

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 03/07/2024 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 ENBRIDGE GAS OHIO UNION PENSION PLAN
1b	Three-digit plan number (PN) ▶ 004
1c	Effective date of plan 03/07/2024
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) ENBRIDGE EMPLOYEE SERVICES, INC. 915 N. ELDRIDGE PARKWAY SUITE 1100 HOUSTON, TX 77079
2b	Employer Identification Number (EIN) 76-0697621
2c	Plan Sponsor's telephone number 713-627-5400
2d	Business code (see instructions) 561300

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	TONYA BENNETT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	TYLER BRADY
	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	1225
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)	1006
	6a(2)	973
	6b	20
	6c	223
	6d	1216
	6e	0
	6f	1216
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 0
- (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 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 03/07/2024 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 ENBRIDGE GAS OHIO UNION 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 ENBRIDGE EMPLOYEE SERVICES, INC.	D Employer Identification Number (EIN) 76-0697621
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 03 Day 07 Year 2024			
2	Assets:			
a	Market value	2a	449500058	
b	Actuarial value	2b	449500058	
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	0	0	0
b	For terminated vested participants	219	12160644	12160644
c	For active participants	1006	114430311	123820417
d	Total	1225	126590955	135981061
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	5.29 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	7845342	
b	Expected plan-related expenses	6b	736885	
c	Target normal cost	6c	8582227	

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 ERIN MALONE Type or print name of actuary MERCER Firm name 500 DALLAS STREET, SUITE 1400 HOUSTON, TX 77002-4800 Address of the firm	09/10/2025 Date 23-08152 Most recent enrollment number 713-276-2100 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 0.00 %	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)		0
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 0.00 %		0
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		0
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)	2085256	0

Part III Funding Percentages

14	Funding target attainment percentage	14	329.02 %
15	Adjusted funding target attainment percentage	15	315.63 %
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	%
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
Totals ►			18(b)	0	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	0

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

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 62
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	8582227	
b Excess assets, if applicable, but not greater than line 31a	31b	8582227	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 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 03/07/2024 and ending 12/31/2024		
A Name of plan ENBRIDGE GAS OHIO UNION PENSION PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 ENBRIDGE EMPLOYEE SERVICES, INC.	D Employer Identification Number (EIN) 76-0697621	

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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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)

BRANDES INVESTMENT PARTNERS, L.P.

36-7202056

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	83000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BLACKROCK INSTITUTIONSL TRUST COMP

94-3127830

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	76000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALIGHT SOLUTIONS LLC

36-2235791

(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?
14 64	NONE	74000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

THE BANK OF NEW YORK MELLON

25-6078093

(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?
18 28 72 99	NONE	52000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HILLSDALE INVESTMENT MANAGEMENT INC

1 FIRST CANADIAN PLACE 100 KING ST WEST STE 5900, BOX 477
TORONTO, ONTARIO M5X 1E4 CA

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	33000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MCCONNELL & JONES LLP

76-0488832

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	32000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

CAMBRIDGE ASSOCIATES

125 HIGH STREET
BOSTON, MA 02110-2122

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	26000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERCER US INC

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 70	NONE	24000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CONNOR, CLARK & LUNN INVESTMENT

98-1299598

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	13000	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:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) 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 03/07/2024 and ending 12/31/2024		
A Name of plan ENBRIDGE GAS OHIO UNION PENSION PLAN		B Three-digit plan number (PN) ▶ 004
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 ENBRIDGE EMPLOYEE SERVICES, INC.		D Employer Identification Number (EIN) 76-0697621
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: EB TEMPORARY INVESTMENT FUND, 1.147		
b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON		
c EIN-PN 25-6078093-023	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2008000
a Name of MTIA, CCT, PSA, or 103-12 IE: LONG TERM CREDIT BOND INDEX FUND		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 94-3118550-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 131722000
a Name of MTIA, CCT, PSA, or 103-12 IE: LONG TERM GOVERNMENT BOND INDEX FUN		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 94-3118547-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 68540000
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK MSCI WORLD INDEX FUND		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 26-3689229-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 94321000
a Name of MTIA, CCT, PSA, or 103-12 IE: MSCI EMERGING MARKETS FREE FUND		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 33-1030441-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6585000
a Name of MTIA, CCT, PSA, or 103-12 IE: WORLD EX-US ALPHA TILTS FUND		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 03-0382077-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14604000
a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 1000 ALPHA TILTS FUND		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 94-3127830-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41909000
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule D (Form 5500) 2024 v. 240311		

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK MSCI CANADA SMALL CAP EQU

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

c EIN-PN 33-6379493-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 588000
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a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK MSCI EAFE SMALL CAP EQUIT

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

c EIN-PN 26-0719768-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5161000
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a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK MSCI USA SMALL CAP EQUITY

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

c EIN-PN 46-4180573-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9000000
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a Name of MTIA, CCT, PSA, or 103-12 IE: GQG PARTNERS GLOBAL EQUITY FUND CIT

b Name of sponsor of entity listed in (a): RELIANCE TRUST COMPANY

c EIN-PN 82-6251411-010	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21412000
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a Name of MTIA, CCT, PSA, or 103-12 IE: BRANDES GLOBAL SMALL CAP PORTFOLIO

b Name of sponsor of entity listed in (a): BRANDES INVESTMENT PARTNERS, L.P.

c EIN-PN 36-7202056-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14491000
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a Name of MTIA, CCT, PSA, or 103-12 IE: CC&L Q EMERGING MARKETS EQUITY FUND

b Name of sponsor of entity listed in (a): CONNOR, CLARK & LUNN INVESTMENT MANAGEMENT LTD.

c EIN-PN 98-1299598-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8276000
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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)
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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)
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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)
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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)
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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 03/07/2024 and ending 12/31/2024	
	A Name of plan ENBRIDGE GAS OHIO UNION PENSION PLAN	B Three-digit plan number (PN) 004
C Plan sponsor's name as shown on line 2a of Form 5500 ENBRIDGE EMPLOYEE SERVICES, INC.	D Employer Identification Number (EIN) 76-0697621	

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	0	16053000
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	204000
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	0	25750000
(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)	0	418617000
(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)	0	10426000
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	0	130000

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	0	471180000
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	0	5314000
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	5314000
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	0	465866000

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	2550000	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2550000
(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)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		11036000
d Total income. Add all income amounts in column (b) and enter total	2d		13586000

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1006000	
(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)		1006000
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	74000	
(4) IQPA audit fees	2i(4)	32000	
(5) Investment advisory and investment management fees	2i(5)	275000	
(6) Bank or trust company trustee/custodial fees	2i(6)	10000	
(7) Actuarial fees	2i(7)	24000	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	103000	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		518000
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1524000

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		12062000
l Transfers of assets:			
(1) To this plan	2l(1)		453804000
(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: **MCCONNELL & JONES LLP**

(2) EIN: **76-0488832**

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		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?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
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 565906.

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 03/07/2024 and ending 12/31/2024		
A Name of plan ENBRIDGE GAS OHIO UNION PENSION PLAN		B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 ENBRIDGE EMPLOYEE SERVICES, INC.		D Employer Identification Number (EIN) 76-0697621
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): 25-1926855		
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 4
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: 55.6 % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: 43.9 %

High-Yield Debt: _____ % Real Assets: _____ % Cash or Cash Equivalents: _____ % Other: 0.5 %

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 _____.

ENBRIDGE GAS OHIO UNION PENSION PLAN
INDEPENDENT AUDITOR'S REPORT, FINANCIAL STATEMENTS,
AND SUPPLEMENTARY INFORMATION

December 31, 2024



INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator of the
Enbridge Gas Ohio Union Pension Plan

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

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

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

Management has obtained certifications from a qualified institution as of December 31, 2024, and for the year then ended, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion on the Financial Statements

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

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



Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with US GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.



- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the internal controls of the Plan. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by Management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the ability of the Plan to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of US GAAP.

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental information in the accompanying Schedule of Assets (Held at End of Year) as of December 31, 2024, and the Schedule of Reportable Transactions for the year then ended, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of Management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with US GAAS. For information included in the supplemental schedules that is agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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



McConnell Jones

In our opinion

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

McConnell & Jones LLP

Houston, Texas
October 8, 2025

ENBRIDGE GAS OHIO UNION PENSION PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,	2024
<i>(thousands of dollars)</i>	
Assets	
Investments, at fair value <i>(Note 4)</i>	455,127
Investment related receivables	16,053
Total assets	471,180
Liabilities	
Investment related payables	5,000
Accrued administrative expenses	314
Total liabilities	5,314
Net assets available for benefits	465,866

The accompanying notes are an integral part of these financial statements.

ENBRIDGE GAS OHIO UNION PENSION PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year ended December 31,	2024
<i>(thousands of dollars)</i>	
Additions	
Asset transfers from acquisition <i>(Note 1)</i>	453,804
Investment income	2,550
Net appreciation in fair value of investments	11,036
Total additions	467,390
Deductions	
Benefits paid to participants	1,006
Administrative expenses	518
Total deductions	1,524
Net increase in net assets available for benefits	465,866
Net assets available for benefits, beginning of year	-
Net assets available for benefits, end of year	465,866

The accompanying notes are an integral part of these financial statements.

