
d Total.....	162 17,763,386 17,937,385
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐	
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 5.24 %
6 Target normal cost	
a Present value of current plan year accruals	6a 2,374,914
b Expected plan-related expenses	6b 110,000
c Target normal cost	6c 2,484,914

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		10/10/25
JAMES E. RITCHIE	Signature of actuary	Date
	Type or print name of actuary	2305643
BOLTON PARTNERS, INC.	Firm name	Most recent enrollment number
		410-547-0500
1 W. PENNSYLVANIA AVENUE, SUITE 600		Telephone number (including area code)
TOWSON MD 21204	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 ☐

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Part II		Beginning of Year Carryover and Prefunding Balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>10.01</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		722,352
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.37</u> %		38,790
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		761,142
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III		Funding Percentages	
14	Funding target attainment percentage	14	99.42 %
15	Adjusted funding target attainment percentage	15	105.45 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	95.78 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV		Contributions and Liquidity Shortfalls			
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/19/2024	263,761	0			
02/12/2024	263,761	0			
04/04/2024	417,515	0			
04/29/2024	147,318	0			
10/28/2024	417,515	0			
11/13/2024	417,515	0			
01/09/2025	417,515	0			
01/24/2025	417,514	0			
Totals ►			18(b)	2,762,414	18(c)
					0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 2,672,680
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☒ No
c If line 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %
			☐ 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) ☐ 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	2,484,914
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:		Outstanding Balance	
a Net shortfall amortization installment		103,771	12,155
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	2,497,069
	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	2,497,069
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37	2,672,680
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	175,611
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

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

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

Consolidated Asset Management Services Pension Plan
2024 Form 5500
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Schedule SB, Line 19c – Discounted Employer Contributions

Date	Amount	Applied To	Interest Rate Used to Adjust Contributions	Period Each Interest Rate Applied (days)	Interest Adjusted Contribution
01/19/2024	\$ 263,761	Q1 2024	5.24%	18	\$ 263,100
02/12/2024	263,761	Q1 2024	5.24%	42	262,220
04/04/2024	19,513	Q1 2024	5.24%	94	19,259
04/04/2024	398,002	Q2 2024	5.24%	94	392,815
04/29/2024	147,318	Q2 2024	5.24%	119	144,892
10/28/2024	417,515	Q3 2024	5.24% / 10.24%	288 / 13	399,682
11/13/2024	135,101	Q3 2024	5.24% / 10.24%	288 / 29	128,780
11/13/2024	282,414	Q4 2024	5.24%	317	270,193
01/09/2025	417,515	Q4 2024	5.24%	374	396,284
01/24/2025	417,514	Final 2024	5.24%	389	395,455
Total	\$ 2,762,414				\$ 2,672,680

Consolidated Asset Management Services Pension Plan
2024 Form 5500
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Schedule SB, Line 22: Determination of Weighted Average Retirement Age

Retirement Decrement – Cash Balance
(Former NRG & PSEG)

Retirement Decrement - Final Average Pay (Former NRG)					Retirement Decrement - Final Average Pay (Former PSEG)					Retirement Decrement - Cash Balance (Former NRG & PSEG)				
Age	Retirement Rate	Persons Remaining	Retired	Weighted Years	Age	Retirement Rate	Persons Remaining	Retired	Weighted Years	Age	Retirement Rate	Persons Remaining	Retired	Weighted Years
50	0.0000	1.000	0.000	0.00	50	0.0125	1.000	0.013	0.63	50	0.0000	1.000	0.000	0.00
51	0.0000	1.000	0.000	0.00	51	0.0050	0.988	0.005	0.25	51	0.0000	1.000	0.000	0.00
52	0.0000	1.000	0.000	0.00	52	0.0100	0.983	0.010	0.51	52	0.0000	1.000	0.000	0.00
53	0.0000	1.000	0.000	0.00	53	0.0050	0.973	0.005	0.26	53	0.0000	1.000	0.000	0.00
54	0.0000	1.000	0.000	0.00	54	0.0600	0.968	0.058	3.14	54	0.0000	1.000	0.000	0.00
55	0.2000	1.000	0.200	11.00	55	0.1100	0.910	0.100	5.50	55	0.0375	1.000	0.038	2.06
56	0.2000	0.800	0.160	8.96	56	0.1025	0.810	0.083	4.65	56	0.0375	0.963	0.036	2.02
57	0.2000	0.640	0.128	7.30	57	0.0825	0.727	0.060	3.42	57	0.0375	0.926	0.035	1.98
58	0.2000	0.512	0.102	5.94	58	0.0975	0.667	0.065	3.77	58	0.0375	0.892	0.033	1.94
59	0.2000	0.410	0.082	4.83	59	0.1200	0.602	0.072	4.26	59	0.0375	0.858	0.032	1.90
60	0.2000	0.328	0.066	3.93	60	0.1225	0.530	0.065	3.89	60	0.0625	0.826	0.052	3.10
61	0.2000	0.262	0.052	3.20	61	0.1625	0.465	0.076	4.61	61	0.0625	0.774	0.048	2.95
62	0.2500	0.210	0.052	3.25	62	0.2750	0.389	0.107	6.64	62	0.0625	0.726	0.045	2.81
63	0.2500	0.157	0.039	2.48	63	0.2275	0.282	0.064	4.04	63	0.0625	0.681	0.043	2.68
64	0.3000	0.118	0.035	2.26	64	0.2150	0.218	0.047	3.00	64	0.1600	0.638	0.102	6.53
65	0.3000	0.083	0.025	1.61	65	0.2550	0.171	0.044	2.84	65	0.1600	0.536	0.086	5.57
66	0.3500	0.058	0.020	1.34	66	0.2575	0.127	0.033	2.17	66	0.1600	0.450	0.072	4.75
67	0.3500	0.038	0.013	0.88	67	0.2500	0.095	0.024	1.59	67	0.1600	0.378	0.061	4.05
68	0.4000	0.024	0.010	0.66	68	0.2825	0.071	0.020	1.36	68	0.1600	0.318	0.051	3.46
69	0.4000	0.015	0.006	0.40	69	0.1875	0.051	0.010	0.66	69	0.1600	0.267	0.043	2.95
70	1.0000	0.009	0.009	0.62	70	1.0000	0.041	0.041	2.90	70	1.0000	0.224	0.224	15.69
Average Sum (Sum of weighted years)				58.66	Average Sum (Sum of weighted years)				60.07	Average Sum (Sum of weighted years)				64.46
Number of Participants				10	Number of Participants				19	Number of Participants				115
Final Weighted Average Ret Age: 63.48														

Consolidated Asset Management Services Pension Plan
2024 Form 5500
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Schedule SB, Line 24: Change in Actuarial Assumptions

The interest crediting rate for Former NRG Cash Balances was updated from 5.07% to 5.56%.

The assumed administration expenses load was updated from \$200,000 to \$110,000 to reflect recent plan experience.

Consolidated Asset Management Services Pension Plan
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Schedule SB, Line 26a: Schedule of Active Participant Data

Attained Age	Years of Credited Service										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & Up	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	1	0	0	0	0	0	0	0	1
30 to 34	0	1	4	1	0	0	0	0	0	0	6
35 to 39	0	0	5	1	5	0	0	0	0	0	11
40 to 44	0	1	5	1	11	0	0	0	0	0	18
45 to 49	0	1	5	1	7	4	1	0	0	0	19
50 to 54	0	0	2	0	12	4	0	2	2	0	22
55 to 59	0	0	1	2	16	6	1	4	5	0	35
60 to 64	0	0	1	0	7	9	2	2	1	5	27
65 to 69	0	0	0	0	1	0	0	2	0	0	3
70 & Up	0	0	0	0	0	1	0	0	0	1	2
Total	0	3	24	6	59	24	4	10	8	6	144

Schedule SB, Line 32: Schedule of Amortization Bases

Date Established		Present Value		Annual Payment	Years Remaining
1/1/2023	\$	608,197	\$	58,048	14
1/1/2024		(504,426)		(45,893)	15
Totals	\$	103,771	\$	12,155	

Schedule SB, Part V: Statement of Actuarial Methods and Assumptions

Actuarial Cost Method

Traditional Unit Credit. The actuarial cost method for determining the Target Liability and Target Normal Cost is prescribed by the Pension Protection Act of 2006.

For determining the Target Liability, the present value of the benefits accumulated as of the valuation date is calculated by projecting future benefit payments of the accrued benefit, adjusted for the probability of payment according to the demographic assumptions, and discounting the payments to the valuation date using the segment interest rates. Payments made within five years of the valuation date are discounted using the first segment rate, payments made at least five but less than 20 years after the valuation date are discounting using the second segment rate, and payments made at least 20 years after the valuation date are discounted using the third segment rate. The Target Normal Cost is calculated in an identical manner, substituting the future benefit payments anticipated based on service earned during the current plan year (if any).

Asset Valuation

Market Value of Assets, including contributions receivable discounted to the valuation date using the prior plan year Effective Interest Rate.

The asset valuation method for valuation purposes is prescribed by the Pension Protection Act of 2006 based on elections made by the plan sponsor.

Valuation Date

January 1, 2024.

Interest

The interest assumption for valuation purposes is prescribed by the Pension Protection Act of 2006 based on elections made by the plan sponsor.

For Minimum Required Contribution

September 2023 segment rates (four month lookback) adjusted by the 25-year average segment rates for the plan year beginning January 1, 2024.

	1/1/2023		1/1/2024	
	Without Stabilization	With Stabilization	Without Stabilization	With Stabilization
First Segment	1.41%	4.75%	3.62%	4.75%
Second Segment	3.09%	5.00%	4.46%	4.87%
Third Segment	3.58%	5.74%	4.52%	5.59%
Effective Interest Rate	3.35%	5.37%	4.48%	5.24%

Schedule SB, Part V: Statement of Actuarial Methods and Assumptions

Expenses

Administrative expenses are assumed to be \$110,000 payable beginning of the year. For the prior year, \$200,000 was expected to be paid from plan assets.

Compensation Increases

3.0% per year including inflation.

Code Sections 401(a)(17) and 415(b) limitations

2.75% per year.

Social Security National Average Wage

3.0% per year.

Retirement Age

Retirement Rates are as follows:

Cash Balance:

Age	Former NRG/PSEG
55	3.75%
56	3.75%
57	3.75%
58	3.75%
59	3.75%
60	6.25%
61	6.25%
62	6.25%
63	6.25%
64	16.00%
65	16.00%
66	16.00%
67	16.00%
68	16.00%
69	16.00%
70	100.00%

Consolidated Asset Management Services Pension Plan
2024 Form 5500
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Schedule SB, Part V: Statement of Actuarial Methods and Assumptions

Retirement Age (continued)

Final Average Pay:

Age	Former NRG	Former PSEG ¹
50	0.00%	1.25%
51	0.00%	0.50%
52	0.00%	1.00%
53	0.00%	0.50%
54	0.00%	6.00%
55	20.00%	11.00%
56	20.00%	10.25%
57	20.00%	8.25%
58	20.00%	9.75%
59	20.00%	12.00%
60	20.00%	12.25%
61	20.00%	16.25%
62	25.00%	27.50%
63	25.00%	22.75%
64	30.00%	21.50%
65	30.00%	25.50%
66	35.00%	25.75%
67	35.00%	25.00%
68	40.00%	28.25%
69	40.00%	18.75%
70	100.00%	100.00%

Disability, vested and death benefits are assumed to be deferred until normal retirement age.

Turnover

Select and Ultimate rates.

Sample rates for male participants are as follows:

Age	Years of Service			
	<1	1-2	2-3	3 or More
25	9.51%	6.81%	4.59%	3.24%
40	6.51%	9.28%	2.89%	1.78%
55	14.45%	9.89%	2.44%	1.78%

Sample rates for female participants are as follows:

Age	Years of Service			
	<1	1-2	2-3	3 or More
25	19.53%	15.62%	5.76%	8.16%
40	14.16%	10.77%	3.72%	2.71%
55	8.48%	6.53%	4.87%	1.64%

¹ Participants aged 55 or older have a minimum rate of 10.00% in the year first eligible for unreduced pension benefits, 15.00% in the year eligible for subsidized retiree medical, and 15.00% in the year first eligible for both unreduced pension benefits and subsidized retiree medical benefits, if in the same year.

