Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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-SF.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 09/26/2025

A This return/report is for: [X] a single-employer plan [ ] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)

B This return/report is [ ] the first return/report [X] the final return/report
[X] an amended return/report [X] a short plan year return/report (less than 12 months)

C Check box if filing under: [ ] Form 5558 [ ] automatic extension [ ] DFVC program
[ ] special extension (enter description)

D If the plan is a collectively-bargained plan, check here ▸ [ ]

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ▸ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
RETIREMENT PLAN FOR NON-BARGAINING EMPLOYEES OF ARKANSAS OKLAHOMA GAS CORPORATION

1b Three-digit plan number (PN) ▸ 001

1c Effective date of plan 01/01/1976

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)
ARKANSAS OKLAHOMA GAS CORPORATION

P.O. BOX 2414
FORT SMITH, AR 72902-2414

2b Employer Identification Number (EIN) 71-0203335

2c Sponsor's telephone number 479-783-3181

2d Business code (see instructions) 221210

3a Plan administrator's name and address [ ] Same as Plan Sponsor.

RETIREMENT COMMITTEE
115 NORTH 12TH SREET
FORT SMITH, AR 72901

3b Administrator's EIN 71-0480891

3c Administrator's telephone number 479-783-3181

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

5a Total number of participants at the beginning of the plan year	**5a**	74
b Total number of participants at the end of the plan year	**5b**	0
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**5c(1)**	
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**5c(2)**	
d(1) Total number of active participants at the beginning of the plan year	**5d(1)**	51
d(2) Total number of active participants at the end of the plan year	**5d(2)**	0
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**5e**	0

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.	03/04/2026	AMIEE YORK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	[X] Yes [ ] No
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	[X] Yes [ ] No
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	
c	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	[X] Yes [ ] No [ ] Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 579357. (See instructions.)	

Part III Financial Information

			(a) Beginning of Year	(b) End of Year
7	Plan Assets and Liabilities		**(a) Beginning of Year**	**(b) End of Year**
a	Total plan assets	7a	10788414	0
b	Total plan liabilities	7b		
c	Net plan assets (subtract line 7b from line 7a)	7c	10788414	0
8	Income, Expenses, and Transfers for this Plan Year		**(a) Amount**	**(b) Total**
a	Contributions received or receivable from: (1) Employers	8a(1)	386895	
	(2) Participants	8a(2)		
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	280877	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		667772
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	11284691	
e	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	166919	
g	Other expenses	8g	4576	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		11456186
i	Net income (loss) (subtract line 8h from line 8c)	8i		-10788414
j	Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristic Codes

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 1H 1I 3D

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

Part V Compliance Questions

			Yes	No	Amount
10	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)	10a		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c	Was the plan covered by a fidelity bond?	10c	X		500000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f	Has the plan failed to provide any benefit when due under the plan?	10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below — [X] Yes [ ] No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 — **11a** 0

b **PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than $0, 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 ______

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above. — [ ] Yes [ ] No

a 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 letter ruling granting the waiver. Month ______ Day ______ Year ______

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year	**12b**	
c Enter the amount contributed by the employer to the plan for this plan year	**12c**	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	**12d**	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		[ ] Yes [ ] No [ ] N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? — [X] Yes [ ] No

a If "Yes," enter the amount of any plan assets that reverted to the employer this year — **13a** 0

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? — [X] Yes [ ] No

c 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.)

13c(1) Name of plan(s):	**13c(2)** EIN(s)	**13c(3)** PN(s)

Part VIII IRS Compliance Questions

14a 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 [X] No

14b 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

15 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 02 / 28 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q704875A.

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service; Department of Labor Employee Benefits Security Administration; Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 09/26/2025

▶ **Round off amounts to nearest dollar.**

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

A Name of plan
RETIREMENT PLAN FOR NON-BARGAINING EMPLOYEES OF ARKANSAS OKLAHOMA GAS CORPORATION

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
ARKANSAS OKLAHOMA GAS CORPORATION

D Employer Identification Number (EIN)
71-0203335

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [X] 100 or fewer [ ] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	10788414
b Actuarial value	**2b**	10788414

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	21	5101106	5101106
b For terminated vested participants	2	13833	13833
c For active participants	51	5829802	5924157
d Total	74	10944741	11039096

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**	5.34 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	70000
c Target normal cost	**6c**	70000

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 — Date: 01/14/2026

MATTHEW BRANDING, FSA, EA, CERA
Type or print name of actuary

23-08525
Most recent enrollment number

NYHART
Firm name

317-845-3607
Telephone number (including area code)

5750 CASTLE CREEK PARKWAY
SUITE 245
INDIANAPOLIS, IN 46250
Address of the firm

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

Part 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	721852
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	210484
9 Amount remaining (line 7 minus line 8)	0	511368
10 Interest on line 9 using prior year's actual return of 10.68 %	0	54614
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 5.19 %		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)	0	565982