ENBRIDGE GAS OHIO UNION PENSION PLAN STATEMENT OF ACCUMULATED PLAN BENEFITS

December 31,	2024
<i>(thousands of dollars)</i>	
Vested benefits	
Participants currently not receiving payments	97,043
	97,043
Non-vested benefits	7,642
Accumulated plan benefits	104,685

The accompanying notes are an integral part of these financial statements.

ENBRIDGE GAS OHIO UNION PENSION PLAN

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS

Year ended December 31,	2024
<i>(thousands of dollars)</i>	
Net increase in accumulated Plan benefits during the year attributable to	
Increase in interest due to decrease in discount period	6,080
Benefits accumulated and (gains)/losses	99,611
Benefits paid to participants	(1,006)
Net increase in accumulated plan benefits	104,685
Net accumulated plan benefits, beginning of year	-
Net accumulated plan benefits, end of year	104,685

The accompanying notes are an integral part of these financial statements.

ENBRIDGE GAS OHIO UNION PENSION PLAN

NOTES TO THE FINANCIAL STATEMENTS

1. DESCRIPTION OF PLAN

The Enbridge Gas Ohio Union Pension Plan (the Plan) is a defined benefit pension plan. For complete information, reference should be made to the Plan documents.

The Plan is sponsored and administrated by Enbridge Employee Services, Inc. (the Company), a wholly owned subsidiary of Enbridge Inc. (Enbridge). The Plan is governed by Enbridge's Pension Committee and is subject to the rules and regulations of the United States Department of Labor's Employee Retirement Income Security Act of 1974, as amended (ERISA).

Plan Inception

Pursuant to a purchase and sale agreements (PSA) between Enbridge and Dominion Energy, Inc. (Dominion), Enbridge acquired The East Ohio Gas Company (EOG) on March 6, 2024. The employees of EOG, including unionized employees, who previously participated in qualified pension plans sponsored by Dominion, were transferred to Enbridge on the closing date.

On March 6, 2024, the Plan was established to provide pension benefits for unionized employees of EOG on an individual basis to "mirror" the benefits they would have received under the applicable Dominion pension plan. The Plan was also amended to allow for the transfer of assets and liabilities from the Dominion pension plan for G555 unionized employees. For the year ended December 31, 2024, Dominion transferred Plan assets of \$454 million into the Plan.

Participation and Purpose

The purpose of the Plan is to provide post-retirement pension benefits to eligible employees to enhance their long-term financial security.

Substantially all employees of EOG who are represented for collective bargaining purposes by, and are members of, the Gas Workers Union, Local G555, Utility Workers' Union of America, AFL-CIO are eligible to participate in the Plan (Participants). Participation in the Plan, for eligible employees, is immediate.

Payment of Benefits and Vesting

The Plan's pension benefits are calculated using a variety of final average pay formulas depending upon the Participant's years of service and age at retirement. The normal retirement age for the Plan is 65 years of age. In addition, the Plan contains a special retirement account (SRA) component that credits 2% of eligible pay each month. The Plan permits early retirement beginning at age 55. If the Participant is married at their benefit commencement date, the benefit can be paid in the form of a 50% joint and survivor annuity. Otherwise, the benefit is paid in the form of a single life annuity. Married participants may elect to receive their pension benefits in the form of a single life annuity, if their spouse consents to such an election, or in the form of a 75% or 100% joint and survivor annuity. The supplemental portion of the benefit may be paid in a lump sum or as part of the monthly annuity.

Participants are vested after attainment of age 65 or three years of service.

Contributions

Funding for benefits under the Plan is provided by contributions from the Company and participating affiliates to the Plan's trust maintained by The Bank of New York Mellon (the Trustee). Participants do not contribute to the Plan.

Employer contributions are made based upon independent actuarial valuations, as necessary, to provide the Plan with sufficient assets to meet the funding requirements for benefits to be paid to Participants upon their retirement or termination of employment. For the year ended December 31, 2024, the minimum funding requirements outlined in ERISA regulations were satisfied by the Plan.

ENBRIDGE GAS OHIO UNION PENSION PLAN

NOTES TO THE FINANCIAL STATEMENTS

Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan to terminate the Plan subject to ERISA rules and regulations. In the event the Plan is terminated, the net assets of the Plan will be allocated for payment of benefits to Participants in the order of priority as determined in accordance with the ERISA rules and regulations and the Plan documents.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain survivors' pension benefits. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefits.

2. SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

These financial statements are prepared in accordance with generally accepted accounting principles in the United States of America (US GAAP) and are presented in compliance with ERISA's rules and regulations for reporting and disclosure. Certain schedules required by ERISA regulation 29 CFR 2520.103-10 have been omitted because they are not applicable.

Amounts are stated in United States dollars unless otherwise noted.

Use of Estimates

The preparation of financial statements in conformity with US GAAP requires the use of estimates and assumptions that affect the reported amounts of, and changes in, net assets available for benefits and accumulated Plan benefits. Actual results could differ from those estimates.

Risks and Uncertainties

The Plan's investments are comprised of various financial instruments that are exposed to various risks, such as interest rate risk, credit risk and overall market volatility. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of investments will occur in the near term and such changes could materially affect the amounts reported in the financial statements.

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

Fair Value Measurement

The Plan's investments are reported at fair value maximizing the use of observable inputs and minimizing the use of unobservable inputs. Fair value is the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for that asset or liability in an orderly transaction between market participants on the measurement date.

The Plan categorizes assets and liabilities measured at fair value into one of three different levels depending on the observability of the inputs employed in the measurement. A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement:

Level 1

Fair value is based on unadjusted quoted prices in active markets for identical assets or liabilities.

ENBRIDGE GAS OHIO UNION PENSION PLAN

NOTES TO THE FINANCIAL STATEMENTS

Level 2

Fair value is based on quoted prices for similar assets and liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument.

Level 3

Fair value is based on valuation methods using inputs that are less observable, unavailable or where the observable data does not support a significant portion of the financial instrument's fair value. Inputs may be internally developed methodologies that result in a best estimate of the fair value. The use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value at the reporting date.

Investment Income

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recognized on the accrual basis. Investment income earned on investments in bond index funds and public equity funds is recognized when distributions are declared.

Management fees and operating expenses charged to the Plan for investments in bond index funds or public equity funds are either paid from the respective fund balance or deducted from investment income which is earned on a daily basis. Consequently, investment income for these investments is presented net of such management fees and operating expenses.

Realized Gains and Losses on Sale of Investments

Realized gains and losses on the sale of investments is the difference between net proceeds received and the average cost of the investments sold.

Administrative Expenses

Administrative expenses of the Plan are paid by the Plan or the Company in accordance with the terms outlined in the Plan documents. Expenses that are paid directly by the Company are excluded from these financial statements.

Exempt Party-In-Interest Transactions

Transactions with the Trustee, record keeper and other service providers qualify as exempt party-in-interest transactions from the prohibited transactions regulations outlined in ERISA. Fees paid by the Plan for investment management services provided by exempt parties-in-interest are netted with investment income.

Employer Contributions

Employer contributions are recorded and funded as determined by the Plan's actuary, Mercer, based on the traditional unit credit method of funding. Contributions receivable are recorded to the extent that amounts due are pursuant to formal commitments and legal or contractual requirements in existence at the end of the Plan year. The objective under this method is to fund each Participant's benefits under the Plan as they would accrue.

Accumulated Plan Benefits

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions that are attributable, in accordance with the Plan's provisions, to the services that Participants have rendered.

Accumulated Plan benefits include benefits expected to be paid to (1) retired or terminated Participants or their beneficiaries; (2) beneficiaries of Participants who have died; and (3) active Participants, or their beneficiaries.

The accumulated Plan benefits for active Participants under the Plan's traditional benefits provisions are based on their average compensation during the five years preceding the valuation date.

ENBRIDGE GAS OHIO UNION PENSION PLAN NOTES TO THE FINANCIAL STATEMENTS

Benefits payable under all circumstances, such as retirement, death and termination of employment, are included to the extent they are deemed attributable to Participant service rendered to the valuation date.

The Plan's actuary estimates the actuarial present value of accumulated Plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits earned by the Participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, withdrawal or retirement) between the valuation date and the expected date of payment.

The following table summarizes the significant actuarial assumptions used in the calculation of the employer contribution requirements and accumulated Plan benefits:

December 31,	2024
Discount rate	7.90%
Mortality	Pri-2012 tables, separate for healthy employees and annuitants, sex distinct with no collar adjustments and separate tables for contingent survivor mortality for current beneficiaries as of valuation date, projected generationally using scale MP-2021

The computations of the actuarial present value of accumulated Plan benefits were made as of December 31, 2024.

The foregoing assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the post-retirement benefit obligations.