Schedule SB, Part V: Statement of Actuarial Methods and Assumptions

Disablement

Select and Ultimate rates.

Sample rates for male participants are as follows:

Age	Years of Service	
	Less than 20	20 or More
25	0.002%	0.021%
40	0.006%	0.075%
55	0.052%	0.902%

Sample rates for female participants are as follows:

Age	Years of Service	
	Less than 20	20 or More
25	0.008%	0.033%
40	0.034%	0.141%
55	0.169%	0.696%

Mortality

For Valuation

2024 IRS Generational Mortality Table per Treasury Reg. Section 430(h)(3) (changed from the 2023 IRS Separate Annuitant and Non-Annuitant Static Mortality Table).

The mortality assumption for valuation purposes is prescribed by the Pension Protection Act of 2006 based on elections made by the plan sponsor.

Marriage/Age of Spouse

70% of the population is assumed to be married with females assumed to be three years younger than males.

Schedule SB, Part V: Statement of Actuarial Methods and Assumptions

Form of Payment

Cash Balance - Former NRG ("Generation Bridge I") and Former PSEG ("Generation Bridge II" and "Parkway"):

Active Participants – Retirement Eligible¹:

Form of Payment	Election Percent
Immediate Lump Sum	75%
Immediate Single Life Annuity	10%
Immediate Joint & 75% Survivor	15%

¹ Participants represented by Local 246 are not eligible for an immediate disability benefit nor a lump sum benefit upon becoming disabled. These participants are assumed to elect the same form of payment as Final Average Pay participants who are not retirement eligible, described below.

Active Participants – Not Retirement Eligible:

Form of Payment	Election Percent
Immediate Lump Sum	75%
Deferred Single Life Annuity	10%
Deferred Joint & 75% Survivor	15%

Terminated Vested Participants:

Form of Payment	Election Percent
Immediate Lump Sum	75%
Deferred Single Life Annuity	10%
Deferred Joint & 75% Survivor	15%

Schedule SB, Part V: Statement of Actuarial Methods and Assumptions

Form of Payment (continued)

Final Average Pay – Former NRG (“Generation Bridge I”) and Former PSEG (“Generation Bridge II” and “Parkway”):

Active Participants – Retirement Eligible²:

Form of Payment	Election Percent
Immediate Single Life Annuity	45%
Immediate Joint & 75% Survivor	55%

² Participants represented by Local 457 are not eligible for an immediate disability benefit upon becoming disabled. These participants are assumed to elect the same form of payment as participants who are not retirement eligible, described below.

Active Participants – Not Retirement Eligible:

Form of Payment	Election Percent
Deferred Single Life Annuity	45%
Deferred Joint & 75% Survivor	55%

Terminated Vested Participants:

Form of Payment	Election Percent
Deferred Single Life Annuity	45%
Deferred Joint & 75% Survivor	55%

Interest Credit

Former NRG Cash Balances are assumed to increase 5.56% per year which is the 3rd segment rate of the September 2023 417(e) rates. (changed from the 5.07% per year which was the 3rd segment rate of the September 2022 417(e) rates).

Former PSEG Cash Balances are assumed to increase 6.00% per year.

Lump Sum Conversion

For Minimum Required Contribution

Code section 417(e) mortality and funding segment rates fixed at the valuation date.

Schedule SB, Part V: Statement of Actuarial Methods and Assumptions

Changes Since Prior Year

The following changes to assumptions were made since the prior year:

- The statutory segment interest rates and mortality tables for determining the Minimum Required Contributions and PBGC premiums were updated per IRS regulations.
- The interest crediting rate for Former NRG Cash Balances was updated from 5.07% to 5.56%.
- The assumed administrative expenses load was updated from \$200,000 to \$110,000.

Rationale for the Selection of Significant Actuarial Assumptions

The mortality table and interest rates used to value the Target Liability are prescribed by Law and selected based on certain elections by the Plan Sponsor. Consolidated Asset Management Services, LLC elected to use the three segment interest rates for the month that is four months prior to the valuation date (i.e., 4-month lookback period was elected) and the separate Annuitant and Non-Annuitant static version of the statutory mortality tables.

The demographic assumptions used by the prior plan will be maintained until there is significant experience under this plan to justify a change in assumptions. We reviewed the following factors to determine if the continued use of the prior plans assumptions were appropriate:

- The provisions of the plan that may promote retirement and/or termination at specific ages
- The make-up of the population of this plan compared to the prior plan
- Discussions with the plan sponsor on future pay expectations
- Our experience with similarly situated plans

Other assumptions reflected in the determination of plan assets and liabilities that are not specifically discussed in this section are not considered significant relative to the measurement.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Within the process for electronic filing of Form 5500, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB, which is attached in .pdf form to the electronic filing, will govern to the extent there are any differences between the data filed electronically and the data contained on the signed Schedule SB.

Schedule SB, Part V: Summary of Plan Provisions

Effective Date

October 29, 2021.

Plan Year

First plan year, December 1, 2021 to December 31, 2021. Thereafter, January 1 to December 31.

Former NRG: Generation Bridge I – Local 246 UWUA

Eligibility

First day of recognized employment as a member under Local 246 of UWUA. Participation is closed to new entrants.

Year of Service

The period commencing on the employee's Employment Commencement Date (or applicable Reemployment Commencement Date) and ending on the next following Severance from Service date, provided all discontinuous period of service shall be aggregated. A period of Service shall be stated in years and days.

For each Participant who was a participant in the Xcel Pension Plan on the Separation Date and became a Participant of the NRG Pension Plan on the Original Effective Date, Vesting Service and Periods of Service shall be increased to reflect any such periods of service recognized under the Xcel Pension Plan as of the Separation Date.

Eligible Earnings

Wages, tips, and other compensation paid to the Participant by the Employer and reportable in the box designated wages, tips, other compensation on Treasury Form W-2 for the applicable period, but excluding bonuses. Eligible Earnings are determined without regard to any amounts paid or reimbursed by the Employer for moving expenses incurred by the Participant.

Included items included elective contributions made by the Employer on behalf of the Participant that are not includible in gross income under sections 125, 132(f), 402(e)(3), 402(h), 403(b), 414(h)(2), and 457 of the Code.

Excluded items are (A) reimbursements or other expenses allowances, including meal allowances, relocation reimbursements, bonuses related to relocation, and other similar payments; (B) reimbursements or other expense allowances related to foreign assignments, including foreign service allowances, housing allowances, station allowances, hardship allowances, foreign tax equalization payments, and other similar payments; (C) payments for welfare benefit credits, fringe benefits, employees discounts, and other similar amounts; (D) final payments on account of Termination of Employment, including severance payments; (E) deferred compensation both when deferred and when received; (F) payments, discounts or grants under any stock purchase, stock option, or restricted stock plan; and (G) tax gross-ups.

Schedule SB, Part V: Summary of Plan Provisions

Former NRG: Generation Bridge I – Local 246 UWUA (continued)

Normal Retirement Benefit

Eligible on first of month coincident with or next following 65th birthday.

The Participant's Account Balance divided by the plan factor for the Life Only annuity form for the participant's age on the retirement date. The plan factor is determined using 417(e) mortality, and 417(e) interest rate for the September preceding the Plan Year. Benefit computed as life annuity.

Account Balance

A single lump sum dollar amount determined for each Participant which shall be adjusted periodically with Pay Credits and Interest Credits.

Any benefit payable under this plan shall be reduced by the benefit payable under the NRG Pension Plan (and any other "Seller Pension Plans" as defined in the NRG Purchase Agreement).

Pay Credit

As of the last day of each plan year, the Account Balance shall receive a Pay Credit equal to 7% of the Participant's Eligible Earnings for the Plan Year ending on that date. During year of termination and payment commences prior to the end of the plan year, the amount shall be credited as of the date benefit payments commence.

Interest Credit

As of the last day of each Plan Year, there shall be credited annual Interest Credit equal to the Interest Rate for the current Plan Year multiplied by the Account Balance as of the last day of the prior Plan Year (which shall include any Pay Credits made as of such last day of prior Plan Year).

Interest credits for a plan year in which distribution commences will be prorated based on the number of full calendar months in the plan year ending prior to the date on which distribution commences.

Interest credits shall continue to be made during disability, until the commencement of payments.

The Interest Rate for the Plan Year is the third segment rate of the applicable interest rate under Code section 417(e)(3) for the preceding September.

Early Retirement Benefit

Eligible on first month after participant has attained age 55 years and completed at least 10 years of Vesting Service.

The amount of the Participant's Accrued Benefit on the early retirement date provided that if payments commence prior to age 65, the benefit shall be one-twelfth of the annual amount determined by dividing the Participant's Account Balance as of the date payment commences by the plan's Life Only Annuity form factor for the Participant's Age as of commencement date.

Schedule SB, Part V: Summary of Plan Provisions

Former NRG: Generation Bridge I – Local 246 UWUA (continued)

Postponed Retirement Benefit

If a participant in receipt of a Normal Retirement Benefit continues in employment with the Employer beyond the January 1 following the calendar year in which such participant attains Age 70.5 and the Participant has commenced payment of benefits, the amount of such Participant's Normal Retirement Benefit shall be redetermined as of the Termination of Employment as of each January 1 upon which such Participant continues to be employed by the Employer as if that date were the date of Termination of Employment. The amount of increased benefit, if any, shall be paid to the Participant in the form originally determined for the Participant.

Disability Benefit

Disability which entitles the participant to Social Security benefits. Official Social Security determination must be received by the Plan Sponsor within 12 months after the Participant's last day of active work. Interest credits shall continue to be made during disability, until the commencement of payments. A participant shall not be considered to have had a termination of employment during disability.

Termination of Employment Benefit

Vesting Schedule

0% with fewer than 3 Years of Service.

100% with 3 or more Years of Service, or; death or attainment of normal retirement age while still an employee.

Benefit Commencement Date

Normal retirement date, unless employee elects earlier.

Benefit

One-twelfth of the annual amount determined by dividing the Participant's Account Balance as of the date payment commences by the plan's Life Only Annuity form factor for the Participant's Age as of commencement date.

Death Benefit

The entire Account Balance shall be payable to the Beneficiary of a fully vested Participant.

A surviving spouse shall receive distribution in the Life Only Annuity form in a monthly amount that is one-twelfth of the annual amount determined by dividing the Participant's Account Balance as of the annual amount determined by dividing the Participant's Account Balance as of the date payment commences by the factor for the Life Only Annuity form for the surviving spouse's age as of the payment date. A surviving spouse may elect to receive, in lieu of the Life Only Annuity form, a single lump sum equal to the Participant's Account Balance.

Nonspouse beneficiaries shall receive a single lump sum equal to the Participant's Account Balance as of the commencement date.

Schedule SB, Part V: Summary of Plan Provisions

Former NRG: Generation Bridge I – Local 246 UWUA (continued)

Normal Form of Payment

For an unmarried participant, a Life Only Annuity. For a married participant, a 50% Qualified Joint and Survivor Annuity.

Optional Methods of Receiving Benefit Payments

Options available include single lump sum payment in cash equal to the Account Balance determined on the last day of the month preceding the day payment is made, Life Only, Life and 10-Year Certain Annuity, Joint and 50% Survivor Annuity, Joint and 100% Survivor Annuity, or Joint and 75% Survivor Annuity. These options are generally calculated using 417(e) mortality, and 417(e) interest rate for the September preceding the Plan Year.

Former NRG: Generation Bridge I – Supplement 1 Northeast

Eligibility

An Employee who is represented by Local Union 97 of IBEW and who has at least one Hour of Service (while represented by Local Union 97) prior to October 1, 2003. Participation is closed to new entrants.

Year of Service

An employee shall be credited with a year of Service as of January 1 of the first Plan Year that begins after the Employee's date of hire, and as of January 1 of each succeeding Plan year if the Employee is actively employed until severance from service date.

Compensation

Basic pay excluding all premium pay, for the regularly scheduled hours of work not in excess of 40 per week. Compensation shall include (A) bonuses, as computed for vacation pay, where included in a standard wage plan; and (B) credit for basic earnings not paid to a Participant because of disability for a period of not over 26 weeks duration for any one disability, not to exceed an aggregate total of 26 weeks during any 52 consecutive week period. Compensation shall be determined monthly to allocate Pay Based Credits to a Participant's Account.

