Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

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.)
- [X] 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. . . . . ▶ [X]

D Check box if filing under:
- [X] 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
NATIONAL FUEL GAS DISTRIBUTION CORP. - NY DIVISION VOLUNTARY EMPLOYEES' BENEFICIARY ASSOC. FOR COLLECTIVELY BARGAINED EMPLOYEES

1b Three-digit plan number (PN) ▶ 515

1c Effective date of plan 06/23/1993

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)
NATIONAL FUEL GAS COMPANY

6363 MAIN STREET, ACCOUNTING DEPT
WILLIAMSVILLE, NY 14221-5887

2b Employer Identification Number (EIN) 13-1086010

2c Plan Sponsor's telephone number 716-857-7663

2d Business code (see instructions) 551112

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.	06/30/2026	ELENA G. MENDEL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	06/30/2026	ELENA G. MENDEL
	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

VEBA COMMITTEE

6363 MAIN STREET, ACCOUNTING DEPT
WILLIAMSVILLE, NY 14221-5887

3b Administrator's EIN
13-1086010

3c Administrator's telephone number
716-857-7663

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**	815
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	**6a(1)**	
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	
b	Retired or separated participants receiving benefits	**6b**	781
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	781
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)
- **(1)** ☐ Insurance
- **(2)** ☐ Code section 412(e)(3) insurance contracts
- **(3)** ☒ Trust
- **(4)** ☐ General assets of the sponsor

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

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

b General Schedules
- **(1)** ☒ **H** (Financial Information)
- **(2)** ☐ **I** (Financial Information – Small Plan)
- **(3)** ☒ **A** (Insurance Information) – Number Attached 6
- **(4)** ☒ **C** (Service Provider Information)
- **(5)** ☒ **D** (DFE/Participating Plan Information)
- **(6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

A Name of plan
NATIONAL FUEL GAS DISTRIBUTION CORP. - NY DIVISION VOLUNTARY EMPLOYEES' BENEFICIARY ASSOC. FOR COLLECTIVELY BARGAINED EMPLOYEES

B Three-digit plan number (PN) ▶ 515

C Plan sponsor's name as shown on line 2a of Form 5500
NATIONAL FUEL GAS COMPANY

D Employer Identification Number (EIN)
13-1086010

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

1 Coverage Information:

(a) Name of insurance carrier
HIGHMARK BLUECROSS BLUESHIELD OF WNY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
16-1105741	55204	286059	294	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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

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	(c) Amount	**(d)** Purpose	

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6)Total additions			**7c(6)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	553289
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

A Name of plan
NATIONAL FUEL GAS DISTRIBUTION CORP. - NY DIVISION VOLUNTARY EMPLOYEES' BENEFICIARY ASSOC. FOR COLLECTIVELY BARGAINED EMPLOYEES

B Three-digit plan number (PN) ▶ 515

C Plan sponsor's name as shown on line 2a of Form 5500
NATIONAL FUEL GAS COMPANY

D Employer Identification Number (EIN)
13-1086010

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

1 Coverage Information:

(a) Name of insurance carrier
INDEPENDENT HEALTH

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
16-1080163	95308	22451-06-04	3	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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	(c) Amount	**(d)** Purpose	

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	(c) Amount	**(d)** Purpose	

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	(c) Amount	**(d)** Purpose	

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6)Total additions			**7c(6)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned (**(1)** + **(2)** - **(3)**)			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add **(1)** and **(2)**)			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	7179
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

A Name of plan
NATIONAL FUEL GAS DISTRIBUTION CORP. - NY DIVISION VOLUNTARY EMPLOYEES' BENEFICIARY ASSOC. FOR COLLECTIVELY BARGAINED EMPLOYEES

B Three-digit plan number (PN) ▶ 515

C Plan sponsor's name as shown on line 2a of Form 5500
NATIONAL FUEL GAS COMPANY

D Employer Identification Number (EIN)
13-1086010

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

1 Coverage Information:

(a) Name of insurance carrier
INDEPENDENT HEALTH

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
16-1483784	47034	22451-15	25	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
0	0

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

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

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

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

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	(c) Amount	**(d)** Purpose	

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6)Total additions			**7c(6)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	190554
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

A Name of plan
NATIONAL FUEL GAS DISTRIBUTION CORP. - NY DIVISION VOLUNTARY EMPLOYEES' BENEFICIARY ASSOC. FOR COLLECTIVELY BARGAINED EMPLOYEES