Part III Funding Percentages

14 Funding target attainment percentage	14	92.60 %
15 Adjusted funding target attainment percentage	15	92.60 %
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	86.86 %
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
06/25/2025	370214	0			
09/25/2025	16681	0			
			Totals ►	18(b) 386895	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	377152

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

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

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

21	Discount rate:				
	a Segment rates:	1st segment: 5.00 %	2nd segment: 5.27 %	3rd segment: 5.50 %	☐ N/A, full yield curve used
	b Applicable month (enter code)			21b	0
22	Weighted average retirement age			22	64
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	70000
	b Excess assets, if applicable, but not greater than line 31a	31b	0

		Outstanding Balance	Installment
32	Amortization installments:		
	a Net shortfall amortization installment	816664	96936
	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	166936

		Carryover balance	Prefunding balance	Total balance
35	Balances elected for use to offset funding requirement	0	166936	166936

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	377152
38	Present value of excess contributions for current year (see instructions)		
	a Total (excess, if any, of line 37 over line 36)	38a	377152
	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

Active Participant Schedule

Active participant information grouped based on age and credited service.

	Years of Service									
Age Group	**Under 1**	**1 to 4**	**5 to 9**	**10 to 14**	**15 to 19**	**20 to 24**	**25 to 29**	**30 to 34**	**35 to 39**	**40 & Up**
Under 25										
25 to 29										
30 to 34		1								
35 to 39		1	2							
40 to 44		2	4	4						
45 to 49		2	1	1	1					
50 to 54			2	3	1	2				
55 to 59			1	2	2	2	1			
60 to 64		1	1	3	3		1	4		
65 to 69			1	1	1					
70 & up										

Except where otherwise indicated, the following assumptions were selected by the plan sponsor with the concurrence of the actuary. Prescribed assumptions are based on the requirements of the relevant law, the Internal Revenue Code and applicable regulation. The actuary was not able to evaluate the prescribed assumptions for reasonableness for the purpose of the measurement.

Valuation Date — January 1, 2025

Participant and Asset Information Collected as of — January 1, 2025

Retirement Rates *(FE)*

Age	Rate
64	100%

Due to the size of the plan, in our professional judgment, use of an assumption more sophisticated than a single point estimate is not merited

Mortality Rates

Healthy & Disabled *(FE)* — IRS 2025 Combined Static Tables for Small Plans - sex distinct PRI-2012 base mortality table combined for annuitants and non-annuitants as provided under IRC 430(h)(3). Mortality projections are based on IRS Adjusted Scale MP-2021 and the projection methodology described in IRS regulation 1.430(h)(3)-1(c).

The mortality table is prescribed by federal regulation.

Lump Sum — IRS 2025 Applicable Mortality as prescribed by IRC 417(e)
The mortality table is prescribed by federal regulation.

ASC 960 *(FE)* — IRS 2025 Small Plan Combined Static Mortality (as listed above)

As the plan is not large enough to have credible experience, mortality assumptions are set to reflect general population trends.

Disability Rates *(FE)* — None

Withdrawal Rates *(FE)*

Table T5 by H.M. Sarason. Sample rates are as follows:

Age	Rate
25	7.7%
30	7.2%
35	6.3%
40	5.2%
45	4.0%
50	2.6%

As the plan is not large enough to have credible experience, withdrawal assumptions reflect the results of general termination experience studies.

Annual Pay Increases *(CO)*

Not Applicable

Interest Rates

	1st Segment (0-5 years)	2nd Segment (5-20 years)	3rd Segment (20+ years)
Minimum Funding and Benefit Restrictions - Prescribed *(CO)*	5.00%	5.27%	5.50%
Maximum Funding - Prescribed *(CO)*	5.00%	5.27%	5.40%
PBGC - Prescribed *(CO)*	4.65%	5.28%	5.63%
ASC 960 *(CO)*	4.50%	4.50%	4.50%
Lump Sum - Prescribed *(CO)*	4.66%	5.25%	5.57%

All segment rates are based on the sponsor's election to use a 0 month lookback. The PBGC interest rates are based on the sponsor's election to use the Standard calculation method.

Interest rates for Minimum and Maximum Funding are prescribed by IRS regulation. The ASC 960 interest rate is the expected long term rate of return on assets as provided by the plan sponsor. We believe this assumption to be reasonable based on an independent forward-looking analysis, which considers the plan's assets allocation and the capital market assumptions by asset class.