Normal Retirement Benefit

Eligible on first of month coincident with or next following 65th birthday.

A benefit equal to the Accrued Benefit.

Any benefit payable under this plan shall be reduced by the benefit payable under the NRG Pension Plan (and any other "Seller Pension Plans" as defined in the NRG Purchase Agreement).

Schedule SB, Part V: Summary of Plan Provisions

Former NRG: Generation Bridge I – Supplement 1 Northeast (continued)

Minimum Benefits

There is a minimum benefit for Transferred Participant who was actively employed by Niagara Mohawk on July 1, 1998 and is an Eligible Employee on October 1, 2004, and who either (a) had attained age 40 and had 10 or more years of Service as of July 1, 1998, or (b) had 5 (or more) years of Service and had combined age and Service points equal to at least 50 as of the Transfer Date. The benefit shall be the greater of the cash balance formula or the benefit determined under the formula in the Niagara Mohawk plan in effect on June 30, 1998, comparing the life annuity payable under each formula as of the Benefit Commencement Date.

Account

A bookkeeping account established and maintained for a Participant.

Any benefit payable under this plan shall be reduced by the benefit payable under the NRG Pension Plan (and any other "Seller Pension Plans" as defined in the NRG Purchase Agreement).

Accrued Benefit

Benefit payable monthly as a single life annuity equal to the Actuarial Equivalent of the Participant's Account as of commencement date.

Pay Credit

As of the last day of each month, the Account Balance shall receive a Pay Credit equal to a percentage of the Participant's Compensation for all or part of such month. The percentage is based on years of Service in accordance with the following schedule, where years of Service are increased as of January 1 for actively employed Participants, or on the first day of reemployment in the Plan Year without a gap in Service:

Years of Service	Percentage
0 but less than 5	4.0%
5 but less than 10	5.0%
10 but less than 15	6.0%
15 but less than 20	7.0%
20 or more	8.0%

Interest Credit

As of the last day of each month, the Account shall be increased by crediting the balance in the Account as of the last day of the preceding calendar month. The Interest Credit is based on one-twelfth of the applicable interest rate with respect to such plan year.

Interest Credits shall continue to be credited after a Participant ceases to be an Eligible Employee, but not after a Participant's Benefit Commencement Date.

The Interest Rate for the Plan Year is the third segment rate of the applicable interest rate under Code section 417(e)(3) for the preceding September.

Schedule SB, Part V: Summary of Plan Provisions

Former NRG: Generation Bridge I – Supplement 1 Northeast (continued)

Early Retirement Benefit

Eligible on first month after participant has attained age 55 years and completed at least 10 years of Service, which is earlier than the Normal Retirement Date.

The Actuarial Equivalent of the Accrued Benefit, determined using 417(e) mortality, and 417(e) interest rate for the September preceding the Plan Year

Postponed Retirement Benefit

A benefit equal to the Accrued Benefit commencing on a date that is after the Normal Retirement Date. A Participant who has reached Normal Retirement Age is deemed retired and entitled to benefits if employed for less than 40 Hours of Service per month.

Disability Benefit

Service shall be credited for vesting if needed for a Participant receiving benefits under a disability plan maintained by the Employer. It shall not be counted in determining the rate of Pay Based Credits for a reemployed Participant.

A Participant who terminates due to disability who has a vested benefit may elect to receive benefits immediately or to defer the receipt of benefits as late as the month following the last month for which disability benefits are paid. A Participant who does not have a vested interest when first disabled subsequently may become vested while benefits are payable under the Employer's disability plan. If a Participant elects a Benefit Commencement Date before the end of the maximum period payable under the Employer's disability plan, the disability plan benefits for the remainder of the period will be terminated or reduced.

The Participant may elect to receive benefits where the benefit amount shall be the Actuarial Equivalent of the Accrued Benefit as of the Benefit Commencement Date

Termination of Employment Benefit

Vesting Schedule

0% with fewer than 3 Years of Service.

100% with 3 or more Years of Service or attainment of normal retirement age while still an employee.

Benefit Commencement Date

Normal retirement date, unless employee elects earlier.

Benefit

A vested terminated Participant shall be entitled to receive their Accrued Benefit upon reaching Normal Retirement Date. Alternatively, the Participant may elect to receive benefits as of any earlier Benefit Commencement Date where the benefit amount shall be the Actuarial Equivalent of the Accrued Benefit as of the Benefit Commencement Date.

Schedule SB, Part V: Summary of Plan Provisions

Former NRG: Generation Bridge I – Supplement 1 Northeast (continued)

Death Benefit

Benefits are payable to the Surviving Spouse or other Beneficiary of a vested Participant.

A Surviving Spouse shall be entitled to a Qualified Preretirement Survivor Annuity, unless this benefit was waived. If the Participant dies after reaching Normal Retirement Age, the Surviving Spouse's annuity shall be the Actuarial Equivalent of the Accrued Benefit as of the last day of the month in which the Participant died. Alternatively, the Surviving Spouse may elect to receive an Actuarially Equivalent lump sum distribution. If a Participant dies before reaching Normal Retirement, the Surviving Spouse may elect to receive an annuity or Actuarially Equivalent lump sum as of the first day of the month following the date of the Participant's death or to defer payment no later than the Participant's Normal Retirement Date. The annuity payments shall be the Actuarial Equivalent of the Participant's Accrued Benefit as of the last day of the month in which the Participant died.

Nonspouse beneficiaries shall receive a lump sum as soon as administratively feasible after the month of the Participant's death. The lump sum shall be equal to 100% of the Participant's Account as of the last day of the month in which the Participant died, or the Actuarial Equivalent of the benefit determined under the minimum benefit rules.

If no designated Beneficiary or Surviving Spouse survives the Participant, the lump sum payment shall be made to the Participant's estate.

Normal Form of Payment

For an unmarried participant, a Straight Life Annuity. For a married participant, the Automatic Surviving Spouse Option (ASSO) is a 50% Qualified Joint and Survivor Annuity.

Optional Methods of Receiving Benefit Payments

Unmarried participants may waive the Straight Life Annuity normal form of payment, and elect to receive an Actuarially Equivalent lump sum payment (no less than the Account Balance) as of the Benefit Commencement Date.

Married participants not eligible for "Early Retirement Option" (described below) may waive the ASSO and elect an Actuarially Equivalent lump sum payment (no less than the Account Balance) as of the Benefit Commencement Date, 100% Joint and Survivor Annuity, 75% Joint and Survivor Annuity, 25% Joint and Survivor Annuity, 100% Joint and Survivor Annuity with a Pop-Up, 50% Joint and Survivor Annuity with a Pop-Up, 25% Joint and Survivor Annuity with a Pop-Up, or a Straight Life annuity.

Married participants eligible for the "Early Retirement Option" are those Transferred Participants hired before July 1, 1998 who receive benefits at an Early Retirement Date. They may waive the ASSO and elect any of the benefits listed above for Married participants not eligible for "Early Retirement Option" or may elect the "Early Retirement Option". The "Early Retirement Option" is (A) until Normal Retirement Date, the benefit shall be the amount payable as a straight life annuity; (B) if the Participant dies before reaching Normal Retirement Date, the spouse shall be paid the amount that would be paid if that Participant had elected a 100% Joint and Survivor annuity option; (C) As of Normal Retirement Date, the Participant may elect any of the other optional forms available to Married participants, where the ASSO is a 75% Joint and Survivor Annuity.

Schedule SB, Part V: Summary of Plan Provisions

Former NRG: Generation Bridge I – Supplement 1 Northeast (continued)

Lump Sums options are calculated using 417(e) mortality, and 417(e) interest rate for the September preceding the Plan Year. The annuity forms of payment are calculated using 6% interest with the 1976-1980 Basic GAM Table (the 1971 GAM Table with margins removed projected to 1978 with Scale E) adjusted to be 95% of the male participant factor plus 5% of the female participant factor.

Former NRG: Generation Bridge I – Supplement 2 Connecticut

Eligibility

An Employee who is represented by Local 420 or Local 457 of the IBEW and who has at least one Hour of Service on or after the Separation Date (i.e. December 5, 2003). Participation was frozen as of January 1, 2005.

Year of Service

All completed years and completed months (expressed as twelfths of years) of service with the Employer after the Separation Date and while an Active Participant.

Compensation

Actual regular earnings plus shift differentials, Sunday premium pay, on-call pay, and overtime earnings, and any other amounts deemed to have earned pursuant to uniform rules adopted by the Plan Sponsor, excluding any earnings or amounts the receipt of which is deferred by a Participant pursuant to a plan or agreement that is not qualified under the Code. Any elective contributions made by the Employer on behalf of a Participant that are not includible in gross income under sections 401(k), 125, or 132(f)(4) of the Code shall be regarded as Compensation.

Final Average Earnings

Highest average annual Compensation earned for Credited Service during any 60 consecutive payroll months (or lesser period of receiving Compensation) preceding the calendar month in which Credited Service ends. In determining highest average annual Compensation, periods the Participant was not receiving Compensation shall be disregarded.

Normal Retirement Benefit

A participant whose employment terminates on their Normal Retirement Date, or before that date and on or after the date the Participant attains age 65 shall be deemed to have retired on his or her Normal Retirement Date.

The sum of:

1. 1.25% of Final Average Earnings not in excess of Covered Compensation and 1.50% of any such excess, multiplied by Credited Service not in excess of 35 years, plus
2. 0.50% of Final Average Earnings multiplied by Credited Service in excess of 35 years.

Schedule SB, Part V: Summary of Plan Provisions

Former NRG: Generation Bridge I – Supplement 2 Connecticut (continued)

Early Retirement Benefit

A Participant whose employment terminates after attaining age 55 and completing 10 years of Credited Service.

Computed by same formula as normal retirement benefit, reduced by factors below adjusted monthly for completed months since the most recent birthday, except that if the sum of such Participant's age and years of Credited Service is equal to or greater than 85 at termination date the benefit is not reduced by the factors shown below.

Reductions are as follows:

Age at Benefit Commencement	Under 30 Years Credited Service	30 Years or More Credited Service
65	100%	100%
64	98%	100%
63	96%	100%
62	94%	100%
61	92%	100%
60	90%	100%
59	87%	87%
58	84%	84%
57	81%	81%
56	78%	78%
55	75%	75%

Postponed Retirement Benefit

The monthly benefit calculated at actual retirement date using compensation and service earned through actual retirement date. In no event shall payments commence later than the Participant's Required Beginning Date.

Termination of Employment Benefit

Vesting Schedule

0% with fewer than 5 Years of Service.

100% with 5 or more Years of Service, or attainment of Normal Retirement Date.

Benefit Commencement Date

A Participant may elect to commence benefits the first day of any month coinciding with or following (a) such termination and (b) attainment of age 55, but no later than Normal Retirement Date.

Benefit

The Actuarial Equivalent of the Basic Retirement Amount.

Schedule SB, Part V: Summary of Plan Provisions

Former NRG: Generation Bridge I – Supplement 2 Connecticut (continued)

Death Benefit

Death of a Vested Participant while Active before age 65:

- (a) The Spouse of a Participant who reached age 55 and completed at least 10, but less than 20 years of Credited Service shall receive a benefit equal to the amount of the monthly installment they would have received if the Participant retired on the first of the month coinciding with or next following the date of death and elected received benefits in the form 50% Contingent Annuitant Option commencing on retirement date and died the following day.
- (b) The Spouse of a Participant who reached age 45 and completed at least 20 years of Credited Service shall receive a benefit equal to the amount of the monthly installment they would have received if the Participant retired on the first of the month coinciding with or next following the date of death without adjustment for commencement prior to the Participant's Normal Retirement Date and elected received benefits in the 50% Contingent Annuitant Option commencing on retirement date and died the following day.
- (c) The Spouse of a Participant who completed at least 5 years of Credited Service, but had not attained either age 55 and completed 10 years of Credited Service or attained age 45 and completed 20 years of Credited Service, shall receive a benefit equal to the amount of the monthly installment they would have received if the Participant had separated from service on the date of death, survived to the Earliest Retirement Age, retired and elected benefits in the form 50% Contingent Annuitant Option commencing on the Earliest Retirement Age, and died on the date after the Earliest Retirement Age.