3. FEDERAL INCOME TAX STATUS

The Plan is newly formed, following the 2024 utilities acquisition from Dominion Energy. It is a mirror plan of the Dominion Energy Ohio Union Pension Plan, which obtained a favorable determination letter from the Internal Revenue Service (IRS) on April 7, 2021 and was determined qualified under the provisions of Section 401(a) of the Internal Revenue Code. The current design and operation of the Plan is considered by management and legal counsel to be in compliance with the applicable IRS exemption requirements of the determination letter. Accordingly, no provision for income taxes has been included in the Plan's financial statements. The Company intends to obtain a determination letter for the Plan in 2025.

US GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability or asset if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. There are no uncertain tax positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is not currently under audit by any taxing jurisdictions.

4. FAIR VALUE MEASUREMENTS

The following is a description of the valuation methodologies used for financial instruments measured at fair value:

Short-term investments

Investments in money market funds are valued at quoted market prices. These investments are highly liquid and readily convertible to known amounts of cash.

ENBRIDGE GAS OHIO UNION PENSION PLAN

NOTES TO THE FINANCIAL STATEMENTS

Bond index and public equity funds

Investments in bond index and public equity funds are valued based on the fair value of the underlying investments held by the funds, for which fair value is based on unadjusted quoted prices for similar financial instruments on actively traded markets.

Receivables and liabilities

Receivables and payables are measured at cost, which approximates fair value on the basis of their short settlement term.

	2024		
December 31,	Level 1	Level 2	Total
<i>(thousands of dollars)</i>			
Net assets held in the Plan available for benefits			
Investments measured at fair value			
Short-term investments	2,008	-	2,008
Fixed income securities			
Government bond index funds	-	68,540	68,540
Corporate bond index funds	-	131,722	131,722
Public equity			
Global pooled funds	-	252,857	252,857
	2,008	453,119	455,127
Investment related receivables	53	16,000	16,053
Investment related payables	-	(5,000)	(5,000)
Net investment assets held in the Plan	2,061	464,119	466,180
Accrued administrative expenses	(314)	-	(314)
Net assets held in the Plan available for benefits	1,747	464,119	465,866

5. TRUSTEE CERTIFICATION

Certain information in the Plan's financial statements and supplemental schedules were derived from information prepared and certified by the Trustee as at December 31, 2024 and for the year then ended. As permitted under ERISA regulation 29 CFR 2520.103-8, the Plan's independent auditor did not perform additional procedures for such certified information, other than ensuring consistency to those disclosed in the Plan's financial statements and supplemental schedules.

6. SUBSEQUENT EVENTS

In preparing the accompanying financial statements, Plan management has reviewed for inclusion in these financial statements and related notes all known events that have occurred after December 31, 2024 through October 8, 2025, which is the date these financial statements were issued.

**ENBRIDGE GAS OHIO
UNION PENSION PLAN
EIN: 76-0697621 PN:004**

**FORM 5500, SCHEDULE H, LINE 4I -
SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

a. b. Identity of issue, borrower, lessor, or similar party		c. Description of investment including maturity date, rate of interest, par or maturity value	d. Cost December 31, 2024	e. Current Value December 31, 2024
<i>(thousands of dollars)</i>				
EB Temporary Investment Fund, 1.147% 12/31/49		Short-Term Investment	2,008	2,008
Long Term Credit Bond Index Fund		Corporate Bond Index Fund	132,859	131,722
Long Term Government Bond Index Fund		Government Bond Index Fund	71,224	68,540
BlackRock MSCI World Index Fund		Global Equity Fund	88,711	94,321
MSCI Emerging Markets Free Fund		Global Equity Fund	6,427	6,585
World Ex-US Alpha Tilts Fund		Global Equity Fund	14,411	14,604
Russell 1000 Alpha Tilts Fund		Global Equity Fund	36,800	41,909
BlackRock MSCI Canada Small Cap Equity Index Fund		Global Equity Fund	563	588
BlackRock MSCI EAFE Small Cap Equity Index Fund		Global Equity Fund	5,162	5,161
BlackRock MSCI USA Small Cap Equity Index Fund		Global Equity Fund	8,466	9,000
GQG Partners Global Equity Fund CIT Class C		Global Equity Fund	21,200	21,412
Brandes Global Small Cap Portfolio		Global Equity Fund	13,003	14,491
Hillsdale Global Small Cap Equity Fund		Global Equity Fund	17,138	17,970
Morgan Stanley Institutional Fund, Inc. Global Franchise Portfolio Class IS		Global Equity Fund	19,884	18,540
CC&L Q Emerging Markets Equity Fund		Global Equity Fund	7,600	8,276
Plan Assets			445,456	455,127

**ENBRIDGE GAS OHIO
UNION PENSION PLAN
EIN: 76-0697621 PN:004**

**FORM 5500, SCHEDULE H, LINE 4J -
SCHEDULE OF REPORTABLE TRANSACTIONS (SERIES)
YEAR ENDED DECEMBER 31, 2024**

a. Security Description	b. Shares	c. Cost of Acquisitions	d. Proceeds of Dispositions	g. Cost of Assets Disposed	i. Gain/Loss
EB Temporary Investment Fund, 1.147% 12/31/2049 DD 11/01/01	459,164,349.67	459,164,350	-	-	-
EB Temporary Investment Fund, 1.147% 12/31/2049 DD 11/01/01	457,158,254.52	-	457,158,255	457,158,255	-
Long Term Credit Bond Index Fund	442.65	-	40,000	41,174	(1,174)
Long Term Credit Bond Index Fund	1,419,099.73	132,900,000	-	-	-
Long Term Government Bond Index Fund	59,887.19	-	4,500,000	4,675,741	(175,741)
Long Term Government Bond Index Fund	972,132.10	75,900,000	-	-	-
Blackrock MSCI World Index Fund	172,056.56	-	10,500,000	9,840,560	659,440
Blackrock MSCI World Index Fund	1,791,350.58	102,300,000	-	-	-
Blackrock MSCI World Index Fund	68,227.52	-	3,950,000	3,748,126	201,874
Russell 1000 Alpha Tilts Fund	7,765.97	3,877,695	-	-	-
Russell 1000 Alpha Tilts Fund	76,165.95	32,921,934	-	-	-
Brandes Global Small Cap Portfolio	20,700,000.00	20,700,000	-	-	-
Brandes Global Small Cap Portfolio	8,300,000.00	-	8,300,000	7,696,657	603,343

**ENBRIDGE GAS OHIO
UNION PENSION PLAN
EIN: 76-0697621 PN:004**

**FORM 5500, SCHEDULE H, LINE 4J -
SCHEDULE OF REPORTABLE TRANSACTIONS (SINGLE)
YEAR ENDED DECEMBER 31, 2024**

a. Security Description	b. Shares	c. Cost of Acquisitions	d. Proceeds of Dispositions	g. Cost of Assets Disposed	i. Gain/Loss
EB Temporary Investment Fund, 1.147% 12/31/2049 DD 11/01/01	371,667,519	371,667,519	-	-	-
EB Temporary Investment Fund, 1.147% 12/31/2049 DD 11/01/01	257,300,000	-	257,300,000	257,300,000	-
EB Temporary Investment Fund, 1.147% 12/31/2049 DD 11/01/01	69,100,000	-	69,100,000	69,100,000	-
EB Temporary Investment Fund, 1.147% 12/31/2049 DD 11/01/01	82,136,678	82,136,678	-	-	-
EB Temporary Investment Fund, 1.147% 12/31/2049 DD 11/01/01	71,400,000	-	71,400,000	71,400,000	-
Long Term Credit Bond Index Fund	1,198,182	111,500,000	-	-	-
Long Term Government Bond Index Fund	718,901	55,800,000	-	-	-
Blackrock MSCI World Index Fund	1,316,084	72,300,000	-	-	-
Blackrock MSCI World Index Fund	475,266	30,000,000	-	-	-
Russell 1000 Alpha Tilts Fund	71,776	31,026,790	-	-	-

Schedule SB, line 26a — Schedule of Active Participant Data

Attained age	Years of credited service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25	9	12	2								23
25–29	22	33	9								64
	56,476	67,239									
	876	5,245									
30–34	18	38	49	4							109
		72,473	87,014								
		5,163	11,400								
35–39	19	42	56	13	22						152
		74,938	87,393		89,802						
		7,542	11,717		25,170						
40–44	8	30	47	18	36	9					148
		79,580	88,288		88,691						
		7,630	11,699		25,132						
45–49	3	16	25	16	47	17	4				128
			89,036		88,400						
			12,910		25,952						
50–54	4	10	25	16	31	12	14	8			120
			84,955		86,525						
			11,850		25,503						
55–59	4	11	8	10	13	18	16	41			121
								90,155			
								40,288			
60–64		1	6	5	11	10	14	64			111
								89,275			
								40,044			
65–69	1		2	1	1	3	5	14			27
70 & up			1					2			3
Total	88	193	230	83	161	69	53	129			1,006

In each cell, the top number is the count of active participants for each age/service combination, the central number is average pay for 2024 limited to \$330,000 and the bottom number is average cash balance. Cash balance amounts are determined as of January 1, 2024. Average pay and average cash balance are not shown for cells with fewer than 20 participants.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial assumptions for March 6, 2024 funding valuation**