B Three-digit plan number (PN) ▶ 515

C Plan sponsor's name as shown on line 2a of Form 5500
NATIONAL FUEL GAS COMPANY

D Employer Identification Number (EIN)
13-1086010

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

1 Coverage Information:

(a) Name of insurance carrier
INDEPENDENT HEALTH

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
16-1080163	95308	22451-08	194	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6)Total additions			**7c(6)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	539657
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

A Name of plan
NATIONAL FUEL GAS DISTRIBUTION CORP. - NY DIVISION VOLUNTARY EMPLOYEES' BENEFICIARY ASSOC. FOR COLLECTIVELY BARGAINED EMPLOYEES

B Three-digit plan number (PN) ▶ 515

C Plan sponsor's name as shown on line 2a of Form 5500
NATIONAL FUEL GAS COMPANY

D Employer Identification Number (EIN)
13-1086010

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

1 Coverage Information:

(a) Name of insurance carrier
METLIFE INSURANCE CO.

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
13-5581829	65978	265112	781	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6)Total additions			**7c(6)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	184931
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

A Name of plan
NATIONAL FUEL GAS DISTRIBUTION CORP. - NY DIVISION VOLUNTARY EMPLOYEES' BENEFICIARY ASSOC. FOR COLLECTIVELY BARGAINED EMPLOYEES

B Three-digit plan number (PN) ▶ 515

C Plan sponsor's name as shown on line 2a of Form 5500
NATIONAL FUEL GAS COMPANY

D Employer Identification Number (EIN)
13-1086010

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

1 Coverage Information:

(a) Name of insurance carrier
PRUDENTIAL LIFE INSURANCE CO

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
22-1211670	68241	53033	0	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6)Total additions			**7c(6)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	76095
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

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

SCHEDULE C (Form 5500)	Service Provider 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). ▶ **File as an attachment to Form 5500.**	**2024** **This Form is Open to Public Inspection.**

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

A Name of plan
NATIONAL FUEL GAS DISTRIBUTION CORP. - NY DIVISION VOLUNTARY EMPLOYEES' BENEFICIARY ASSOC. FOR COLLECTIVELY BARGAINED EMPLOYEES

B Three-digit plan number (PN) ▶ 515

C Plan sponsor's name as shown on line 2a of Form 5500
NATIONAL FUEL GAS COMPANY

D Employer Identification Number (EIN)
13-1086010

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

HIGHMARK BLUECROSS BLUESHIELD OF WN

16-1105741

(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?
13 50	CONTRACT ADMIN	378347	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CVS CAREMARK

05-0340626

(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?
12 50	CLAIMS PROCESSING	46067	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TOWERS WATSON INVESTMENT SERVICES

52-1868818

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	CONSULTANT	18440	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)

INNOVATIVE RX STRATEGIES, LLC

26-3608793

(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?
13 50	CONTRACT ADMIN	18032	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WELLINGTON

04-2755549

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INVESTMENT MGMT	16109	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BLACKROCK INSTITUTIONAL TRUST COMP

94-3112180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 24 28 50 51	INVESTMENT MANAGER	11597	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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)

WALSH DUFFIELD COMPANIES

16-0413770

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	CONSULTANT	9375	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

IMMEDIATE MAILING SERVICES

16-1313143

(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?
49 50	MAILING SERVICES	6396	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JPMORGAN CHASE BANK, N.A.

13-4994650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50 62 72	TRUSTEE	5500	Yes [X] No [ ]	Yes [X] No [ ]	88174	Yes [X] 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 10/01/2024 and ending 09/30/2025

A Name of plan
NATIONAL FUEL GAS DISTRIBUTION CORP. - NY DIVISION VOLUNTARY EMPLOYEES' BENEFICIARY ASSOC. FOR COLLECTIVELY BARGAINED EMPLOYEES

B Three-digit plan number (PN) ▶ 515

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
NATIONAL FUEL GAS COMPANY

D Employer Identification Number (EIN)
13-1086010

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: ACWI EQUITY INDEX FUND B

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.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)
20-5260252-001	C	43013696

a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CTF CORE BOND PLUS

b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA

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)
04-6657596-001	C	71709022

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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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 10/01/2024 and ending 09/30/2025