Payment Form Election *(FE)*

Annuity — 100% for available benefits

Expense and/or Contingency Loading *(FE)*	The Target Normal Cost is increased by the prior year's administrative expenses paid, excluding the PBGC premium payment, rounded to the nearest $1,000, plus the anticipated PBGC premium payment, rounded to the nearest $1,000.
Marital Status and Ages *(FE)*	100% of Participants assumed to be married. Husbands are assumed to be three years older than their wives.
Market Value of Assets	Equal to the fair value of assets as of the valuation date, plus the discounted value of contributions (if applicable) made following the valuation date and before the date of this report for the purpose of satisfying the prior year’s funding requirements.
Plan Asset Valuation Method	Market Value of Assets
Expected Rate of Return on Assets *(CO)*	Not Applicable
Cost Method *(CO)*	PPA requires the use of the Unit Credit cost method for determining the minimum required contribution and PBGC premiums. The maximum tax deductible contribution calculation includes limited Projected Unit Credit calculations as required under IRC 404. ASC 960 requires the use of the Unit Credit cost method.

FE indicates an assumption representing an estimate of future experience
MD indicates an assumption representing observations of estimates inherent in market data
CO indicates an assumption representing a combination of an estimate of future experience and observations of market data

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 09/26/2025

▶ **Round off amounts to nearest dollar.**

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

A Name of plan
Retirement Plan for Non-Bargaining Employees of Arkansas Oklahoma Gas Corporation

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Arkansas Oklahoma Gas Corporation

D Employer Identification Number (EIN)
71-0203335

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B

F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	2a	10,788,414
b Actuarial value	2b	10,788,414

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	21	5,101,106	5,101,106
b For terminated vested participants	2	13,833	13,833
c For active participants	51	5,829,802	5,924,157
d Total	74	10,944,741	11,039,096

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	5.34%
6 Target normal cost		
a Present value of current plan year accruals	6a	0
b Expected plan-related expenses	6b	70,000
c Target normal cost	6c	70,000

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 Matthew Branding MB — 1/14/2026

Signature of actuary — Date

Matthew Branding, FSA, EA, CERA — 2308525

Type or print name of actuary — Most recent enrollment number

Nyhart — 317-845-3607

Firm name — Telephone number (including area code)

5750 Castle Creek Parkway
Suite 245
Indianapolis IN 46250

Address of the firm

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

Part 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	721,852
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	210,484
9	Amount remaining (line 7 minus line 8)	0	511,368
10	Interest on line 9 using prior year's actual return of 10.68 %	0	54,614
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 5.19 %		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)	0	565,982

Part III Funding Percentages

14	Funding target attainment percentage	14	92.60 %
15	Adjusted funding target attainment percentage	15	92.60 %
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	86.86 %
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
06/25/2025	370,214	0			
09/25/2025	16,681	0			
			Totals ► 18(b)	386,895	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	377,152

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

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

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

21 Discount rate:

	1st segment	2nd segment	3rd segment	
a Segment rates:	5.00 %	5.27 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	21b	0
22 Weighted average retirement age	22	64

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	70,000
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	816,664	96,936
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	166,936

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	166,936	166,936

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	377,152

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

a Total (excess, if any, of line 37 over line 36)	38a	377,152
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

Summary of Contributions

Below is a summary of historical contributions.

Effective Rate: 5.34%

Contributions for Plan Year Beginning in 2025

Contribution Date	Amount	Discounted Value
June 25, 2025	$370,214	$361,094
September 25, 2025	$16,681	$16,058
Totals	**386,895.00**	**377,152.00**

Age	Expected Actives at Age	Retirement Rate	Expected Retirements	Weighted Age
64.00	40.5257	100.00%	40.5257	2,593.6446
65.00	0.0000	100.00%	0.0000	0.0000
66.00	3.0000	100.00%	3.0000	198.0000
Total			43.5257	2,791.6446

Weighted Average Retirement Age = Weighted Age/Expected Retirements : 64.14

*** Please note that the retirement rates are a weighted average of the rates shown in Part V for active participants eligible to retire at the age and zero for all other active participants.**

Plan Effective Date

The plan was last restated January 1, 2025.

Plan Status

The plan was closed to new employees, and all benefit accruals were frozen, as of June 30, 2017.

Eligibility for Participation

All eligible employees became participants on the first anniversary of service if credited with 1,000 hours of service. Participation in the plan was frozen as of June 30, 2017.

Accrual of Benefits

A participant shall accumulate a benefit payable at normal retirement date based on compensation and credited service as of the date of termination or, if earlier, their applicable benefit freeze date. Benefit accruals were frozen June 30, 2017.

Benefits

Normal Retirement

Eligibility	Age 65
Benefit	1.5% times Average Annual Compensation times benefit service plus 0.65% times Average Annual Compensation in excess of Covered Compensation times benefit service (up to 35). For participants with Social Security Retirement Age of 66, the rates above are 1.513% and 0.637%. For participants with Social Security Retirement Age of 67, the rates are 1.558% and 0.592%.