Discount rate sponsor elections		
• Segment rates or full yield curve	Segment	
• Look-back months	4	
	Stabilized	Nonstabilized
• First 5 years	4.75%	4.02%
• Next 15 years	4.87%	4.73%
• Over 20 years	5.59%	4.75%
Mortality sponsor elections		
• Healthy and disabled participants	Section 430(h)(3) prescribed generational annuitant and nonannuitant mortality tables for 2024 plan year funding valuations.	
Non-417(e) lump sums		
• Mortality table	GAM 83 mortality for males	
• Interest rate	9.50%	
Cash balance plans		
• Interest accumulation rate	4.47% for 2024 and 3.75% thereafter. 2024 uses the actual 30-year Treasury rate with a September 2023 lookback	
• Whipsaw calculations	No	
• Annuity conversion		
— Mortality table	2024 IRC Section 417(e) unisex mortality	
— Interest rate basis	417(e) interest using September prior to beginning of the plan year	
Other economic assumptions		
• Salary increases	See table of sample rates	
• Social Security taxable wage base increases	3.50%	
• Inflation	2.20% per year	
• Expected investment return	6.93% for year 2024	
• Expenses	Assume 0.2% of market value of assets, not including any receivable contribution, as of the beginning of the plan year.	

Rationale for economic assumptions

- **Discount rate** – The discount rate is prescribed by the plan sponsor through an election from allowable alternatives under IRS regulations. Under ARPA's interest rate relief, the corridor around the 25-year average segment rate was narrowed to 5% through 2025, after which it was scheduled to widen. Under IJA's interest rate relief, the corridor around the 25-year average segment rates remains at 5% through 2030, after which it will increase 5% per year until it reaches 30% in 2035. ARPA also applies a 5% floor to each of the 25-year average segment interest rates used to set the corridor.
- **Cash balance interest accumulation rate** – The plan's credits interest to cash balance accounts using a rate annually equivalent to the 30-year Treasury bond rate for September of the previous year with a 1.50% minimum. The long term estimate of the 30-year Treasury bond rate is 3.75%, based on current conditions and future economic expectations.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

- Social Security taxable wage base increases – The Social Security taxable wage base increase assumption reflects 0.75% real wage growth. This assumed level is based on a review of historical US Average Wage increases and annual average CPI-U over extended time periods, and consideration of more recent and potential future prospects for real wage increases.
- Inflation – The inflation assumption is based on the inflation assumption periodically published by Mercer Investment Consulting in their Capital Markets Outlook dated January 2024.
- Expected investment return – The expected rate of return on plan assets is based on the median simulated 20-year investment return for the plan's target asset mix using capital market assumptions published in Mercer Investment Consulting's Capital Markets Outlook dated July 2024.
- Assumed plan-paid expenses for the upcoming year are estimated based on prior experience as provided by prior actuary, adjusted (if material for this purpose) for expected changes in the upcoming year.

Demographic assumptions

- Withdrawal See table of sample rates.
- Disability incidence See table of sample rates. Rates are assumed to equal 30% of female rates from the 1987 GLTD Incidence Table for 6-month elimination periods.

Retirement age	Percentage	
	Service < 30 years	Service >= 30 years
Attained age		
55	4.0%	4.0%
56	4.0%	4.0%
57	4.0%	4.0%
58	4.0%	25.0%
59	6.0%	20.0%
60	13.0%	23.0%
61	14.0%	23.0%
62	20.0%	26.0%
63	18.0%	30.0%
64	12.0%	20.0%
65 - 69	35.0%	35.0%
70+	100.0%	100.0%

Benefit commencement age for

• Transfer (active in another plan)	
– Cash Balance / SRA	Age 65
– Old Plan / New Plan	Age 65
• Future vested deferred	
– Cash Balance / SRA	65% upon termination; 35% at age 62
– Old Plan / New Plan	Age 65
• Disability benefit	
– Cash Balance / SRA	Upon Disablement
– Old Plan / New Plan	Age 65
• Future deaths	
– Cash Balance / SRA	Upon Death
– Old Plan / New Plan	Age 65

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

• Spouse assumptions	Male participants	Female participants	
— Percentage married	75%	50%	
— Spouse age difference	2 years younger	2 years older	
Form of payment			
• Cash Balance	For all Legacy dominion benefits other than the SRA and the cash balance formula, 50% of participants are assumed to elect a single life annuity and 50% of participants are assumed to elect a 100% joint and survivor annuity (regardless of % married assumptions). 65% of SRA and cash balance formula participants are assumed to elect to take the SRA balance or cash balance as a lumpsum payment immediately upon separation of employment. 35% of SRA and cash balance formula participants are assumed to defer receipt of their SRA balance or cash balance as a lump sum to age 62 (or to take the lump sum immediately, if they are at least 62 when they separate employment).		
• Old Plan / New Plan	The assumptions for form of payment are as follows:		
	Lump Sum	100% J&S	SLA
	-	50%	50%
• Unpredictable contingent event assumptions	Not applicable		

Table of sample rates - Withdrawal

Attained age	Service < 3 years	Service >= 3 years
25	5.30%	3.30%
30	4.80%	2.80%
35	4.20%	2.20%
40	3.70%	1.70%
45	3.10%	1.10%
50	3.10%	1.10%
55 +	3.10%	1.10%

Percentage	
Service (Years)	Salary increases
0 - 4	9.90%
5 - 9	6.10%
10 - 14	3.80%
15 - 19	3.20%
20 - 24	3.20%
25 - 29	2.90%
30 - 34	2.80%
35 +	2.70%

Rationale for demographic assumptions

- Mortality – Prescribed assumption and based on plan sponsor's PPA election.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

- All other demographic assumptions – Based on assumptions previously selected by the prior actuary and/or previous plan sponsor. Termination and Retirement rates selected by the prior actuary and/or previous plan sponsor were based on a 2021 experience study factoring in future expectations of participant behavior. Significant demographic assumptions will be reviewed in subsequent years.

Actuarial methods for funding

Asset methods

The asset valuation method is an average of the adjusted market value for each year during the last 2 years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110 percent and no less than 90% of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does have insurance contracts. Annuity contracts are fully deducted from plan assets and therefore excluded from the plan's liabilities.
- **Disabled participants:** The liabilities for participants on long-term disability have been included with the liabilities for active participants. We have valued these participants using the assumption that they will remain disabled until their normal retirement date.
- **Transferred participants:** The liabilities for employees who have transferred to an Associate Company have been included with the liabilities for terminated vested participants.

Minimum funding methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual are the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.

- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

**ENBRIDGE GAS OHIO
UNION PENSION PLAN
EIN: 76-0697621 PN:004**

**FORM 5500, SCHEDULE H, LINE 4J -
SCHEDULE OF REPORTABLE TRANSACTIONS (SERIES)
YEAR ENDED DECEMBER 31, 2024**

a. Security Description	b. Shares	c. Cost of Acquisitions	d. Proceeds of Dispositions	g. Cost of Assets Disposed	i. Gain/Loss
EB Temporary Investment Fund, 1.147% 12/31/2049 DD 11/01/01	459,164,349.67	459,164,350	-	-	-
EB Temporary Investment Fund, 1.147% 12/31/2049 DD 11/01/01	457,158,254.52	-	457,158,255	457,158,255	-
Long Term Credit Bond Index Fund	442.65	-	40,000	41,174	(1,174)
Long Term Credit Bond Index Fund	1,419,099.73	132,900,000	-	-	-
Long Term Government Bond Index Fund	59,887.19	-	4,500,000	4,675,741	(175,741)
Long Term Government Bond Index Fund	972,132.10	75,900,000	-	-	-
Blackrock MSCI World Index Fund	172,056.56	-	10,500,000	9,840,560	659,440
Blackrock MSCI World Index Fund	1,791,350.58	102,300,000	-	-	-
Blackrock MSCI World Index Fund	68,227.52	-	3,950,000	3,748,126	201,874
Russell 1000 Alpha Tilts Fund	7,765.97	3,877,695	-	-	-
Russell 1000 Alpha Tilts Fund	76,165.95	32,921,934	-	-	-
Brandes Global Small Cap Portfolio	20,700,000.00	20,700,000	-	-	-
Brandes Global Small Cap Portfolio	8,300,000.00	-	8,300,000	7,696,657	603,343