A Name of plan
NATIONAL FUEL GAS DISTRIBUTION CORP. - NY DIVISION VOLUNTARY EMPLOYEES' BENEFICIARY ASSOC. FOR COLLECTIVELY BARGAINED EMPLOYEES

B Three-digit plan number (PN) ▶ 515

C Plan sponsor's name as shown on line 2a of Form 5500
NATIONAL FUEL GAS COMPANY

D Employer Identification Number (EIN)
13-1086010

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	1000	1000
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	17760	8784
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	39174560	114722718
(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)	153133080	78300717
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	192326400	193033219
Liabilities			
g Benefit claims payable	1g	781414	851710
h Operating payables	1h	46681	63588
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	828095	915298
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	191498305	192117921

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)	1263107	
(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)		1263107
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	11	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		11
(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)	6185686	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		6185686
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	64426835	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	-1000	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		64427835
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		7718158
(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)		-2540750
c Other income	2c		-64427835
d Total income. Add all **income** amounts in column (b) and enter total	2d		12626212
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)	11482911	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		11482911
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)	460838	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	4242	
(5) Investment advisory and investment management fees	2i(5)	46146	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	2468	
(8) Legal fees	2i(8)	4143	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	5500	
(11) Other expenses	2i(11)	348	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		523685
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		12006596
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		619616
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] 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) [X] 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: BONADIO & CO., LLP **(2)** EIN: 16-1131146

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.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
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.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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 _____.

NATIONAL FUEL GAS DISTRIBUTION CORPORATION

NEW YORK DIVISION

VOLUNTARY EMPLOYEES' BENEFICIARY ASSOCIATION

FOR COLLECTIVELY BARGAINED EMPLOYEES

FINANCIAL STATEMENTS AND SCHEDULES

SEPTEMBER 30, 2025 AND 2024

Bonadio & Co., LLP
Accounting, Consulting & More

NATIONAL FUEL GAS DISTRIBUTION CORPORATION
NEW YORK DIVISION

VOLUNTARY EMPLOYEES' BENEFICIARY ASSOCIATION
FOR COLLECTIVELY BARGAINED EMPLOYEES

INDEX TO FINANCIAL STATEMENTS AND SCHEDULES

	Page Number
Independent Auditor's Report	
Financial Statements:	
Statements of Net Assets Available for Benefits as of September 30, 2025 and 2024	1
Statements of Changes in Net Assets Available for Benefits for the years ended September 30, 2025 and 2024	2
Statements of Plan's Benefit Obligations as of September 30, 2025 and 2024	3
Statements of Changes in Plan's Benefit Obligations for the years ended September 30, 2025 and 2024	4
Notes to Financial Statements	5 - 11
Supplemental Schedules:	
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)	Appendix A
Schedule H, Line 4(j) - Schedule of Reportable Transactions	Appendix B

Bonadio & Co., LLP
Accounting, Consulting & More

INDEPENDENT AUDITOR'S REPORT

June 24, 2026

To the Participants and VEBA Committee of the
National Fuel Gas Distribution Corporation New York Division
Voluntary Employees' Beneficiary Association
for Collectively Bargained Employees:

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit
We have performed audits of the accompanying financial statements of the National Fuel Gas Distribution Corporation New York Division Voluntary Employees' Beneficiary Association for Collectively Bargained Employees (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 plan's benefit obligations as of September 30, 2025 and 2024, and the related statements of changes in net assets available for benefits and of changes in plan's benefit obligations for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of and for the years ended September 30, 2025 and 2024, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion
In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section—

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above 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).

(Continued)

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements (Continued)

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

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) as of September 30, 2025 and of reportable transactions for the year ended September 30, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

INDEPENDENT AUDITOR'S REPORT
(Continued)

Other Matter - Supplemental Schedules Required by ERISA (Continued)
In our opinion—

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

Bonadio & Co. LLP

NATIONAL FUEL GAS DISTRIBUTION CORPORATION
NEW YORK DIVISION

VOLUNTARY EMPLOYEES' BENEFICIARY ASSOCIATION
FOR COLLECTIVELY BARGAINED EMPLOYEES

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	September 30,	
	2025	2024
Assets		
Investments at fair value:		
Common/Collective trust funds	$ 114,722,718	$ 39,174,560
Registered investment companies	78,300,717	153,133,080
Total investments	193,023,435	192,307,640
Noninterest-bearing cash	1,000	1,000
Interest and dividends receivable	8,784	17,760
Total assets	193,033,219	192,326,400
Liabilities		
Accounts payable	63,588	46,681
Total liabilities	63,588	46,681
Net assets available for benefits	$ 192,969,631	$ 192,279,719

The accompanying notes are an integral part of these statements.