Death of a Vested Participant after Termination: The Spouse of a terminated Vested Participant who dies prior to Benefit Commencement shall be entitled to receive a benefit equal to the amount of the monthly installment they would have received if the Participant had survived to the Earliest Retirement Age, retired and elected benefits in the form 50% Contingent Annuitant Option commencing on the Earliest Retirement Age, and died on the date after the Earliest Retirement Age.

Normal Form of Payment

For an unmarried participant, Straight Life Annuity. For a married participant, a 50% Joint and Survivor Annuity.

Optional Methods of Receiving Benefit Payments

Options available include Straight Life Annuity, 50% Joint & Survivor Annuity, 66-2/3% Joint & Survivor Annuity, 75% Joint & Survivor Annuity, 100% Joint & Survivor Annuity, 10 year Certain and Life Annuity, and Level Income Option.

Lump Sums and level income options are calculated using 417(e)(3) mortality, and the interest rate that results in the largest lump sum or level income benefit – (i) 6.50%; (ii) 417(e)(3) interest rate for the September preceding the Plan Year; or (iii) 417(e)(3) interest rate for the November preceding the Plan Year. All other forms of payment are calculated using 6.50% interest with the 1971 Towers, Perrin, Forster & Crosby Forecast Mortality Table, with a six-year age setback in the case of Contingent Annuitant or other beneficiary mortality.

Schedule SB, Part V: Summary of Plan Provisions

Former PSEG: Generation Bridge II and Parkway – Final Average Pay Supplement

Eligibility

Each Eligible Employee who is a Transferred Employee in connection with the Parkway Generation Closing Date or the Generation Bridge Closing Date shall become a Participant in the Final Average Pay Supplement on the first day of employment with the Employer on or after the applicable Closing Date.

This Supplement is closed to new participation.

Credited Service

Service includes periods prior to the PSEG Closing Date to the same extent that such Participant's service was recognized under the PSEG Pension Plan.

Credited Service shall include the period from the date of commencement of their employment as an Employee to the date the Employee quits, retires, is discharged, dies, or the first anniversary of the first day of an Employees absence from employment with an Employer for any other reason, such as vacation, sickness, layoff, or military service.

Compensation

Total remuneration paid for services rendered to the Employer, excluding the Employer's cost for any public or private employee benefit plan, including the Plan, but including all elective contributions that are made by the Employer on behalf of Participants which are not includible in income under Sections 125, 132(f)(4) or 401(k) of the Code. Compensation shall not include items listed in the Plan Document.

Compensation for Participants who are subject to a collective bargaining agreement shall be limited to a Participant's base pay, their overtime pay and amounts received pursuant to the incentive compensation program in which they are a participant.

Compensation for Participants who are not subject to a collective bargaining agreement shall be limited to a Participant's base pay, their overtime pay (not to exceed 20% of base pay on a calendar year basis), and amounts received pursuant to the incentive compensation program in which they are a participant.

Schedule SB, Part V: Summary of Plan Provisions

Former PSEG: Generation Bridge II and Parkway – Final Average Pay Supplement (continued)

Final Earnings

For Participants who are subject to a collective bargaining agreement, Final Earnings of a Participant for the 5 years of highest Compensation after December 31, 1994. In the event that a Participant has less than 5 years of Credited Service, final Earnings shall mean the average annual Compensation for all years of Credited Service.

For purposes of Participants who are not subject to a collective bargaining agreement the Final Earnings shall mean the average annual Compensation of a Participant for the highest seven years after December 31, 2011. In the event a Participant has less than 7 years of Credited Service after December 31, 2011, Final Earnings shall mean the average annual Compensation for all years of Credited Service after December 31, 2011. Prior to December 31, 2011, the Final Earnings shall mean the same as above for Participants who are subject to a collective bargaining agreement.

Normal Retirement Benefit

Eligible on the 65th birthday.

For Participants who are subject to a collective bargaining agreement the annual benefit is determined as:

1. 1.3% of Final Earnings not in excess of \$24,600, plus 1.5% of Final Earnings above \$24,600, multiplied by the Participant's Credited Service not to exceed 35 years, plus
2. 1.5% of Final Earnings multiplied Credited Service which exceeds 35 years.

For Participants who are not subject to a collective bargaining agreement the annual benefit is determined as:

1. 1.3% of Final Earnings determined as of December 31, 2011 not in excess of \$24,600, plus 1.5% of Final Earnings determined as of December 31, 2011 above \$24,600, multiplied by the Participant's Credited Service determined as of December 31, 2011 not to exceed 35 years, plus
2. 1.5% of Final Earnings determined as of December 31, 2011 multiplied by the Participant's Credited Service determined as of December 31, 2011 which exceeds 35 years; and
3. 1.3% of Final Earnings beginning after December 31, 2011 not in excess of \$24,600, plus 1.5% of Final Earnings beginning after December 31, 2011 above \$24,600, multiplied by the Participant's Credited Service less the Credited Service as of December 31, 2011, not to exceed 35 years, plus
4. 1.5% of Final Earnings beginning after December 31, 2011 multiplied by the Participant's Credited Service less the Credited Service as of December 31, 2011, which exceeds 35 years.

In no case will the annual benefit be less than \$5,000 (a different minimum benefit applies to certain participants).

Schedule SB, Part V: Summary of Plan Provisions

Former PSEG: Generation Bridge II and Parkway – Final Average Pay Supplement (continued)

Normal Retirement Benefit (continued)

Except for a Niagara Mohawk Participant, the annual benefit is determined as:

1. 1.05% of Final Earnings not in excess of \$16,500, plus 1.45% of Final Earnings above \$16,500, multiplied by the Participant's Credited Service not to exceed 10 years, plus
2. 1.35% of Final Earnings not in excess of \$16,500, plus 1.75% of Final Earnings above \$16,500, multiplied by the Participant's Credited Service above 10 years not to exceed 30 years, plus
3. 1.00% of Final Earnings, multiplied by the Participant's Credited Service above 30 years not to exceed 40 years.

The benefit determined above for a Niagara Mohawk Participant is compared to the value of a cash balance account to provide the larger of the two benefits.

Early Retirement Benefit

Prior to Normal Retirement Age a Participant may retire when the sum of their age and Credited Service equals or exceeds 80, except that a Niagara Mohawk Participant's Early Retirement occurs after attaining age 55 and completing 10 years of service.

Computed by same formula as normal retirement benefit reduced by 7% per year, prorated for each month, for payments prior to age 60. A participant who Retires on or after attaining age 55 and has completed 25 or more years of Credited Service shall not have their Pension reduced.

Except for a Niagara Mohawk Participant, the benefit is computed by same formula as normal retirement benefit reduced based on the following table.

Age at Benefit Commencement	Under 86 Points	86 or More Points
65	100%	100%
64	100%	100%
63	100%	100%
62	100%	100%
61	100%	100%
60	100%	100%
59	95%	100%
58	90%	100%
57	85%	100%
56	80%	100%
55	75%	100%

Additional Pension

A Participant who retires before age 65 shall receive an additional pension until the retiree attains age 65. The additional benefit is equal to \$5.00 per Credited Service at the time of Retirement for Participants who are covered under a collective bargaining agreement (except those covered by Local 1), and \$4.00 per Credited Service at the time of Retirement for other Participants.

Schedule SB, Part V: Summary of Plan Provisions

Former PSEG: Generation Bridge II and Parkway – Final Average Pay Supplement (continued)

Postponed Retirement Benefit

The monthly benefit calculated at actual retirement date using compensation and service earned through actual retirement date.

Disability Benefit

Eligible for a Vested Participant who terminates on account of Disability. An unmarried Participant shall be paid a Single Life Annuity, and a married Participant shall be paid a joint and survivor annuity.

A Participant who has completed at least 20 years of Credited Service shall have determination of Disability shall be made by the Plan Sponsor's medical department or by a physician designated by or acceptable to the Administrator.

A Participant who has completed fewer than 20 years of Credited Service shall meet eligibility criteria for the purpose of qualifying for Social Security disability benefits. Initial determination shall be made by the Plan Sponsor's medical department or by a physician designated by or acceptable to the Administrator. Such pension will be discontinued (a) at the time the SSA makes a final determination to deny the Participant's application for Social Security benefits; (b) at the end of the 30-month period following the Participant's termination; or (c) if the application for Social Security disability benefits is under active consideration at the end of the 30-month period at such time the SSA makes a final determination to deny the Participant's application for Social Security benefits.

Termination of Employment Benefit

Vesting Schedule

0% with fewer than 5 Years of Service.

100% with 5 or more Years of Service, or; attainment of normal retirement age while still an employee.

Benefit Commencement Date

Normal retirement date, unless employee elects earlier.

Benefit

Computed by same formula as early retirement benefit.

Death Benefit

The spouse of a vested active participant who dies shall receive an immediate benefit equal to one half the participant's benefit calculated in the same manner as the normal retirement benefit (using pay and service through the date of death), reduced by one twelfth of 0.8% for each month by which the spouse is younger than the participant.

The spouse of a covered terminated vested participant who dies after termination and before beginning to receive benefits shall receive a benefit calculated as if the participant had chosen to retire on that date, had selected the 50% joint and survivor benefit, and then had died.

Schedule SB, Part V: Summary of Plan Provisions

Former PSEG: Generation Bridge II and Parkway – Final Average Pay Supplement (continued)

Normal Form of Payment

For an unmarried participant, single life annuity payable in monthly installments. For a married participant, a 50% Qualified Joint and Survivor Annuity payable in monthly installments.

Optional Methods of Receiving Benefit Payments

Options available include:

100% joint and survivor annuity;
75% joint and survivor annuity;
50% joint and survivor annuity; or
Straight life annuity with no survivor benefit.

For each of the joint and survivor annuity options, if the beneficiary dies within five years of the participant commencing his/her benefit, the participant's benefit will be reverted to a single life annuity.

For Niagara Mohawk Participants, the following additional options are available upon retirement:

Lump Sum payment;
25% joint and survivor annuity;
100% joint and survivor annuity with a "pop up";
50% joint and survivor annuity with a "pop up"; or
25% joint and survivor annuity with a "pop up".

For Niagara Mohawk Participants who retire prior to the Normal Retirement Age may elect an "Early Retirement Option" which provides for the form of payments options above payable at age 65. Prior to age 65, the participant receives a straight life annuity benefit. If the participant dies prior to age 65, the spouse receives the benefit as if the participant had elected a 100% joint and survivor annuity.

Former PSEG: Generation Bridge II and Parkway – Represented Cash Balance

Eligibility

Each Eligible Employee who is a Transferred Represented Employee in connection with the Parkway Generation Closing Date or the Generation Bridge II Closing Date and who was a Participant in the Represented Cash Balance Component of either the PSEG Pension Plan I or the PSEG Pension Plan II immediately prior to the Parkway Generation Closing Date or the Generation Bridge Closing Date shall become a Participant in the Represented Cash Balance Supplement on the first day of employment with the Employer on or after the Parkway Generation Closing Date or the Generation Bridge Closing Date.

An Eligible Employee who is a Represented Employee but not a Transferred Represented Employee shall become a Participant in the Represented Cash Balance Supplement on the first day of employment with the Employer.

Consolidated Asset Management Services Pension Plan
2024 Form 5500
EIN/PN: 41-2239010/004
This Supplement is closed to new participation.

Schedule SB, Part V: Summary of Plan Provisions

Former PSEG: Generation Bridge II and Parkway – Represented Cash Balance (continued)

Credited Service

Credited Service shall include the period from the date of commencement of their employment as an Employee to the date the Employee quits, retires, is discharged, dies, or the first anniversary of the first day of an Employees absence from employment with an Employer for any other reason, such as vacation, sickness, layoff, or military service.

Compensation

Total remuneration paid for services rendered to the Employer, excluding the Employer's cost for any public or private employee benefit plan, including the Plan, but including all elective contributions that are made by the Employer on behalf of Participants which are not includible in income under Sections 125, 132(f)(4) or 401(k) of the Code. Compensation shall not include items listed in the Plan Document.

Compensation for Participants who are subject to a collective bargaining agreement shall be limited to a Participant's base pay, their overtime pay and amounts received pursuant to the incentive compensation program in which they are a participant.

Normal Retirement Benefit

Eligible on 65th birthday.