**ENBRIDGE GAS OHIO
UNION PENSION PLAN
EIN: 76-0697621 PN:004**

**FORM 5500, SCHEDULE H, LINE 4J -
SCHEDULE OF REPORTABLE TRANSACTIONS (SINGLE)
YEAR ENDED DECEMBER 31, 2024**

a. Security Description	b. Shares	c. Cost of Acquisitions	d. Proceeds of Dispositions	g. Cost of Assets Disposed	i. Gain/Loss
EB Temporary Investment Fund, 1.147% 12/31/2049 DD 11/01/01	371,667,519	371,667,519	-	-	-
EB Temporary Investment Fund, 1.147% 12/31/2049 DD 11/01/01	257,300,000	-	257,300,000	257,300,000	-
EB Temporary Investment Fund, 1.147% 12/31/2049 DD 11/01/01	69,100,000	-	69,100,000	69,100,000	-
EB Temporary Investment Fund, 1.147% 12/31/2049 DD 11/01/01	82,136,678	82,136,678	-	-	-
EB Temporary Investment Fund, 1.147% 12/31/2049 DD 11/01/01	71,400,000	-	71,400,000	71,400,000	-
Long Term Credit Bond Index Fund	1,198,182	111,500,000	-	-	-
Long Term Government Bond Index Fund	718,901	55,800,000	-	-	-
Blackrock MSCI World Index Fund	1,316,084	72,300,000	-	-	-
Blackrock MSCI World Index Fund	475,266	30,000,000	-	-	-
Russell 1000 Alpha Tilts Fund	71,776	31,026,790	-	-	-

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 03/07/2024 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 ENBRIDGE GAS OHIO UNION 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 ENBRIDGE EMPLOYEE SERVICES, INC.	D Employer Identification Number (EIN) 76-0697621
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 03 Day 07 Year 2024
2	Assets:
a	Market value 2a 449,500,058
b	Actuarial value 2b 449,500,058
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 0 0 0
b	For terminated vested participants 219 12,160,644 12,160,644
c	For active participants 1,006 114,430,311 123,820,417
d	Total 1,225 126,590,955 135,981,061
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 5.29%
6	Target normal cost
a	Present value of current plan year accruals 6a 7,845,342
b	Expected plan-related expenses 6b 736,885
c	Target normal cost 6c 8,582,227

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	<i>Erin Malone</i> Signature of actuary	9/10/2025 Date
ERIN MALONE	Type or print name of actuary	2308152 Most recent enrollment number
MERCER	Firm name	713-276-2100 Telephone number (including area code)
500 DALLAS STREET, SUITE 1400	Address of the firm	
HOUSTON TX 77002-4800	Address of the firm	

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

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

Schedule SB (Form 5500) 2024
v. 240311

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

21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 62
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	8,582,227	
b Excess assets, if applicable, but not greater than line 31a	31b	8,582,227	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

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>0.00</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)		0
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>0.00</u> %		0
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		0
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)	2,085,256	0

Part III Funding Percentages

14 Funding target attainment percentage	14	329.02 %
15 Adjusted funding target attainment percentage	15	315.63 %
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	%
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
Totals ►			18(b)	0	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	0

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

Schedule SB, line 13 — Explanation of Credit Balance Discrepancy

The Enbridge Gas Ohio Union Pension Plan was established March 6, 2024 as a result of the acquisition of Dominion Energy Ohio Gas by Enbridge Employee Services, Inc. Pursuant to the purchase agreement, the Enbridge Gas Ohio Union Pension Plan was established March 6, 2024 as a result of the acquisition. Assets and credit balance were spun-off from the Dominion Union Pension Plan to the Enbridge Gas Ohio Union Pension Plan. The carryover balance transferred to the Enbridge Gas Ohio Union Pension Plan as of January 1, 2024 was \$2,072,819. This amount was adjusted based on actual return on assets from January 1, 2024 to March 6, 2024.

	Carryover balance		Prefunding balance	
Balance as of January 1, 2024	\$	2,072,819	\$	N/A
Portion applied in prior year		N/A		N/A
Interest at investment return from January 1, 2024 to February 28, 2024 of 0.6%		12,437		N/A
Amount remaining as of March 6, 2024 ¹	\$	2,085,256	\$	N/A
Prior year excess contributions				
Discounted contributions allocated toward minimum required			\$	N/A
Minimum funding requirement (after applied credits)				N/A
Interest-adjusted excess contributions = discounted contributions minus minimum funding requirement (after applied credits)			\$	N/A
Interest to end of plan year on excess contributions not attributed to credit balance use at prior year effective interest rate of N/A				N/A
Interest to end of plan year on excess contributions attributed to credit balance use at prior year investment return of N/A				N/A
Total available to add to prefunding balance			\$	N/A
Portion added to prefunding balance				N/A
Reduction in balances due to election or deemed election effective March 6, 2024	\$	(0)	\$	(0)
Balance as of March 6, 2024	\$	2,085,256	\$	N/A
Credit balance available to offset minimum	\$	2,085,256	\$	N/A

¹ The credit balance information as a result of the spinoff was provided by WTW on March 12, 2025.

Schedule SB, line 15 — Reconciliation of Difference Between Valuation Results and Amounts Used to Calculate AFTAP

The following schedule shows each AFTAP that was certified for the 2024 plan year, the date made, and a description of the AFTAP change. The 2024 AFTAP was not updated to reflect the final funding target since the difference did not have a material impact to the funded status.

Certification date	AFTAP	Update description
12/28/2024	315.63%	N/A

The following chart shows a comparison of the final 2024 AFTAP and the FTAP shown on the 2024 Schedule SB, line 14.

	Final Certified AFTAP	Schedule SB Line 14 FTAP	Difference (explained below)
1. Adjusted plan assets			
a. Actuarial value of plan assets	\$ 449,500,058	\$ 449,500,058	\$
b. Credit balances subtracted	0	2,085,256	
c. Annuity purchases for non-HCEs in prior two plan years	0	0	
d. Earmarked contributions during plan year	0	0	
e. Adjusted plan assets: (a.) – (b.) + (c.) + (d.) ¹	\$ 449,500,058	\$ 447,414,802	\$ 2,085,256
2. Adjusted funding target			
a. Funding target ²	\$ 142,411,670	\$ 135,981,061	\$ 6,430,609
b. Funding target increases not already reflected in (a.) due to amendments, UCEBs, etc.	0	0	
c. Annuity purchases for non-HCEs in prior two plan years	0	0	
d. Adjusted funding target: (a.) + (b.) + (c.)	\$ 142,411,670	\$ 135,981,061	\$
3. 2024 AFTAP/FTAP: (1.e.) ÷ (2.d.)	315.63%	329.02%	

¹ Credit balance is not subtracted for purposes of the AFTAP since the plan is greater than 100% funded.

² The AFTAP was based on a preliminary funding target, which was revised to reflect changes to the roll forward methodology.

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

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 62.

1.	Average Weighted Retirement Age for Participants with less than 30 Years of Service	62
2.	Estimated percentage of active participants with less than 30 years of service	87%
3.	Average Weighted Retirement Age for Participants with 30 or more Years of Service	60
4.	Estimated percentage of active participants with 30 or more years of service	13%
5.	Average Weighted Retirement Age [(1. X 2.) + (3. X 4.)]	62

Average Weighted Retirement Age for Participants with less than 30 Years of Service

(A)	(B)	(C)	(D)	(E)
Retirement age	Retirement percent	Lx	Number of employees expected to retire (B) X (C)	(A) X (D)
55	4.00%	10,000	400	22,000
56	4.00%	9,600	384	21,504
57	4.00%	9,216	369	21,012
58	4.00%	8,847	354	20,526
59	6.00%	8,493	510	30,067
60	13.00%	7,984	1,038	62,274
61	14.00%	6,946	972	59,318
62	20.00%	5,974	1,195	74,072
63	18.00%	4,779	860	54,192
64	12.00%	3,919	470	30,095
65	35.00%	3,448	1,207	78,451
66	35.00%	2,241	785	51,778
67	35.00%	1,457	510	34,165
68	35.00%	947	331	22,539
69	35.00%	616	215	14,866
70	100.00%	400	400	28,008
Total			10,000	624,867
Average				62

Schedule SB, line 22 — Description of Weighted Average Retirement Age**Average Weighted Retirement age for Participants with 30 or more Years of Service**

(A)	(B)	(C)	(D)	(E)
Retirement age	Retirement percent	Lx	Number of employees expected to retire (B) X (C)	(A) X (D)
55	4.00%	10,000	400	22,000
56	4.00%	9,600	384	21,504
57	4.00%	9,216	369	21,012
58	25.00%	8,847	2,212	128,287
59	20.00%	6,636	1,327	78,299
60	23.00%	5,308	1,221	73,256
61	23.00%	4,087	940	57,347
62	26.00%	3,147	818	50,735
63	30.00%	2,329	699	44,019
64	20.00%	1,630	326	20,868
65	35.00%	1,304	456	29,672
66	35.00%	848	297	19,584
67	35.00%	551	193	12,922
68	35.00%	358	125	8,525
69	35.00%	233	81	5,623
70	100.00%	151	151	10,593
Total			10,000	604,246
Average				60