NATIONAL FUEL GAS DISTRIBUTION CORPORATION
NEW YORK DIVISION

VOLUNTARY EMPLOYEES' BENEFICIARY ASSOCIATION
FOR COLLECTIVELY BARGAINED EMPLOYEES

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	For the Years Ended September 30,	
	2025	2024
Additions		
Contributions:		
Participant co-payments	$ 1,263,107	$ 1,253,551
Total contributions	1,263,107	1,253,551
Investment income:		
Interest and dividend income	6,734,799	6,457,680
Net appreciation in fair value of investments	4,628,306	20,895,122
Total investment income	11,363,105	27,352,802
Total additions	12,626,212	28,606,353
Deductions		
Benefit payments (excludes changes in claims payable, claims incurred but not reported, and premiums due to insurers)	11,412,615	11,361,862
Administrative expenses	523,685	462,797
Total deductions	11,936,300	11,824,659
Net increase during the year	689,912	16,781,694
Net assets available for benefits:		
Beginning of year	192,279,719	175,498,025
End of year	$ 192,969,631	$ 192,279,719

The accompanying notes are an integral part of these statements.

NATIONAL FUEL GAS DISTRIBUTION CORPORATION
NEW YORK DIVISION

VOLUNTARY EMPLOYEES' BENEFICIARY ASSOCIATION
FOR COLLECTIVELY BARGAINED EMPLOYEES

STATEMENTS OF PLAN'S BENEFIT OBLIGATIONS

	September 30,	
	2025	2024
Amounts currently payable:		
Claims payable, claims incurred but not reported, and premiums due to insurers	$ 851,710	$ 781,414
Post-retirement benefit obligations, net of amounts currently payable:		
Retired participants	111,726,970	111,816,654
Active employees fully eligible for benefits	7,149,798	7,690,325
Active employees not fully eligible for benefits	4,507,823	5,135,480
	123,384,591	124,642,459
Plan's total benefit obligations	$ 124,236,301	$ 125,423,873

The accompanying notes are an integral part of these statements.

NATIONAL FUEL GAS DISTRIBUTION CORPORATION
NEW YORK DIVISION

VOLUNTARY EMPLOYEES' BENEFICIARY ASSOCIATION
FOR COLLECTIVELY BARGAINED EMPLOYEES

STATEMENTS OF CHANGES IN PLAN'S BENEFIT OBLIGATIONS

	For the Years Ended September 30,	
	2025	2024
Amounts currently payable:		
Balance at beginning of year	$ 781,414	$ 858,768
Claims reported and approved for payment, including benefits reclassified from benefit obligations	11,482,911	11,284,508
Claims paid	(11,412,615)	(11,361,862)
Balance at end of year	851,710	781,414
Post-retirement benefit obligations, net of amounts currently payable:		
Balance at beginning of year	124,642,459	111,255,578
Change during the year attributable to:		
Benefits accumulated and actuarial experience	952,250	(718,271)
Increase for interest due to decrease in the discount period	5,609,518	6,297,764
Changes in actuarial assumptions	2,400,168	17,838,345
Benefit payments, net of participant co-payments (includes changes in claims payable, claims incurred but not reported, and premiums due to insurers)	(10,219,804)	(10,030,957)
Total increase (decrease) in post-retirement benefit obligations	(1,257,868)	13,386,881
Balance at end of year	123,384,591	124,642,459
Plan's total benefit obligations at end of year	$ 124,236,301	$ 125,423,873

The accompanying notes are an integral part of these statements.

NATIONAL FUEL GAS DISTRIBUTION CORPORATION
NEW YORK DIVISION

VOLUNTARY EMPLOYEES' BENEFICIARY ASSOCIATION
FOR COLLECTIVELY BARGAINED EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF PLAN

The following description of the National Fuel Gas Distribution Corporation - New York Division Voluntary Employees' Beneficiary Association for Collectively Bargained Employees (the Plan) is provided for general information purposes, and is qualified in its entirety by reference to the Plan document.