A benefit equal to the Accrued Benefit calculated as a single life annuity on their Normal Retirement Date. The value of the Cash Balance Account shall be determined as of the Annuity Starting Date.

Cash Balance Account

Notional account for each Participant equal to the sum of the Participant's Service and Age Points and Interest Credits.

Accrued Benefit

As of any given date, the monthly amount as a single life annuity commencing on the Participant's Normal Retirement Date determined by: (i) Crediting the Participant's Cash Balance Account valued as of the last day of the Plan Year prior to such given date with interest from given date to the Participant's Normal Retirement Date; and (ii) Applying a factor based on the Applicable Interest rate and Applicable Mortality Table.

Schedule SB, Part V: Summary of Plan Provisions

Former PSEG: Generation Bridge II and Parkway – Represented Cash Balance (continued)

Service and Age Points

As of the last day of each Plan Year, Service and Age Points shall be credited to a Cash Balance Account equal to a percentage of their Compensation in such Plan Year. The percentage is determined on the basis of the Participant's years and months of Credited Service and their attained age (including both years and months) as of the last day of such Plan Year and Compensation for such Plan Year in accordance with the following table for each calendar year in which the participant receives Compensation:

Service and Age Points (Years and Months of Credited Service Plus Attained Age)	Allocation
<30	2.00%
30-39	2.50%
40-49	3.25%
50-59	4.25%
60-69	5.50%
70-79	7.00%
80-89	9.00%
90+	12.00%

Interest Credit

Credited daily to a Participant's Cash Balance as of the last day of each Plan Year by applying the Interest Credit rate to the value of the Participant's Cash Balance Account as of the last day of the previous Plan Year.

Interest Credits shall continue to be credited after a Participant ceases to be an Eligible Employee, but cease as of the date payment begins

The Interest Credit Rate shall equal 6% simple interest compounded annually.

Early Retirement Benefit

Eligible at age 55 years and 5 years of Service.

The Actuarial Equivalent of the Accrued Benefit. The value of the Cash Balance Account shall be determined as of the Annuity Starting Date.

Deferred Retirement Benefit

A participant who remains an Employee beyond their Normal Retirement Date shall be entitled to a monthly amount equal to the Accrued Benefit at Severance from Service. The value of the Cash Balance Account shall be determined as of the Annuity Starting Date.

Schedule SB, Part V: Summary of Plan Provisions

Former PSEG: Generation Bridge II and Parkway – Represented Cash Balance (continued)

Disability Benefit

A Participant who incurs a Severance from Service by reason of Total and Permanent Disability shall be entitled to a disability retirement benefit.

An eligible participant who is entitled to long-term disability benefits from a plan of the Employer shall continue to be allocated Interest Credits and shall be entitled to a disability retirement benefit based on the value of the Cash Balance Account as of the Participant's Annuity Starting Date. The monthly amount shall be the Actuarial Equivalent of the Accrued Benefit as of the Annuity Starting Date.

Termination of Employment Benefit

Vesting Schedule
100% with an Hour of Service.

Benefit Commencement Date
Normal retirement date, unless employee elects earlier.

Benefit
A vested terminated Participant shall be entitled to receive the Actuarial Equivalent of the Accrued Benefit as of the Benefit Commencement Date. The Cash Balance Account shall be determined as of the Annuity Starting Date.

Death Benefit

Benefits are payable to the Surviving Spouse or other Beneficiary of a vested Participant.

A Surviving Spouse shall be entitled to a single life annuity, the monthly amount equal to the benefit the Participant would have been entitled if the Participant had, on the day before their death, immediately commenced receiving their Cash Balance Account in a single life annuity form of payment. In lieu of the annuity, a surviving spouse may elect to receive a lump sum benefit equal to the balance in the participant's cash balance account.

Nonspouse beneficiaries shall be entitled to the amount of the participant's cash balance account paid as a single life annuity or a lump sum.

If no designated Beneficiary or Surviving Spouse survives the Participant, the lump sum payment shall be made to the Participant's estate.

Normal Form of Payment

For an unmarried participant, single life annuity payable in monthly installments. For a married participant, a 50% Qualified Joint and Survivor Annuity payable in monthly installments.

Optional Methods of Receiving Benefit Payments

Options available include 50% Joint and Survivor Annuity, 75% Joint and Survivor Annuity, 100% Joint and Survivor Annuity, Single Life Annuity, or Lump Sum. They can also choose a Combination 50% Lump Sum and 50% Single Life or Joint Life Annuity.

Schedule SB, Line 15: Reconciliation of differences between valuation results and amounts used to calculate AFTAP

The AFTAP reported on line 15 is the certified AFTAP for the plan year and does not correspond to the valuation results reported on this Schedule SB, which are the final results for the plan year resulting in a final AFTAP of 99.42%. The AFTAP was not recertified because it was not a material change that would impact the administration of the plan for purposes of 436 contributions or unpredictable contingent event benefits.

The AFTAP reported on line 15 was certified on September 30, 2024 and reflects the final Funding Target and a preliminary asset value. The contributions allocated to the 2024 plan year were adjusted for the final valuation reflected on the Schedule SB, changing the discounted receivable contributions and therefore the Actuarial Value of Assets (AVA).

Date of AFTAP certification/recertification	AFTAP	Description and the amount of each adjustment to the funding target, AVA, carryover balance, prefunding balance
September 30, 2024	105.45%	The AFTAP Certification reflects an AVA of \$18,915,630 that includes discounted receivable contributions of \$3,374,925. The final valuation results reported on this Schedule SB reflect an AVA of \$17,833,614 that includes discounted receivable contributions of \$2,292,909.

Consolidated Asset Management Services Pension Plan
2024 Form 5500
EIN/PN: 41-2239010/004

Schedule SB, Line 19c – Discounted Employer Contributions

Date	Amount	Applied To	Interest Rate Used to Adjust Contributions	Period Each Interest Rate Applied (days)	Interest Adjusted Contribution
01/19/2024	\$ 263,761	Q1 2024	5.24%	18	\$ 263,100
02/12/2024	263,761	Q1 2024	5.24%	42	262,220
04/04/2024	19,513	Q1 2024	5.24%	94	19,259
04/04/2024	398,002	Q2 2024	5.24%	94	392,815
04/29/2024	147,318	Q2 2024	5.24%	119	144,892
10/28/2024	417,515	Q3 2024	5.24% / 10.24%	288 / 13	399,682
11/13/2024	135,101	Q3 2024	5.24% / 10.24%	288 / 29	128,780
11/13/2024	282,414	Q4 2024	5.24%	317	270,193
01/09/2025	417,515	Q4 2024	5.24%	374	396,284
01/24/2025	417,514	Final 2024	5.24%	389	395,455
Total	\$ 2,762,414				\$ 2,672,680

Schedule SB, Line 22: Determination of Weighted Average Retirement Age

Retirement Decrement – Final Average Pay (Former NRG)

Retirement Decrement - Final Average Pay (Former NRG)				
Age	Retirement Rate	Persons Remaining	Retired	Weighted Years
50	0.0000	1.000	0.000	0.00
51	0.0000	1.000	0.000	0.00
52	0.0000	1.000	0.000	0.00
53	0.0000	1.000	0.000	0.00
54	0.0000	1.000	0.000	0.00
55	0.2000	1.000	0.200	11.00
56	0.2000	0.800	0.160	8.96
57	0.2000	0.640	0.128	7.30
58	0.2000	0.512	0.102	5.94
59	0.2000	0.410	0.082	4.83
60	0.2000	0.328	0.066	3.93
61	0.2000	0.262	0.052	3.20
62	0.2500	0.210	0.052	3.25
63	0.2500	0.157	0.039	2.48
64	0.3000	0.118	0.035	2.26
65	0.3000	0.083	0.025	1.61
66	0.3500	0.058	0.020	1.34
67	0.3500	0.038	0.013	0.88
68	0.4000	0.024	0.010	0.66
69	0.4000	0.015	0.006	0.40
70	1.0000	0.009	0.009	0.62
Average Sum (Sum of weighted years)				58.66
Number of Participants				10

Retirement Decrement – Final Average Pay (Former PSEG)

Retirement Decrement - Final Average Pay (Former PSEG)				
Age	Retirement Rate	Persons Remaining	Retired	Weighted Years
50	0.0125	1.000	0.013	0.63
51	0.0050	0.988	0.005	0.25
52	0.0100	0.983	0.010	0.51
53	0.0050	0.973	0.005	0.26
54	0.0600	0.968	0.058	3.14
55	0.1100	0.910	0.100	5.50
56	0.1025	0.810	0.083	4.65
57	0.0825	0.727	0.060	3.42
58	0.0975	0.667	0.065	3.77
59	0.1200	0.602	0.072	4.26
60	0.1225	0.530	0.065	3.89
61	0.1625	0.465	0.076	4.61
62	0.2750	0.389	0.107	6.64
63	0.2275	0.282	0.064	4.04
64	0.2150	0.218	0.047	3.00
65	0.2550	0.171	0.044	2.84
66	0.2575	0.127	0.033	2.17
67	0.2500	0.095	0.024	1.59
68	0.2825	0.071	0.020	1.36
69	0.1875	0.051	0.010	0.66
70	1.0000	0.041	0.041	2.90
Average Sum (Sum of weighted years)				60.07
Number of Participants				19

Retirement Decrement – Cash Balance (Former NRG & PSEG)

Retirement Decrement - Cash Balance (Former NRG & PSEG)				
Age	Retirement Rate	Persons Remaining	Retired	Weighted Years
50	0.0000	1.000	0.000	0.00
51	0.0000	1.000	0.000	0.00
52	0.0000	1.000	0.000	0.00
53	0.0000	1.000	0.000	0.00
54	0.0000	1.000	0.000	0.00
55	0.0375	1.000	0.038	2.06
56	0.0375	0.963	0.036	2.02
57	0.0375	0.926	0.035	1.98
58	0.0375	0.892	0.033	1.94
59	0.0375	0.858	0.032	1.90
60	0.0625	0.826	0.052	3.10
61	0.0625	0.774	0.048	2.95
62	0.0625	0.726	0.045	2.81
63	0.0625	0.681	0.043	2.68
64	0.1600	0.638	0.102	6.53
65	0.1600	0.536	0.086	5.57
66	0.1600	0.450	0.072	4.75
67	0.1600	0.378	0.061	4.05
68	0.1600	0.318	0.051	3.46
69	0.1600	0.267	0.043	2.95
70	1.0000	0.224	0.224	15.69
Average Sum (Sum of weighted years)				64.46
Number of Participants				115

Final Weighted Average Ret Age: 63.48

Schedule SB, Line 15: Reconciliation of differences between valuation results and amounts used to calculate AFTAP

The AFTAP reported on line 15 is the certified AFTAP for the plan year and does not correspond to the valuation results reported on this Schedule SB, which are the final results for the plan year resulting in a final AFTAP of 99.42%. The AFTAP was not recertified because it was not a material change that would impact the administration of the plan for purposes of 436 contributions or unpredictable contingent event benefits.

The AFTAP reported on line 15 was certified on September 30, 2024 and reflects the final Funding Target and a preliminary asset value. The contributions allocated to the 2024 plan year were adjusted for the final valuation reflected on the Schedule SB, changing the discounted receivable contributions and therefore the Actuarial Value of Assets (AVA).

Date of AFTAP certification/ recertification	AFTAP	Description and the amount of each adjustment to the funding target, AVA, carryover balance, prefunding balance
September 30, 2024	105.45%	The AFTAP Certification reflects an AVA of \$18,915,630 that includes discounted receivable contributions of \$3,374,925. The final valuation results reported on this Schedule SB reflect an AVA of \$17,833,614 that includes discounted receivable contributions of \$2,292,909.

Schedule SB, Part V: Summary of Plan Provisions

Effective Date

October 29, 2021.

Plan Year

First plan year, December 1, 2021 to December 31, 2021. Thereafter, January 1 to December 31.

Former NRG: Generation Bridge I – Local 246 UWUA

Eligibility

First day of recognized employment as a member under Local 246 of UWUA. Participation is closed to new entrants.

Year of Service

The period commencing on the employee's Employment Commencement Date (or applicable Reemployment Commencement Date) and ending on the next following Severance from Service date, provided all discontinuous period of service shall be aggregated. A period of Service shall be stated in years and days.