Schedule SB, line 26b – Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	2,931,179	111,216	-	3,042,396
2025	3,831,961	120,573	-	3,952,534
2026	4,640,070	230,981	-	4,871,051
2027	5,125,888	279,275	-	5,405,163
2028	5,694,401	327,337	-	6,021,739
2029	6,004,227	427,195	-	6,431,422
2030	6,333,751	425,796	-	6,759,546
2031	6,705,019	635,333	-	7,340,352
2032	6,903,471	760,540	-	7,664,011
2033	7,104,239	676,603	-	7,780,843
2034	7,433,994	805,745	-	8,239,739
2035	7,526,527	732,989	-	8,259,516
2036	7,833,113	720,261	-	8,553,374
2037	8,032,997	922,449	-	8,955,446
2038	8,404,547	799,660	-	9,204,207
2039	8,641,137	806,705	-	9,447,842
2040	8,865,913	809,687	-	9,675,600
2041	9,001,217	897,420	-	9,898,637
2042	9,178,664	851,886	-	10,030,550
2043	9,158,084	934,133	-	10,092,218
2044	9,337,515	1,010,199	-	10,347,715
2045	9,318,350	1,156,571	-	10,474,921
2046	9,269,145	1,070,124	-	10,339,269
2047	9,233,059	1,209,258	-	10,442,317
2048	9,301,751	1,105,325	-	10,407,076
2049	9,125,454	1,109,660	-	10,235,114
2050	8,921,183	1,258,923	-	10,180,106
2051	8,730,013	1,207,878	-	9,937,891
2052	8,465,251	1,135,298	-	9,600,549
2053	8,216,085	1,141,197	-	9,357,282
2054	7,858,800	1,216,735	-	9,075,535
2055	7,489,264	1,117,611	-	8,606,875
2056	7,245,130	1,003,530	-	8,248,660
2057	6,810,686	982,113	-	7,792,799
2058	6,487,543	990,779	-	7,478,322
2059	6,101,279	854,371	-	6,955,650
2060	5,750,654	892,153	-	6,642,806
2061	5,403,684	777,625	-	6,181,309
2062	5,079,133	737,350	-	5,816,483
2063	4,730,445	698,164	-	5,428,608
2064	4,422,214	660,185	-	5,082,398
2065	4,123,121	623,442	-	4,746,564
2066	3,827,113	587,898	-	4,415,012
2067	3,547,551	553,447	-	4,100,998
2068	3,281,373	519,941	-	3,801,313
2069	3,025,145	487,211	-	3,512,356
2070	2,780,300	455,089	-	3,235,389
2071	2,544,572	423,434	-	2,968,006
2072	2,319,726	392,156	-	2,711,882
2073	2,104,869	361,228	-	2,466,097

The cashflows shown are as of January 1, 2024 and the liabilities in Schedule SB are rolled forward as of March 7, 2024.

Schedule SB, Part V — Summary of Plan Provisions

Summary of major plan provisions

Effective date and plan year	The plan is effective March 6, 2024. The first plan year is March 6, 2024 to December 31, 2024. Subsequent plan years will be calendar years. The Dominion Union Pension Plan was originally effective July 1, 1973. The most recent amendment in the plan provisions was effective January 1, 2021.
Status of the plan	The plan has ongoing benefit accruals and new employees are eligible to participate in the plan once they satisfy the participation requirements. The Dominion River Gas Division Union Pension Plan (River Gas) was merged into the Dominion Ohio East Gas Union Pension Plan (East Ohio Gas) effective December 31, 2007. The Dominion Ohio West Gas Union Pension Plan (West Ohio Gas) was merged into the Dominion Ohio East Gas Union Pension Plan (East Ohio Gas) effective June 30, 2013.
Significant events that occurred during the year	The Enbridge Gas Ohio Union Pension Plan was established March 6, 2024 as a result of the acquisition of Dominion Energy Ohio Gas by Enbridge Employee Services, Inc. Pursuant to the purchase agreement, the Enbridge Gas Ohio Union Pension Plan mirrors the benefits provided under the terms of the Dominion Union Pension Plan.
Covered employees	Cash Balance Plan: Any employee of the Company (excluding leased employees) who is hired or rehired on or after January 1, 2019 and in a job classification represented for collective bargaining purposes by, and is a member of, the Gas Workers Union, Local G555, Utility Worker's Union of America, AFL-CIO. Prior plan covered employees: <u>Old Plan East Ohio Gas</u> Any employee of the Company (excluding leased employees) who is in a job classification represented for collective bargaining purposes by, and is a member of, the Gas Workers Union, Local G555, Utility Worker's Union of America, AFL- CIO. The Old Plan East Ohio Gas closed to new hires effective January 1, 2002. <u>Old Plan West Ohio Gas</u> Any employee of the Company (excluding leased employees) who is in a job classification represented for collective bargaining purposes by, and is a member of, Local Union No. 308, The Utility Workers Union of America, AFL-CIO (Physical) or by Local Union No. 308-C, The Utility Workers Union of America, AFL-CIO (Clerical). The Old Plan West Ohio Gas closed to new hires effective January 1, 2003. <u>New Plan East Ohio Gas</u> Any employee of the Company (excluding leased employees) who is in a job classification represented for collective bargaining purposes by, and is a member of, the Gas Workers Union, Local G555, Utility Worker's Union of America, AFL-CIO, is eligible to participate in the New Plan as of the later of date of hire and attainment of age 18. All employees who were eligible to participate in the Old Plan as of December 31, 2001 are eligible to participate in the New Plan on

Schedule SB, Part V — Summary of Plan Provisions

	January 1, 2002, even if they have not yet attained age 18. The New Plan East Ohio Gas closed to new hires effective January 1, 2019. <u>New Plan West Ohio Gas</u> Any employee of the Company (excluding leased employees) who is in a job classification represented for collective bargaining purposes by, and is a member of, Local Union No. 308, The Utility Workers Union of America, AFL-CIO or by Local Union No. 308-C, The Utility Workers Union of America, AFL-CIO, All employees who were eligible to participate in the Old Plan West Ohio Gas as of December 31, 2002 are eligible to participate in the New Plan West Ohio Gas on January 1, 2003, even if they have not yet attained age 18. The New Plan West Ohio Gas is closed to new hires effective January 1, 2019.
• Participation	The later of date of hire and attainment of age 18 for the Cash Balance Plan. Participants are eligible if scheduled to work (or actually work) at least 1,000 hours in a 12-month period. Participation in prior plans is closed.
• Vesting service	Based on elapsed time from date of hire.
• Credited service	<u>Old Plan (East and West Ohio Gas)</u> Based on elapsed time from date of hire, with 15 or more days worked in a calendar month counting as 1/12 of a year of credited service. <u>New Plan (East and West Ohio Gas)</u> Based on elapsed time from date of hire. Service is awarded for each calendar month in which at least one hour of service is worked. <u>Cash Balance Plan (East and West Ohio Gas)</u> Based on elapsed time from date of hire. Service is awarded for each calendar month in which at least one hour of service is worked.
• Pensionable earnings	<u>Old Plan East Ohio Gas</u> Wage or salary, excluding bonuses, but including overtime payments made on and after June 16, 1997, commissions, workers' compensation payments, disability benefits, and other specified amounts, subject to IRC 401(a)(17) compensation limits. <u>Old Plan West Ohio Gas</u> Wage or salary, excluding bonuses, but including overtime payments, commissions, workers' compensation payments, disability benefits, and other specified amounts, subject to IRC 401(a)(17) compensation limits. <u>New Plan East Ohio Gas</u> Base pay actually paid plus any amounts deferred under Section 125 or Section 401(k) plans plus merit lump sum payments, and other specified amounts, subject to IRC 401(a)(17) compensation limits. <u>New Plan West Ohio Gas</u> Base pay actually paid plus any amounts deferred under Section 125 or Section 401(k) plans subject to IRC 401(a)(17) compensation limits.

Schedule SB, Part V — Summary of Plan Provisions

	<u>Cash Balance Plan (East and West Ohio Gas)</u> Base pay actually paid plus any amounts deferred under Section 125 or Section 401(k) plans plus merit lump sum payments, and other specified amounts, subject to IRC 401(a)(17) compensation limits.												
• Final average compensation	<u>Old Plan (East and West Ohio Gas)</u> The annual average of Old Plan compensation in the 60 highest consecutive months during the last 120 months of employment. <u>New Plan (East and West Ohio Gas)</u> The annual average of New Plan compensation in the 60 highest consecutive months during the last 120 months of employment.												
• Normal Retirement Date (NRD)	For participants who retire after December 31, 2001 for East Ohio Gas (December 31, 2002 for West Ohio Gas), first of month coincident with or next following attainment of age 65.												
• Social Security wage base	The contribution and benefit base in effect under Section 230 of the Social Security Act for the year of the calculation.												
• Permanent Supplement	All employees who were participants in the legacy plan as of the effective date are eligible to receive the permanent supplement for each year of credited service with completed months of credited service counting as a fraction of a year, payable as an annual benefit, as indicated in the table below: <table><tr><td><u>Legacy Plan</u></td><td><u>Supplemental Amount</u></td><td><u>Effective Date</u></td></tr><tr><td>East Ohio Gas</td><td>\$10/month</td><td>6/30/2001</td></tr><tr><td>West Ohio Gas</td><td>\$10/month</td><td>12/31/2002</td></tr><tr><td>River Gas</td><td>\$11/month</td><td>3/31/2003</td></tr></table> The permanent supplement is based on service earned through the effective date shown above.	<u>Legacy Plan</u>	<u>Supplemental Amount</u>	<u>Effective Date</u>	East Ohio Gas	\$10/month	6/30/2001	West Ohio Gas	\$10/month	12/31/2002	River Gas	\$11/month	3/31/2003
<u>Legacy Plan</u>	<u>Supplemental Amount</u>	<u>Effective Date</u>											
East Ohio Gas	\$10/month	6/30/2001											
West Ohio Gas	\$10/month	12/31/2002											
River Gas	\$11/month	3/31/2003											
• Temporary Supplement	<u>Former River Gas participants</u> For each participant who was an employee as of March 31, 2003 and retires after April 1, 2003 under the age of 62, the participant shall receive a temporary supplemental retirement allowance of \$470 per month until age 62. <u>East Ohio Gas</u> For each participant who retires after June 15, 2001 under the age of 62 with at least 15 years of pension service, the participant shall receive a temporary supplemental retirement allowance of \$575 per month until age 62. <u>West Ohio Gas</u> For each participant who was an employee on December 31, 2002 and retires on or after January 1, 2003, the participant shall receive a temporary supplemental retirement allowance of \$500 per month until age 62.												
Normal retirement													
• Eligibility	For participants who retire after December 31, 2001 for East Ohio Gas (December 31, 2002 for West Ohio Gas), first of month coincident with or next following attainment of age 65.												
• Benefit	1) Old Plan East Ohio Gas												