General:

The Plan provides post-retirement benefits for retired collectively bargained employees of National Fuel Gas Distribution Corporation – New York Division (Distribution) who are eligible under the Plan except certain union employees hired on or after November 1, 2003. The Plan was adopted in 1993, effective as of October 1, 1992, and was amended effective September 1, 2011 to clarify the terms of eligibility, and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The administrator of the Plan is National Fuel Gas Company (Company), whose duties as plan administrator are exercised by the VEBA Committee appointed by the Board of Directors of the Company, Distribution's parent. The assets of the Plan are held by JP Morgan Chase Bank, N.A. (Trustee).

Benefits:

The Plan provides post-retirement health (medical, hospitalization, and prescription drug) and life insurance benefits to certain retired collectively bargained employees of Distribution who were hired on or before October 31, 2003 and have completed a required number of years of service (as set forth in the Plan document) upon retirement. The Plan also provides health benefits to eligible collectively bargained employees of Distribution who have completed at least ten years of active service and become permanently disabled on or after the attainment of age 50. The Plan also provides health benefits to eligible dependents, as applicable. Life insurance benefits are provided under a group contract with Metropolitan Life Insurance Company. Health benefits are provided either under group contracts with various insurance carriers or paid on a per-claim basis by the Plan. The retirees discussed above are hereinafter referred to as participants.

Funding Policy:

The Internal Revenue Code allows tax-deductible contributions for qualified direct costs as well as additions to the qualified asset accounts for post-retirement health and life benefits for covered employees. The Company utilizes internal information, information provided by the Plan’s actuary, and estimates of the level of tax-deductible contributions to determine the appropriate level of funding. In addition, the Plan's participants make co-payments to the Plan in accordance with their collective bargaining agreements. These co-payments represent the participant’s cost share of the current benefits provided.

Other:

The Company has the right at any time to modify any or all provisions of the Plan. In addition, although it has not expressed any intention to do so, the Company has the right at any time to terminate the Plan subject to the provisions of ERISA. In the event of termination, the assets of the Plan will either be (1) distributed to the participants of the Plan or their beneficiaries; or (2) after the satisfaction of all liabilities to existing participants or their beneficiaries, be applied to the provision of other benefits as permitted by the Plan documents.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting:

The accompanying financial statements are prepared on the accrual basis of accounting.

Use of Estimates:

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amount of revenue and expenses during the reporting period. Actual results could differ from those estimates. The Plan's investments consist of investments in common/collective trust funds and registered investment companies. Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants. See Note 8 for a discussion of fair value measurements.

Investment Valuation and Income Recognition:

The Plan presents in the Statements of Changes in Net Assets Available for Benefits the net appreciation (depreciation) in the fair value of its investments, which consists of the realized gains or losses and the unrealized appreciation or depreciation on those investments.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is accrued when earned. Dividend income is recorded on the ex-dividend date.

Risks and Uncertainties:

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Payment of Benefits:

Benefits (other than incurred but not reported claims) are recorded when paid. Claims incurred by participants but not recorded are discussed below in "Other Plan Benefits."

Administrative Expenses:

All administrative expenses, including accounting, legal, actuarial, and other expenses, are paid by the Plan.

Other Plan Benefits:

Plan obligations at September 30 for claims incurred by participants but not reported at that date are estimated by the Company. Such estimated amounts are based on claims incurred but not reported calculations provided by the Company's health care consultant at various times throughout the Plan year. Claims incurred but not reported at year-end are included in the Plan's benefit obligation.

Reclassifications:

Certain amounts in the prior year financial statements have been reclassified to conform to the current year presentation. These reclassifications had no effect on net assets available for benefits or changes in net assets available for benefits.

NOTE 3 – POST-RETIREMENT BENEFIT OBLIGATIONS

The Post-retirement Benefit Obligations represents the actuarial present value of those estimated future benefits that are attributed to employee service rendered through September 30, 2025 and 2024, respectively. Post-retirement benefits include future benefits expected to be paid to or for (1) currently retired employees and (2) active employees after retirement from service. Prior to an active employee's eligibility date, the Post-retirement Benefit Obligation is the portion of the expected Post-retirement Benefit Obligation that is attributed to that employee's service rendered to the valuation date.