For each Participant who was a participant in the Xcel Pension Plan on the Separation Date and became a Participant of the NRG Pension Plan on the Original Effective Date, Vesting Service and Periods of Service shall be increased to reflect any such periods of service recognized under the Xcel Pension Plan as of the Separation Date.

Eligible Earnings

Wages, tips, and other compensation paid to the Participant by the Employer and reportable in the box designated wages, tips, other compensation on Treasury Form W-2 for the applicable period, but excluding bonuses. Eligible Earnings are determined without regard to any amounts paid or reimbursed by the Employer for moving expenses incurred by the Participant.

Included items included elective contributions made by the Employer on behalf of the Participant that are not includible in gross income under sections 125, 132(f), 402(e)(3), 402(h), 403(b), 414(h)(2), and 457 of the Code.

Excluded items are (A) reimbursements or other expenses allowances, including meal allowances, relocation reimbursements, bonuses related to relocation, and other similar payments; (B) reimbursements or other expense allowances related to foreign assignments, including foreign service allowances, housing allowances, station allowances, hardship allowances, foreign tax equalization payments, and other similar payments; (C) payments for welfare benefit credits, fringe benefits, employees discounts, and other similar amounts; (D) final payments on account of Termination of Employment, including severance payments; (E) deferred compensation both when deferred and when received; (F) payments, discounts or grants under any stock purchase, stock option, or restricted stock plan; and (G) tax gross-ups.

Schedule SB, Part V: Summary of Plan Provisions

Former NRG: Generation Bridge I – Local 246 UWUA (continued)

Normal Retirement Benefit

Eligible on first of month coincident with or next following 65th birthday.

The Participant's Account Balance divided by the plan factor for the Life Only annuity form for the participant's age on the retirement date. The plan factor is determined using 417(e) mortality, and 417(e) interest rate for the September preceding the Plan Year. Benefit computed as life annuity.

Account Balance

A single lump sum dollar amount determined for each Participant which shall be adjusted periodically with Pay Credits and Interest Credits.

Any benefit payable under this plan shall be reduced by the benefit payable under the NRG Pension Plan (and any other "Seller Pension Plans" as defined in the NRG Purchase Agreement).

Pay Credit

As of the last day of each plan year, the Account Balance shall receive a Pay Credit equal to 7% of the Participant's Eligible Earnings for the Plan Year ending on that date. During year of termination and payment commences prior to the end of the plan year, the amount shall be credited as of the date benefit payments commence.

Interest Credit

As of the last day of each Plan Year, there shall be credited annual Interest Credit equal to the Interest Rate for the current Plan Year multiplied by the Account Balance as of the last day of the prior Plan Year (which shall include any Pay Credits made as of such last day of prior Plan Year).

Interest credits for a plan year in which distribution commences will be prorated based on the number of full calendar months in the plan year ending prior to the date on which distribution commences.

Interest credits shall continue to be made during disability, until the commencement of payments.

The Interest Rate for the Plan Year is the third segment rate of the applicable interest rate under Code section 417(e)(3) for the preceding September.

Early Retirement Benefit

Eligible on first month after participant has attained age 55 years and completed at least 10 years of Vesting Service.

The amount of the Participant's Accrued Benefit on the early retirement date provided that if payments commence prior to age 65, the benefit shall be one-twelfth of the annual amount determined by dividing the Participant's Account Balance as of the date payment commences by the plan's Life Only Annuity form factor for the Participant's Age as of commencement date.

Schedule SB, Part V: Summary of Plan Provisions

Former NRG: Generation Bridge I – Local 246 UWUA (continued)

Postponed Retirement Benefit

If a participant in receipt of a Normal Retirement Benefit continues in employment with the Employer beyond the January 1 following the calendar year in which such participant attains Age 70.5 and the Participant has commenced payment of benefits, the amount of such Participant's Normal Retirement Benefit shall be redetermined as of the Termination of Employment as of each January 1 upon which such Participant continues to be employed by the Employer as if that date were the date of Termination of Employment. The amount of increased benefit, if any, shall be paid to the Participant in the form originally determined for the Participant.

Disability Benefit

Disability which entitles the participant to Social Security benefits. Official Social Security determination must be received by the Plan Sponsor within 12 months after the Participant's last day of active work. Interest credits shall continue to be made during disability, until the commencement of payments. A participant shall not be considered to have had a termination of employment during disability.

Termination of Employment Benefit

Vesting Schedule

0% with fewer than 3 Years of Service.

100% with 3 or more Years of Service, or; death or attainment of normal retirement age while still an employee.

Benefit Commencement Date

Normal retirement date, unless employee elects earlier.

Benefit

One-twelfth of the annual amount determined by dividing the Participant's Account Balance as of the date payment commences by the plan's Life Only Annuity form factor for the Participant's Age as of commencement date.

Death Benefit

The entire Account Balance shall be payable to the Beneficiary of a fully vested Participant.

A surviving spouse shall receive distribution in the Life Only Annuity form in a monthly amount that is one-twelfth of the annual amount determined by dividing the Participant's Account Balance as of the annual amount determined by dividing the Participant's Account Balance as of the date payment commences by the factor for the Life Only Annuity form for the surviving spouse's age as of the payment date. A surviving spouse may elect to receive, in lieu of the Life Only Annuity form, a single lump sum equal to the Participant's Account Balance.

Nonspouse beneficiaries shall receive a single lump sum equal to the Participant's Account Balance as of the commencement date.

Schedule SB, Part V: Summary of Plan Provisions

Former NRG: Generation Bridge I – Local 246 UWUA (continued)

Normal Form of Payment

For an unmarried participant, a Life Only Annuity. For a married participant, a 50% Qualified Joint and Survivor Annuity.

Optional Methods of Receiving Benefit Payments

Options available include single lump sum payment in cash equal to the Account Balance determined on the last day of the month preceding the day payment is made, Life Only, Life and 10-Year Certain Annuity, Joint and 50% Survivor Annuity, Joint and 100% Survivor Annuity, or Joint and 75% Survivor Annuity. These options are generally calculated using 417(e) mortality, and 417(e) interest rate for the September preceding the Plan Year.

Former NRG: Generation Bridge I – Supplement 1 Northeast

Eligibility

An Employee who is represented by Local Union 97 of IBEW and who has at least one Hour of Service (while represented by Local Union 97) prior to October 1, 2003. Participation is closed to new entrants.

Year of Service

An employee shall be credited with a year of Service as of January 1 of the first Plan Year that begins after the Employee's date of hire, and as of January 1 of each succeeding Plan year if the Employee is actively employed until severance from service date.

Compensation

Basic pay excluding all premium pay, for the regularly scheduled hours of work not in excess of 40 per week. Compensation shall include (A) bonuses, as computed for vacation pay, where included in a standard wage plan; and (B) credit for basic earnings not paid to a Participant because of disability for a period of not over 26 weeks duration for any one disability, not to exceed an aggregate total of 26 weeks during any 52 consecutive week period. Compensation shall be determined monthly to allocate Pay Based Credits to a Participant's Account.

Normal Retirement Benefit

Eligible on first of month coincident with or next following 65th birthday.

A benefit equal to the Accrued Benefit.

Any benefit payable under this plan shall be reduced by the benefit payable under the NRG Pension Plan (and any other "Seller Pension Plans" as defined in the NRG Purchase Agreement).

Schedule SB, Part V: Summary of Plan Provisions

Former NRG: Generation Bridge I – Supplement 1 Northeast (continued)

Minimum Benefits

There is a minimum benefit for Transferred Participant who was actively employed by Niagara Mohawk on July 1, 1998 and is an Eligible Employee on October 1, 2004, and who either (a) had attained age 40 and had 10 or more years of Service as of July 1, 1998, or (b) had 5 (or more) years of Service and had combined age and Service points equal to at least 50 as of the Transfer Date. The benefit shall be the greater of the cash balance formula or the benefit determined under the formula in the Niagara Mohawk plan in effect on June 30, 1998, comparing the life annuity payable under each formula as of the Benefit Commencement Date.

Account

A bookkeeping account established and maintained for a Participant.

Any benefit payable under this plan shall be reduced by the benefit payable under the NRG Pension Plan (and any other "Seller Pension Plans" as defined in the NRG Purchase Agreement).

Accrued Benefit

Benefit payable monthly as a single life annuity equal to the Actuarial Equivalent of the Participant's Account as of commencement date.

Pay Credit

As of the last day of each month, the Account Balance shall receive a Pay Credit equal to a percentage of the Participant's Compensation for all or part of such month. The percentage is based on years of Service in accordance with the following schedule, where years of Service are increased as of January 1 for actively employed Participants, or on the first day of reemployment in the Plan Year without a gap in Service:

Years of Service	Percentage
0 but less than 5	4.0%
5 but less than 10	5.0%
10 but less than 15	6.0%
15 but less than 20	7.0%
20 or more	8.0%

Interest Credit

As of the last day of each month, the Account shall be increased by crediting the balance in the Account as of the last day of the preceding calendar month. The Interest Credit is based on one-twelfth of the applicable interest rate with respect to such plan year.

Interest Credits shall continue to be credited after a Participant ceases to be an Eligible Employee, but not after a Participant's Benefit Commencement Date.

The Interest Rate for the Plan Year is the third segment rate of the applicable interest rate under Code section 417(e)(3) for the preceding September.

Schedule SB, Part V: Summary of Plan Provisions

Former NRG: Generation Bridge I – Supplement 1 Northeast (continued)

Early Retirement Benefit

Eligible on first month after participant has attained age 55 years and completed at least 10 years of Service, which is earlier than the Normal Retirement Date.

The Actuarial Equivalent of the Accrued Benefit, determined using 417(e) mortality, and 417(e) interest rate for the September preceding the Plan Year

Postponed Retirement Benefit

A benefit equal to the Accrued Benefit commencing on a date that is after the Normal Retirement Date. A Participant who has reached Normal Retirement Age is deemed retired and entitled to benefits if employed for less than 40 Hours of Service per month.

Disability Benefit

Service shall be credited for vesting if needed for a Participant receiving benefits under a disability plan maintained by the Employer. It shall not be counted in determining the rate of Pay Based Credits for a reemployed Participant.

A Participant who terminates due to disability who has a vested benefit may elect to receive benefits immediately or to defer the receipt of benefits as late as the month following the last month for which disability benefits are paid. A Participant who does not have a vested interest when first disabled subsequently may become vested while benefits are payable under the Employer's disability plan. If a Participant elects a Benefit Commencement Date before the end of the maximum period payable under the Employer's disability plan, the disability plan benefits for the remainder of the period will be terminated or reduced.

The Participant may elect to receive benefits where the benefit amount shall be the Actuarial Equivalent of the Accrued Benefit as of the Benefit Commencement Date

Termination of Employment Benefit

Vesting Schedule

0% with fewer than 3 Years of Service.

100% with 3 or more Years of Service or attainment of normal retirement age while still an employee.

Benefit Commencement Date

Normal retirement date, unless employee elects earlier.

Benefit

A vested terminated Participant shall be entitled to receive their Accrued Benefit upon reaching Normal Retirement Date. Alternatively, the Participant may elect to receive benefits as of any earlier Benefit Commencement Date where the benefit amount shall be the Actuarial Equivalent of the Accrued Benefit as of the Benefit Commencement Date.

Schedule SB, Part V: Summary of Plan Provisions

Former NRG: Generation Bridge I – Supplement 1 Northeast (continued)

Death Benefit

Benefits are payable to the Surviving Spouse or other Beneficiary of a vested Participant.

A Surviving Spouse shall be entitled to a Qualified Preretirement Survivor Annuity, unless this benefit was waived. If the Participant dies after reaching Normal Retirement Age, the Surviving Spouse's annuity shall be the Actuarial Equivalent of the Accrued Benefit as of the last day of the month in which the Participant died. Alternatively, the Surviving Spouse may elect to receive an Actuarially Equivalent lump sum distribution. If a Participant dies before reaching Normal Retirement, the Surviving Spouse may elect to receive an annuity or Actuarially Equivalent lump sum as of the first day of the month following the date of the Participant's death or to defer payment no later than the Participant's Normal Retirement Date. The annuity payments shall be the Actuarial Equivalent of the Participant's Accrued Benefit as of the last day of the month in which the Participant died.