Schedule SB, Part V — Summary of Plan Provisions

The greater of [(a)+(b)] or (c), plus the Permanent Supplement
a) For service prior to June 16, 1979, in accordance with the Plan as in effect to that date.

b) For each year of credited service on and after June 16, 1979 and on or before December 31, 2001, 1.7% of Old Plan compensation.

c) 1.125% of Old Plan final average compensation times years of credited service.

2) Old Plan (Physical) West Ohio Gas

The greater of [(a)+(b)] or [(c)(i), plus the excess, if any, of c(ii) over c(iii)] plus the Permanent Supplement

a) For service prior to January 1, 1984, in accordance with the Plan as in effect to that date.

b) For each year of credited service on and after January 1, 1984 and on or before December 31, 2002, 1.7% of Old Plan compensation.

c) i. Number of years of Pension Service on or before December 31, 2002 multiplied by 1.125% of final average compensation.

ii. Benefit accrued under Plan formula in effect prior to January 1, 1984 for years of Pension Service as of January 1, 1985.

iii. Number of years of Pension Service as of January 1, 1985 multiplied by 1.125% of final average compensation as of January 1, 1985.

3) New Plan (East and West Ohio Gas)

a) 1.80% of New Plan final average compensation times credited service up to 30 years (30-year service cap includes credited service under the Old Plan formula) less

b) 1.50% of the participant's age 65 annual Primary Insurance Amount under the Social Security law in effect on the date of determination (assuming no future earnings), times credited service up to 30 years (30 year service cap includes credited service under the Old Plan formula) plus

c) SRA as of normal retirement date payable as an immediate lump sum or immediate annuity taken in the same optional form as the remaining retirement benefit.

4) West Ohio Gas

All employees who were participants on December 31, 2002 will receive a five-year extension to the service cap in the New Plan formula.

See separate SRA section below for details.

5) Cash Balance

The Cash Balance account as of normal retirement date payable as an immediate lump sum or immediate annuity taken in the normal form of payment or optional forms of retirement income

Schedule SB, Part V — Summary of Plan Provisions

See separate Cash Balance section below for details.																	
Early retirement																	
• Eligibility	For participants who terminate after December 31, 2001 for East Ohio Gas (December 31, 2003 for West Ohio Gas), age 55 and 3 years of vesting service.																
• Benefit	<u>Old Plan (East and West Ohio Gas)</u> The benefit is determined under the normal retirement formula reduced ¼% for each of the first 24 months by which the participant's benefit commencement date precedes age 62 plus 1/3% for each of the next 24 months by which the participant's benefit commencement date precedes age 60 plus 5/12% for each month within the next 36 months by which the benefit commencement date precedes age 58. The Permanent Supplement is unreduced for early retirement from active status. <u>New Plan (East and West Ohio Gas)</u> The benefit is determined under the normal retirement formula with the a) and the b) pieces of the New Plan formula reduced ¼% for each of the first 24 months by which the participant's benefit commencement date precedes age 60 plus ½% for each of the next 36 months by which the benefit commencement date precedes age 58. The SRA as of the early retirement date is payable as an immediate lump sum or immediate annuity in the same optional form as the remaining retirement benefit. <u>Cash Balance</u> The Cash Balance account balance.																
Late retirement																	
• Eligibility	Retirement after age 65.																
• Benefit	Normal retirement benefit described above, based on pension service, final average compensation, Primary Insurance Amount, SRA compensation and interest credits, and/or cash balance compensation and interest credits as of the late retirement date, as appropriate.																
Deferred vested																	
• Eligibility	For participants who terminate after December 31, 2001 for East Ohio Gas (December 31, 2002 for West Ohio Gas), full vesting after three years of vesting service, or at normal retirement date, if earlier.																
• Benefit	The termination benefit is equal to the accrued benefit. The benefit is payable any time after attainment of age 55 with the Old Plan benefit, a) and the b) pieces of the New Plan benefit and the Permanent Supplement reduced in accordance with the table of factors below, or without reduction at age 65.																
<table><tr><th>Age</th><th>Reduction %</th></tr><tr><td>55</td><td>55.0%</td></tr><tr><td>56</td><td>52.0%</td></tr><tr><td>57</td><td>48.0%</td></tr><tr><td>58</td><td>44.0%</td></tr><tr><td>59</td><td>40.0%</td></tr><tr><td>60</td><td>35.0%</td></tr><tr><td>61</td><td>30.0%</td></tr></table>		Age	Reduction %	55	55.0%	56	52.0%	57	48.0%	58	44.0%	59	40.0%	60	35.0%	61	30.0%
Age	Reduction %																
55	55.0%																
56	52.0%																
57	48.0%																
58	44.0%																
59	40.0%																
60	35.0%																
61	30.0%																

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	62	23.0%
	63	16.0%
	64	9.0%
Plus,		
For participants who have an SRA balance, either:		
	a) SRA determined as of termination date payable as an immediate lump sum or an immediate annuity; or	
	b) SRA determined as of retirement date payable as an annuity in the same form as the remaining retirement benefit.	
For participants with Cash Balance formula, the Cash Balance account determined as of the benefit commencement date elected by the participant payable as an immediate lump sum or an immediate annuity.		
Disability		
• Eligibility	For participants who qualify for benefits under Dominion Energy, Inc.'s long-term disability plan on or after January 1, 2002 for East Ohio Gas (January 1, 2003 for West Ohio Gas) and after completing 5 years of vesting service.	
• Benefit	For participants who become disabled after December 31, 2001 for East Ohio Gas (December 31, 2002 for West Ohio Gas), the accrued benefit payable at normal retirement date under the Old Plan and New Plan formulas based on final average compensation and Primary Insurance Amount at the date of disability, and credited service accrued to the earlier of recovery from disability and normal retirement date. The SRA is available as an immediate lump sum or an immediate annuity at disability. No further compensation credits are granted after disability. If an immediate lump sum or immediate annuity is not elected, the disabled participant may take a deferred annuity reflecting additional interest credits after disability at the same time and in the same form as the remaining retirement benefit. The Permanent Supplement is also available to disabled participants at normal retirement. The Cash Balance will not accrue pay credits during the period of disability. At the date participants begin receiving LTD benefits, the Cash Balance is payable as an immediate lump sum, an immediate annuity or a deferred annuity. The Cash Balance continues to earn interest credits until benefit commencement.	
Pre-retirement death		
• Eligibility	<u>Traditional Pension benefit</u> Vested married participants <u>SRA</u> Vested participants <u>Cash Balance</u> 100% vested upon death	
• Preretirement spouse benefit	<u>Traditional Plan</u> For participants who were in the plan on December 31, 2001 for East Ohio Gas or December 31, 2002 for West Ohio Gas and who die while actively employed, the surviving spouse will receive an immediate	

Schedule SB, Part V — Summary of Plan Provisions

monthly income payable for life equal to 50% of the participant's accrued benefit at the date of death valued under the 50% joint and survivor option with the Old Plan benefit and the a) and the b) pieces of the New Plan benefit and the Permanent Supplement reduced for early retirement using the active early retirement factors. For benefit commencement before the participant's earliest retirement date, this benefit is further reduced for ages below 55 as follows:

Ages	Yearly Reduction %
35-55	3.000%
30-35	0.500%
< 30	0.333%

For employees who become participants on or after January 1, 2002 for East Ohio Gas or January 1, 2003 for West Ohio Gas, the surviving spouse will receive a monthly retirement income payable for life in an amount equal to 50% of the amount the participant would have received if he had survived and elected to commence receiving a retirement income at the earliest date allowed under the plan, payable under the 50% joint and survivor option.