Early Retirement

Eligibility	Age 55 and 5 years of vesting service.
Benefit	Accrued retirement benefit reduced 1/180 per month for 1st 60 months and by 1/360 per month for next 60 months by which commencement of a participant's early retirement benefit precedes his/her Normal Retirement Date.

Late Retirement

Eligibility	Participation continues after Normal Retirement Date
Benefit	Greater of accrued retirement benefit commencing as of the first day of the month following his Late Retirement Date based on benefit service at such date or accrued benefit as of Normal Retirement Date actuarially increased for delayed commencement

Death before Retirement

Eligibility	Participant with vested benefit
Benefit	Beneficiary receives the beneficiary's portion of the 50% Joint and Survivor benefit that would have been payable if the participant terminated employment immediately before death and commenced as soon as possible (Qualified Preretirement Survivor Annuity). Beneficiary is also entitled to the excess, if any, of the greater of (1) and (2) below, over the actuarial equivalent value of the Qualified Preretirement Survivor Annuity. (1) is the participant's Compensation in the year prior to death, but not to exceed 100 times the accrued benefit. (2) is the actuarial equivalent value of the accrued benefit minus 1.5 times the participant's Compensation in the year prior to death, but not to exceed 100 times the accrued benefit.

Disability

Eligibility	Disabled as determined by the Retirement Committee.
Benefit	100% vesting upon disability, then participant is treated as a terminated employee.

Termination

Eligibility	5 years of vesting service
Benefit	100% of accrued retirement benefit, payable at age 55 or later, using the same age-based reduction as Early Retirement.

Average Annual Compensation

The highest three-year average compensation of a participant. Compensation in the year of termination, retirement, death, or disability is disregarded. Compensation earned after benefit accruals were frozen is disregarded.

Covered Compensation

The average (without indexing) of the taxable wage bases in effect for each calendar year during the 35-year period ending with the calendar year in which the participant attains Social Security Retirement Age.

Credited Service

For Vesting

A year of vesting service is credited for each plan year in which a participant is credited with 1,000 hours of service.

For Benefit Accrual

A year of benefit service is credited for each plan year in which a participant is credited with 2,000 hours of service prior to the applicable freeze date.

Employee Contributions

Participants shall not be required or permitted to make contributions under the Plan.

Payment Forms

Normal Form

A 10-Year Certain and Life Annuity for single participants. The normal retirement benefit shall be payable to married participants in the form of an actuarially equivalent Qualified Joint and 50% Survivor Annuity.

Optional Forms

Single Life Annuity, Lump Sum, 50%, 75%, and 100% Joint and Survivor Annuity, 66 2/3% Joint and Survivor Annuity with 10-Year Guarantee Period.

Actuarial Equivalence

For accelerated forms of payment: Actuarial Equivalence will be computed using the greater of the UP-1984 Mortality Table and 7.0% or the equivalent annual benefit computed using the "PPA applicable mortality table" and the interest rate determined under Code Section 417(e)(3) for the month of November preceding the Plan Year that contains the annuity start date.

Plan Provisions Not Included

We are not aware of any plan provisions not included in the valuation.

Adjustments Made for Subsequent Events

We are not aware of any event following the measurement date and prior to the date of this report that would materially impact the results of this report.

Development of Shortfall Amortization Charge

Type of Base	Present Value of Remaining Installments	Valuation Date Established	Years Remaining	Amortization Installment
Shortfall	$(543,497)	1/1/2025	15	$(50,548)
Shortfall	$(680,046)	1/1/2024	14	$(66,250)
Shortfall	$ 1,287,568	1/1/2023	13	$ 132,032
Shortfall	$ 752,639	1/1/2022	12	$ 81,702
	$ 816,664			$ 96,936

* The shortfall amortization charge cannot be less than zero.

Changes since Prior Valuation and Key Notes

The plan sponsor has informed us of their intent to terminate the plan effective 4/30/2025. This report does not reflect the impact of the plan termination. Reflecting a plan termination will not impact the minimum required contribution or quarterly requirements. If all benefits are paid prior to the end of the year, the PBGC Premium for the year may be prorated.

The interest rates and mortality assumptions have been updated as required under the Pension Protection Act, all subsequent legislation, and associated IRS Regulations, including the changes presented by the American Rescue Plan Act of 2021. These changes resulted in a decrease in the Funding Target.

To better reflect anticipated plan experience, the administrative expense load added to the Target Normal Cost was updated to $70,000 for 2025.

To better reflect anticipated plan experience, the mortality table used to measure ASC 960 liabilities has been changed from the IRS 2024 Small Plan Combined Static Mortality Table to the IRS 2025 Small Plan Combined Static Mortality Table. This change resulted in an increase in the Present Value of Accrued Benefits.

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