Nonspouse beneficiaries shall receive a lump sum as soon as administratively feasible after the month of the Participant's death. The lump sum shall be equal to 100% of the Participant's Account as of the last day of the month in which the Participant died, or the Actuarial Equivalent of the benefit determined under the minimum benefit rules.

If no designated Beneficiary or Surviving Spouse survives the Participant, the lump sum payment shall be made to the Participant's estate.

Normal Form of Payment

For an unmarried participant, a Straight Life Annuity. For a married participant, the Automatic Surviving Spouse Option (ASSO) is a 50% Qualified Joint and Survivor Annuity.

Optional Methods of Receiving Benefit Payments

Unmarried participants may waive the Straight Life Annuity normal form of payment, and elect to receive an Actuarially Equivalent lump sum payment (no less than the Account Balance) as of the Benefit Commencement Date.

Married participants not eligible for "Early Retirement Option" (described below) may waive the ASSO and elect an Actuarially Equivalent lump sum payment (no less than the Account Balance) as of the Benefit Commencement Date, 100% Joint and Survivor Annuity, 75% Joint and Survivor Annuity, 25% Joint and Survivor Annuity, 100% Joint and Survivor Annuity with a Pop-Up, 50% Joint and Survivor Annuity with a Pop-Up, 25% Joint and Survivor Annuity with a Pop-Up, or a Straight Life annuity.

Married participants eligible for the "Early Retirement Option" are those Transferred Participants hired before July 1, 1998 who receive benefits at an Early Retirement Date. They may waive the ASSO and elect any of the benefits listed above for Married participants not eligible for "Early Retirement Option" or may elect the "Early Retirement Option". The "Early Retirement Option" is (A) until Normal Retirement Date, the benefit shall be the amount payable as a straight life annuity; (B) if the Participant dies before reaching Normal Retirement Date, the spouse shall be paid the amount that would be paid if that Participant had elected a 100% Joint and Survivor annuity option; (C) As of Normal Retirement Date, the Participant may elect any of the other optional forms available to Married participants, where the ASSO is a 75% Joint and Survivor Annuity.

Schedule SB, Part V: Summary of Plan Provisions

Former NRG: Generation Bridge I – Supplement 1 Northeast (continued)

Lump Sums options are calculated using 417(e) mortality, and 417(e) interest rate for the September preceding the Plan Year. The annuity forms of payment are calculated using 6% interest with the 1976-1980 Basic GAM Table (the 1971 GAM Table with margins removed projected to 1978 with Scale E) adjusted to be 95% of the male participant factor plus 5% of the female participant factor.

Former NRG: Generation Bridge I – Supplement 2 Connecticut

Eligibility

An Employee who is represented by Local 420 or Local 457 of the IBEW and who has at least one Hour of Service on or after the Separation Date (i.e. December 5, 2003). Participation was frozen as of January 1, 2005.

Year of Service

All completed years and completed months (expressed as twelfths of years) of service with the Employer after the Separation Date and while an Active Participant.

Compensation

Actual regular earnings plus shift differentials, Sunday premium pay, on-call pay, and overtime earnings, and any other amounts deemed to have earned pursuant to uniform rules adopted by the Plan Sponsor, excluding any earnings or amounts the receipt of which is deferred by a Participant pursuant to a plan or agreement that is not qualified under the Code. Any elective contributions made by the Employer on behalf of a Participant that are not includible in gross income under sections 401(k), 125, or 132(f)(4) of the Code shall be regarded as Compensation.

Final Average Earnings

Highest average annual Compensation earned for Credited Service during any 60 consecutive payroll months (or lesser period of receiving Compensation) preceding the calendar month in which Credited Service ends. In determining highest average annual Compensation, periods the Participant was not receiving Compensation shall be disregarded.

Normal Retirement Benefit

A participant whose employment terminates on their Normal Retirement Date, or before that date and on or after the date the Participant attains age 65 shall be deemed to have retired on his or her Normal Retirement Date.

The sum of:

1. 1.25% of Final Average Earnings not in excess of Covered Compensation and 1.50% of any such excess, multiplied by Credited Service not in excess of 35 years, plus
2. 0.50% of Final Average Earnings multiplied by Credited Service in excess of 35 years.

Schedule SB, Part V: Summary of Plan Provisions

Former NRG: Generation Bridge I – Supplement 2 Connecticut (continued)

Early Retirement Benefit

A Participant whose employment terminates after attaining age 55 and completing 10 years of Credited Service.

Computed by same formula as normal retirement benefit, reduced by factors below adjusted monthly for completed months since the most recent birthday, except that if the sum of such Participant's age and years of Credited Service is equal to or greater than 85 at termination date the benefit is not reduced by the factors shown below.

Reductions are as follows:

Age at Benefit Commencement	Under 30 Years Credited Service	30 Years or More Credited Service
65	100%	100%
64	98%	100%
63	96%	100%
62	94%	100%
61	92%	100%
60	90%	100%
59	87%	87%
58	84%	84%
57	81%	81%
56	78%	78%
55	75%	75%

Postponed Retirement Benefit

The monthly benefit calculated at actual retirement date using compensation and service earned through actual retirement date. In no event shall payments commence later than the Participant's Required Beginning Date.

Termination of Employment Benefit

Vesting Schedule

0% with fewer than 5 Years of Service.

100% with 5 or more Years of Service, or attainment of Normal Retirement Date.

Benefit Commencement Date

A Participant may elect to commence benefits the first day of any month coinciding with or following (a) such termination and (b) attainment of age 55, but no later than Normal Retirement Date.

Benefit

The Actuarial Equivalent of the Basic Retirement Amount.

Schedule SB, Part V: Summary of Plan Provisions

Former NRG: Generation Bridge I – Supplement 2 Connecticut (continued)

Death Benefit

Death of a Vested Participant while Active before age 65:

- (a) The Spouse of a Participant who reached age 55 and completed at least 10, but less than 20 years of Credited Service shall receive a benefit equal to the amount of the monthly installment they would have received if the Participant retired on the first of the month coinciding with or next following the date of death and elected received benefits in the form 50% Contingent Annuitant Option commencing on retirement date and died the following day.
- (b) The Spouse of a Participant who reached age 45 and completed at least 20 years of Credited Service shall receive a benefit equal to the amount of the monthly installment they would have received if the Participant retired on the first of the month coinciding with or next following the date of death without adjustment for commencement prior to the Participant's Normal Retirement Date and elected received benefits in the 50% Contingent Annuitant Option commencing on retirement date and died the following day.
- (c) The Spouse of a Participant who completed at least 5 years of Credited Service, but had not attained either age 55 and completed 10 years of Credited Service or attained age 45 and completed 20 years of Credited Service, shall receive a benefit equal to the amount of the monthly installment they would have received if the Participant had separated from service on the date of death, survived to the Earliest Retirement Age, retired and elected benefits in the form 50% Contingent Annuitant Option commencing on the Earliest Retirement Age, and died on the date after the Earliest Retirement Age.

Death of a Vested Participant after Termination: The Spouse of a terminated Vested Participant who dies prior to Benefit Commencement shall be entitled to receive a benefit equal to the amount of the monthly installment they would have received if the Participant had survived to the Earliest Retirement Age, retired and elected benefits in the form 50% Contingent Annuitant Option commencing on the Earliest Retirement Age, and died on the date after the Earliest Retirement Age.

Normal Form of Payment

For an unmarried participant, Straight Life Annuity. For a married participant, a 50% Joint and Survivor Annuity.

Optional Methods of Receiving Benefit Payments

Options available include Straight Life Annuity, 50% Joint & Survivor Annuity, 66-2/3% Joint & Survivor Annuity, 75% Joint & Survivor Annuity, 100% Joint & Survivor Annuity, 10 year Certain and Life Annuity, and Level Income Option.

Lump Sums and level income options are calculated using 417(e)(3) mortality, and the interest rate that results in the largest lump sum or level income benefit – (i) 6.50%; (ii) 417(e)(3) interest rate for the September preceding the Plan Year; or (iii) 417(e)(3) interest rate for the November preceding the Plan Year. All other forms of payment are calculated using 6.50% interest with the 1971 Towers, Perrin, Forster & Crosby Forecast Mortality Table, with a six-year age setback in the case of Contingent Annuitant or other beneficiary mortality.

Schedule SB, Part V: Summary of Plan Provisions

Former PSEG: Generation Bridge II and Parkway – Final Average Pay Supplement

Eligibility

Each Eligible Employee who is a Transferred Employee in connection with the Parkway Generation Closing Date or the Generation Bridge Closing Date shall become a Participant in the Final Average Pay Supplement on the first day of employment with the Employer on or after the applicable Closing Date.

This Supplement is closed to new participation.

Credited Service

Service includes periods prior to the PSEG Closing Date to the same extent that such Participant's service was recognized under the PSEG Pension Plan.

Credited Service shall include the period from the date of commencement of their employment as an Employee to the date the Employee quits, retires, is discharged, dies, or the first anniversary of the first day of an Employees absence from employment with an Employer for any other reason, such as vacation, sickness, layoff, or military service.

Compensation

Total remuneration paid for services rendered to the Employer, excluding the Employer's cost for any public or private employee benefit plan, including the Plan, but including all elective contributions that are made by the Employer on behalf of Participants which are not includible in income under Sections 125, 132(f)(4) or 401(k) of the Code. Compensation shall not include items listed in the Plan Document.

Compensation for Participants who are subject to a collective bargaining agreement shall be limited to a Participant's base pay, their overtime pay and amounts received pursuant to the incentive compensation program in which they are a participant.

Compensation for Participants who are not subject to a collective bargaining agreement shall be limited to a Participant's base pay, their overtime pay (not to exceed 20% of base pay on a calendar year basis), and amounts received pursuant to the incentive compensation program in which they are a participant.

Schedule SB, Part V: Summary of Plan Provisions

Former PSEG: Generation Bridge II and Parkway – Final Average Pay Supplement (continued)

Final Earnings

For Participants who are subject to a collective bargaining agreement, Final Earnings of a Participant for the 5 years of highest Compensation after December 31, 1994. In the event that a Participant has less than 5 years of Credited Service, final Earnings shall mean the average annual Compensation for all years of Credited Service.

For purposes of Participants who are not subject to a collective bargaining agreement the Final Earnings shall mean the average annual Compensation of a Participant for the highest seven years after December 31, 2011. In the event a Participant has less than 7 years of Credited Service after December 31, 2011, Final Earnings shall mean the average annual Compensation for all years of Credited Service after December 31, 2011. Prior to December 31, 2011, the Final Earnings shall mean the same as above for Participants who are subject to a collective bargaining agreement.

Normal Retirement Benefit

Eligible on the 65th birthday.

For Participants who are subject to a collective bargaining agreement the annual benefit is determined as:

1. 1.3% of Final Earnings not in excess of \$24,600, plus 1.5% of Final Earnings above \$24,600, multiplied by the Participant's Credited Service not to exceed 35 years, plus
2. 1.5% of Final Earnings multiplied Credited Service which exceeds 35 years.

For Participants who are not subject to a collective bargaining agreement the annual benefit is determined as:

1. 1.3% of Final Earnings determined as of December 31, 2011 not in excess of \$24,600, plus 1.5% of Final Earnings determined as of December 31, 2011 above \$24,600, multiplied by the Participant's Credited Service determined as of December 31, 2011 not to exceed 35 years, plus
2. 1.5% of Final Earnings determined as of December 31, 2011 multiplied by the Participant's Credited Service determined as of December 31, 2011 which exceeds 35 years; and
3. 1.3% of Final Earnings beginning after December 31, 2011 not in excess of \$24,600, plus 1.5% of Final Earnings beginning after December 31, 2011 above \$24,600, multiplied by the Participant's Credited Service less the Credited Service as of December 31, 2011, not to exceed 35 years, plus
4. 1.5% of Final Earnings beginning after December 31, 2011 multiplied by the Participant's Credited Service less the Credited Service as of December 31, 2011, which exceeds 35 years.

In no case will the annual benefit be less than \$5,000 (a different minimum benefit applies to certain participants).