The spouse may elect to defer the survivor benefit until normal retirement date.

SRA

The SRA is payable to the surviving spouse of an active vested participant who dies as either:

- a) an immediate lump sum;
- b) an immediate annuity payable for the spouse's lifetime; or
- c) an annuity deferred to the date of benefit commencement for the remaining death benefit and payable for the spouse's remaining lifetime.

For unmarried vested participants who die while in active service or after termination, the SRA is payable as an immediate lump sum to the named beneficiary.

For terminated vested participants who die, the surviving spouse will receive a monthly retirement income under the Old Plan formula and the a) and the b) pieces of the New Plan formula payable for life in an amount equal to 50% of the amount the participant would have received if he had survived and elected to commence receiving a retirement income at the earliest date allowed under the plan, payable under the 50% joint and survivor option. The same SRA payment options apply to surviving spouses of deceased vested terminated participants as summarized above for spouses of deceased active participants.

Cash Balance

The Cash Balance is payable to the Cash Balance participant's beneficiary commencing on a benefit commencement date elected by the beneficiary following the Cash Balance participant's death as an active or terminated vested participant.

- a) If the beneficiary is the cash balance participant's spouse, the beneficiary may receive the cash balance participant's retirement

Schedule SB, Part V — Summary of Plan Provisions

	benefit in either (i) a single sum calculated as of the beneficiary's benefit commencement date or (ii) a single life annuity for the life of the beneficiary that is the actuarial equivalent of the participant's Cash Balance account as of the beneficiary's benefit commencement date.
	b) If the beneficiary is not the cash balance participant's spouse, the beneficiary may receive the cash balance participant's accrued benefit only as a single sum one-time payment.
• Preretirement spouse benefit for non-vested participants in active service	If the participant is not vested, the beneficiary will receive, in a lump sum, the participant's SRA balance.
Form of benefits	
• Automatic form for unmarried participants	The normal form of payment is a single life annuity for benefits.
• Automatic form for married participants	The normal form is an actuarially equivalent to 50% joint and survivor benefit. A five-year certain form of payment may apply to parts of the benefits earned by certain long-service employees.
• Optional forms	• J&S – 50%, 75%, 100% • Social Security leveling option to age 62 (Traditional FAP benefit only) • Single life annuity • Lump sum (Cash balance & SRA only) For the Cash Balance & SRA only certain options are available for commencement prior to retirement eligibility (see below).
• Actuarial equivalence	Actuarial equivalence for optional forms of payment for the Traditional Plan (and from the SRA SLA to other optional annuity forms of payment): 9.50% interest and GAM-83 (male) Actuarial equivalence for conversion from SRA to SLA and Cash Balance to optional forms of payment: Applicable Interest Rate: 417(e) interest using September prior to beginning of the plan year Applicable Mortality table: 417(e) mortality
Additional Benefits	
Special Retirement Accounting (SRA)	
• Eligibility	Participating in the New Plan (East and West Ohio Gas)
• Pay Credits	<u>East Ohio Gas</u> 2% of compensation beginning January 1, 2002 <u>West Ohio Gas</u> 2% of compensation beginning January 1, 2003
• Interest Credited to Account Balance	Credited on a daily basis at a rate annually equivalent to the 30-year Treasury bond rate for the September of the preceding year, subject to a minimum rate of 1.5%.
• Payment Options	a) Immediate lump sum – equal to the account balance; b) Immediate annuity; or c) Deferred annuity – paid in same form and beginning at the same time as the remaining retirement benefit
• Annuity Conversion Basis	The SRA is converted from an account balance to a single life annuity at benefit commencement age using the section 417(e) applicable mortality

Schedule SB, Part V — Summary of Plan Provisions

	table and the 30-year Treasury bond rate used for interest crediting in the year of benefit commencement. All other payment options are converted using the Plan's actuarial equivalence basis for payment options.										
• Annuity Options	<u>Retirement-eligible terminated participant</u> Same as payment options for remaining retirement benefit. <u>Deferred vested terminated participant</u> Single life annuity or 50% joint and survivor annuity, if paid as an immediate annuity. Same as payment options for remaining retirement benefit, if paid as a deferred annuity.										
Cash Balance Plan											
• Pay Credits	Pay-Based Credits are credited monthly to the accounts of Cash Balance participants as a percentage of their plan compensation based on the following schedule: <table> <tr> <th>Years of Credited Service</th><th>Pay-Based Credits as a % of Compensation</th></tr> <tr> <td>< 5</td><td>4.0%</td></tr> <tr> <td>5-14</td><td>5.0%</td></tr> <tr> <td>15-24</td><td>6.0%</td></tr> <tr> <td>25 +</td><td>7.0%</td></tr> </table>	Years of Credited Service	Pay-Based Credits as a % of Compensation	< 5	4.0%	5-14	5.0%	15-24	6.0%	25 +	7.0%
Years of Credited Service	Pay-Based Credits as a % of Compensation										
< 5	4.0%										
5-14	5.0%										
15-24	6.0%										
25 +	7.0%										
• Interest Credit	Interest Credits are credited monthly to the Cash Balance account on a daily basis at a rate annually equivalent to the Applicable Interest Rate for the Plan Year, subject to a minimum rate of 1.5%.										
• Payment Options	a) Immediate lump sum – equal to the account balance; b) Immediate annuity; or c) Deferred annuity – paid in same form and beginning at the same time as the remaining retirement benefit										
• Applicable Interest Rate	The annual yield on the 30-year Treasury securities for September of the preceding year.										
• Applicable Mortality Table	The prescribed mortality table as specified under the Internal Revenue Code section 417(e)(3)(B).										
• Annuity Conversion Basis	One form of benefit shall be the actuarial equivalent value of another form of benefit determined on the basis of the Applicable Interest Rate and Applicable Mortality Table.										
• Annuity Options	<u>Deferred vested terminated participant</u> Single life annuity or 50% joint and survivor annuity, if paid as an immediate annuity. Same as payment options for remaining retirement benefit, if paid as a deferred annuity. <u>Retirement-eligible terminated participant</u> Same as payment options for remaining retirement benefit.										
Miscellaneous											
• Maximum on Benefits and Pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.										

Benefits included or excluded

Unless noted below, all benefits provided by the plan, as amended and restated generally effective as of March 6, 2024, are included in this valuation. This summary is based on information provided by

Schedule SB, Part V — Summary of Plan Provisions

Enbridge about the plan document that has not yet been drafted. Pursuant to the purchase agreement, the Enbridge Gas Ohio Union Pension Plan mirrors the benefits provided under the terms of the Dominion Union Pension Plan.

- **Plan amendments excluded:** Amendments adopted after the valuation date or effective after the current plan year are excluded from the valuation.
- **Late retirement increases:** Consistent with the prior actuary, late retirement increases are not included in the valuation assuming timely suspension of benefit notices are provided.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Plan provisions specific to funding

Additional benefits included or excluded

- **IRC Section 436 benefit restrictions:**
 - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits for events that occurred before the valuation date but includes contingent event benefits for events that are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
 - *Plan amendments:* See above.
 - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
 - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accrual. The target normal cost does not reflect any limitation on benefit accruals.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

**ENBRIDGE GAS OHIO
UNION PENSION PLAN
EIN: 76-0697621 PN:004**

**FORM 5500, SCHEDULE H, LINE 4I -
SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

		c. Description of investment including maturity date, rate of interest, par or maturity value	d. Cost December 31, 2024	e. Current Value December 31, 2024
a.	b. Identity of issue, borrower, lessor, or similar party			
<i>(thousands of dollars)</i>				
	EB Temporary Investment Fund, 1.147% 12/31/49	Short-Term Investment	2,008	2,008
	Long Term Credit Bond Index Fund	Corporate Bond Index Fund	132,859	131,722
	Long Term Government Bond Index Fund	Government Bond Index Fund	71,224	68,540
	BlackRock MSCI World Index Fund	Global Equity Fund	88,711	94,321
	MSCI Emerging Markets Free Fund	Global Equity Fund	6,427	6,585
	World Ex-US Alpha Tilts Fund	Global Equity Fund	14,411	14,604
	Russell 1000 Alpha Tilts Fund	Global Equity Fund	36,800	41,909
	BlackRock MSCI Canada Small Cap Equity Index Fund	Global Equity Fund	563	588
	BlackRock MSCI EAFE Small Cap Equity Index Fund	Global Equity Fund	5,162	5,161
	BlackRock MSCI USA Small Cap Equity Index Fund	Global Equity Fund	8,466	9,000
	GQG Partners Global Equity Fund CIT Class C	Global Equity Fund	21,200	21,412
	Brandes Global Small Cap Portfolio	Global Equity Fund	13,003	14,491
	Hillsdale Global Small Cap Equity Fund	Global Equity Fund	17,138	17,970
	Morgan Stanley Institutional Fund, Inc. Global Franchise Portfolio Class IS	Global Equity Fund	19,884	18,540
	CC&L Q Emerging Markets Equity Fund	Global Equity Fund	7,600	8,276
Plan Assets			445,456	455,127