Schedule SB, Part V: Summary of Plan Provisions

Former PSEG: Generation Bridge II and Parkway – Final Average Pay Supplement (continued)

Normal Retirement Benefit (continued)

Except for a Niagara Mohawk Participant, the annual benefit is determined as:

1. 1.05% of Final Earnings not in excess of \$16,500, plus 1.45% of Final Earnings above \$16,500, multiplied by the Participant's Credited Service not to exceed 10 years, plus
2. 1.35% of Final Earnings not in excess of \$16,500, plus 1.75% of Final Earnings above \$16,500, multiplied by the Participant's Credited Service above 10 years not to exceed 30 years, plus
3. 1.00% of Final Earnings, multiplied by the Participant's Credited Service above 30 years not to exceed 40 years.

The benefit determined above for a Niagara Mohawk Participant is compared to the value of a cash balance account to provide the larger of the two benefits.

Early Retirement Benefit

Prior to Normal Retirement Age a Participant may retire when the sum of their age and Credited Service equals or exceeds 80, except that a Niagara Mohawk Participant's Early Retirement occurs after attaining age 55 and completing 10 years of service.

Computed by same formula as normal retirement benefit reduced by 7% per year, prorated for each month, for payments prior to age 60. A participant who Retires on or after attaining age 55 and has completed 25 or more years of Credited Service shall not have their Pension reduced.

Except for a Niagara Mohawk Participant, the benefit is computed by same formula as normal retirement benefit reduced based on the following table.

Age at Benefit Commencement	Under 86 Points	86 or More Points
65	100%	100%
64	100%	100%
63	100%	100%
62	100%	100%
61	100%	100%
60	100%	100%
59	95%	100%
58	90%	100%
57	85%	100%
56	80%	100%
55	75%	100%

Additional Pension

A Participant who retires before age 65 shall receive an additional pension until the retiree attains age 65. The additional benefit is equal to \$5.00 per Credited Service at the time of Retirement for Participants who are covered under a collective bargaining agreement (except those covered by Local 1), and \$4.00 per Credited Service at the time of Retirement for other Participants.

Schedule SB, Part V: Summary of Plan Provisions

Former PSEG: Generation Bridge II and Parkway – Final Average Pay Supplement (continued)

Postponed Retirement Benefit

The monthly benefit calculated at actual retirement date using compensation and service earned through actual retirement date.

Disability Benefit

Eligible for a Vested Participant who terminates on account of Disability. An unmarried Participant shall be paid a Single Life Annuity, and a married Participant shall be paid a joint and survivor annuity.

A Participant who has completed at least 20 years of Credited Service shall have determination of Disability shall be made by the Plan Sponsor's medical department or by a physician designated by or acceptable to the Administrator.

A Participant who has completed fewer than 20 years of Credited Service shall meet eligibility criteria for the purpose of qualifying for Social Security disability benefits. Initial determination shall be made by the Plan Sponsor's medical department or by a physician designated by or acceptable to the Administrator. Such pension will be discontinued (a) at the time the SSA makes a final determination to deny the Participant's application for Social Security benefits; (b) at the end of the 30-month period following the Participant's termination; or (c) if the application for Social Security disability benefits is under active consideration at the end of the 30-month period at such time the SSA makes a final determination to deny the Participant's application for Social Security benefits.

Termination of Employment Benefit

Vesting Schedule

0% with fewer than 5 Years of Service.

100% with 5 or more Years of Service, or; attainment of normal retirement age while still an employee.

Benefit Commencement Date

Normal retirement date, unless employee elects earlier.

Benefit

Computed by same formula as early retirement benefit.

Death Benefit

The spouse of a vested active participant who dies shall receive an immediate benefit equal to one half the participant's benefit calculated in the same manner as the normal retirement benefit (using pay and service through the date of death), reduced by one twelfth of 0.8% for each month by which the spouse is younger than the participant.

The spouse of a covered terminated vested participant who dies after termination and before beginning to receive benefits shall receive a benefit calculated as if the participant had chosen to retire on that date, had selected the 50% joint and survivor benefit, and then had died.

Schedule SB, Part V: Summary of Plan Provisions

Former PSEG: Generation Bridge II and Parkway – Final Average Pay Supplement (continued)

Normal Form of Payment

For an unmarried participant, single life annuity payable in monthly installments. For a married participant, a 50% Qualified Joint and Survivor Annuity payable in monthly installments.

Optional Methods of Receiving Benefit Payments

Options available include:

100% joint and survivor annuity;
75% joint and survivor annuity;
50% joint and survivor annuity; or
Straight life annuity with no survivor benefit.

For each of the joint and survivor annuity options, if the beneficiary dies within five years of the participant commencing his/her benefit, the participant's benefit will be reverted to a single life annuity.

For Niagara Mohawk Participants, the following additional options are available upon retirement:

Lump Sum payment;
25% joint and survivor annuity;
100% joint and survivor annuity with a "pop up";
50% joint and survivor annuity with a "pop up"; or
25% joint and survivor annuity with a "pop up".

For Niagara Mohawk Participants who retire prior to the Normal Retirement Age may elect an "Early Retirement Option" which provides for the form of payments options above payable at age 65. Prior to age 65, the participant receives a straight life annuity benefit. If the participant dies prior to age 65, the spouse receives the benefit as if the participant had elected a 100% joint and survivor annuity.

Former PSEG: Generation Bridge II and Parkway – Represented Cash Balance

Eligibility

Each Eligible Employee who is a Transferred Represented Employee in connection with the Parkway Generation Closing Date or the Generation Bridge II Closing Date and who was a Participant in the Represented Cash Balance Component of either the PSEG Pension Plan I or the PSEG Pension Plan II immediately prior to the Parkway Generation Closing Date or the Generation Bridge Closing Date shall become a Participant in the Represented Cash Balance Supplement on the first day of employment with the Employer on or after the Parkway Generation Closing Date or the Generation Bridge Closing Date.

An Eligible Employee who is a Represented Employee but not a Transferred Represented Employee shall become a Participant in the Represented Cash Balance Supplement on the first day of employment with the Employer.

Schedule SB, Part V: Summary of Plan Provisions

Former PSEG: Generation Bridge II and Parkway – Represented Cash Balance (continued)

Credited Service

Credited Service shall include the period from the date of commencement of their employment as an Employee to the date the Employee quits, retires, is discharged, dies, or the first anniversary of the first day of an Employees absence from employment with an Employer for any other reason, such as vacation, sickness, layoff, or military service.

Compensation

Total remuneration paid for services rendered to the Employer, excluding the Employer's cost for any public or private employee benefit plan, including the Plan, but including all elective contributions that are made by the Employer on behalf of Participants which are not includible in income under Sections 125, 132(f)(4) or 401(k) of the Code. Compensation shall not include items listed in the Plan Document.

Compensation for Participants who are subject to a collective bargaining agreement shall be limited to a Participant's base pay, their overtime pay and amounts received pursuant to the incentive compensation program in which they are a participant.

Normal Retirement Benefit

Eligible on 65th birthday.

A benefit equal to the Accrued Benefit calculated as a single life annuity on their Normal Retirement Date. The value of the Cash Balance Account shall be determined as of the Annuity Starting Date.

Cash Balance Account

Notional account for each Participant equal to the sum of the Participant's Service and Age Points and Interest Credits.

Accrued Benefit

As of any given date, the monthly amount as a single life annuity commencing on the Participant's Normal Retirement Date determined by: (i) Crediting the Participant's Cash Balance Account valued as of the last day of the Plan Year prior to such given date with interest from given date to the Participant's Normal Retirement Date; and (ii) Applying a factor based on the Applicable Interest rate and Applicable Mortality Table.

Schedule SB, Part V: Summary of Plan Provisions

Former PSEG: Generation Bridge II and Parkway – Represented Cash Balance (continued)

Service and Age Points

As of the last day of each Plan Year, Service and Age Points shall be credited to a Cash Balance Account equal to a percentage of their Compensation in such Plan Year. The percentage is determined on the basis of the Participant's years and months of Credited Service and their attained age (including both years and months) as of the last day of such Plan Year and Compensation for such Plan Year in accordance with the following table for each calendar year in which the participant receives Compensation:

Service and Age Points (Years and Months of Credited Service Plus Attained Age)	Allocation
<30	2.00%
30-39	2.50%
40-49	3.25%
50-59	4.25%
60-69	5.50%
70-79	7.00%
80-89	9.00%
90+	12.00%

Interest Credit

Credited daily to a Participant's Cash Balance as of the last day of each Plan Year by applying the Interest Credit rate to the value of the Participant's Cash Balance Account as of the last day of the previous Plan Year.

Interest Credits shall continue to be credited after a Participant ceases to be an Eligible Employee, but cease as of the date payment begins

The Interest Credit Rate shall equal 6% simple interest compounded annually.

Early Retirement Benefit

Eligible at age 55 years and 5 years of Service.

The Actuarial Equivalent of the Accrued Benefit. The value of the Cash Balance Account shall be determined as of the Annuity Starting Date.

Deferred Retirement Benefit

A participant who remains an Employee beyond their Normal Retirement Date shall be entitled to a monthly amount equal to the Accrued Benefit at Severance from Service. The value of the Cash Balance Account shall be determined as of the Annuity Starting Date.

Schedule SB, Part V: Summary of Plan Provisions

Former PSEG: Generation Bridge II and Parkway – Represented Cash Balance (continued)

Disability Benefit

A Participant who incurs a Severance from Service by reason of Total and Permanent Disability shall be entitled to a disability retirement benefit.

An eligible participant who is entitled to long-term disability benefits from a plan of the Employer shall continue to be allocated Interest Credits and shall be entitled to a disability retirement benefit based on the value of the Cash Balance Account as of the Participant's Annuity Starting Date. The monthly amount shall be the Actuarial Equivalent of the Accrued Benefit as of the Annuity Starting Date.

Termination of Employment Benefit

Vesting Schedule

100% with an Hour of Service.

Benefit Commencement Date

Normal retirement date, unless employee elects earlier.

Benefit

A vested terminated Participant shall be entitled to receive the Actuarial Equivalent of the Accrued Benefit as of the Benefit Commencement Date. The Cash Balance Account shall be determined as of the Annuity Starting Date.

Death Benefit

Benefits are payable to the Surviving Spouse or other Beneficiary of a vested Participant.

A Surviving Spouse shall be entitled to a single life annuity, the monthly amount equal to the benefit the Participant would have been entitled if the Participant had, on the day before their death, immediately commenced receiving their Cash Balance Account in a single life annuity form of payment. In lieu of the annuity, a surviving spouse may elect to receive a lump sum benefit equal to the balance in the participant's cash balance account.

Nonspouse beneficiaries shall be entitled to the amount of the participant's cash balance account paid as a single life annuity or a lump sum.

If no designated Beneficiary or Surviving Spouse survives the Participant, the lump sum payment shall be made to the Participant's estate.

Normal Form of Payment

For an unmarried participant, single life annuity payable in monthly installments. For a married participant, a 50% Qualified Joint and Survivor Annuity payable in monthly installments.

Optional Methods of Receiving Benefit Payments

Options available include 50% Joint and Survivor Annuity, 75% Joint and Survivor Annuity, 100% Joint and Survivor Annuity, Single Life Annuity, or Lump Sum. They can also choose a Combination 50% Lump Sum and 50% Single Life or Joint Life Annuity.

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

The Consolidated Asset Management Services Pension Plan is timely filing its Federal Form 5500 utilizing a valid extension on Form 5558 for the plan year ended 2024. However, the independent auditor has not been able to complete the necessary audit work in order to issue its audit report for the year. The independent auditor is currently working with the Plan Administrator and service providers to obtain the information necessary to issue its audit report. The Consolidated Asset Management Services Pension Plan expects to have the audit report within the next 30 days and the Consolidated Asset Management Services Pension Plan will file an amended Form 5500, with the audited financial statements attached, as soon as the report is issued.

Schedule SB, Line 32: Schedule of Amortization Bases

Date Established		Present Value		Annual Payment	Years Remaining
1/1/2023	\$	608,197	\$	58,048	14
1/1/2024		(504,426)		(45,893)	15
Totals	\$	103,771	\$	12,155	

Schedule SB, Line 24: Change in Actuarial Assumptions

The interest crediting rate for Former NRG Cash Balances was updated from 5.07% to 5.56%.

The assumed administration expenses load was updated from \$200,000 to \$110,000 to reflect recent plan experience.