The actuarial present value of the expected Post-retirement Benefit Obligation is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment, and to reflect the portion of those costs expected to be borne by Medicare, the retired participants, and other providers. In December 2003, the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (the Act) was enacted into law for employers that sponsor post-retirement health care plans that provide prescription drug benefits. The Act introduces a prescription drug benefit under Medicare (Medicare Part D) as well as a federal subsidy to sponsors of retiree health care benefit plans that provide a benefit that is at least actuarially equivalent to Medicare Part D. The Post-retirement Benefit Obligation and the changes in the benefit obligation do not reflect any assumed prescription drug subsidies (such subsidies are assumed to be paid to Distribution, not the Plan).

For participants who are covered under the collective bargaining agreement with the International Brotherhood of Electrical Workers Local 2199 or 2199-J, effective for retirements on or after January 1, 2001, medical care coverage and prescription drug coverage for surviving spouses and dependents was implemented for the surviving spouse’s lifetime, subject to the Company’s right to modify or terminate the Plan. Additionally, the plan will no longer reimburse Medicare Part B premiums for Medicare eligible retirees and their spouses. However, both the retiree and spouse must enroll in Medicare Part B upon turning age 65 in order to retain medical care and prescription drug coverage. This plan change did not change the accumulated Post-retirement Benefit Obligation. Participants contribute to health care cost based on various factors including retirement date.

The weighted average assumed discount rate used in determining the Post-retirement Benefit Obligation at September 30, 2025 and 2024 was 5.30% and 4.98%, respectively. The effect of the discount rate change in 2025 was to decrease the Post-retirement Benefit Obligation by $3,281,343. The effect of the discount rate change in 2024 was to increase the Post-retirement Benefit Obligation by $9,990,607.

The annual rate of increase in the per capita cost of covered medical care benefits was assumed to be 7.25% for Pre age 65 participants, and 5.75% for Post age 65 participants in 2025 (6.25% for Pre age 65 participants, and 5.75% for Post age 65 participants in 2024). The annual rate of increase in the per capita cost of covered prescription drug benefits was assumed to be 11.75% and 10.25% for 2025 and 2024, respectively. The annual rate increase in the per capita Medicare Part B Reimbursement was assumed to be 5.75% for 2025 and 2024. The annual rate of increase in the retiree drug subsidy was assumed to be 4.00% for 2025 and 2024. For 2025, the annual rate increases per capita cost of covered medical care benefits for both Pre and Post age 65 participants, covered prescription drug benefits, Medicare Part B Reimbursement and retiree drug subsidy were assumed to decrease gradually to 4.00% by the year 2050 and remain at that level thereafter. For 2024, the annual rate increases per capita cost of covered medical care benefits for both Pre and Post age 65 participants, covered prescription drug benefits, Medicare Part B Reimbursement and retiree drug subsidy were assumed to decrease gradually to 4.00% by the year 2049 and remain at that level thereafter.

The health care cost trend rate assumptions used to calculate the per capita cost of covered medical care benefits have a significant effect on the amount reported. Effective September 30, 2025 and 2024, the health cost trend rates were updated, which increased the Post-retirement Benefit Obligation by $5,776,836 and $7,880,481, respectively. If the health care cost trend rates were increased by 1% in each year, the Post-retirement Benefit Obligation as of October 1, 2025 and 2024 would be increased by $11,914,948 and $12,608,151, respectively. If the health care cost trend rates were decreased by 1% in each year, the Post-retirement Benefit Obligation as of October 1, 2025 and 2024 would be decreased by $10,302,635 and $10,864,054, respectively.

In addition, effective September 30, 2025, the mortality improvement projection scale was updated from the actuary's proprietary Scale MSS-2024 to the actuary's proprietary Scale MSS-2025 (Pri-2012 mortality table). The effect of this change was to decrease the Post-retirement Benefit Obligation by $95,325. Effective September 30, 2024, the mortality improvement projection scale was updated from the actuary's propriety Scale MSS-2023 to the actuary's proprietary Scale MSS-2024 (Pri-2012 mortality table). The effect of this change was to decrease the Post-retirement Benefit Obligation by $32,743.

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 to determining the actuarial present value of the Post-retirement Benefit Obligation.

At September 30, 2025 and 2024, the net assets of the VEBA exceeded the benefit obligations.

NOTE 4 - TAX STATUS

The Company has received a determination letter from the Internal Revenue Service dated September 15, 2006, which states that the Plan constitutes a voluntary employees' beneficiary association under Internal Revenue Code Section 501(c)(9) and is exempt from income tax under Section 501(a). However, the Plan has been amended since receiving the determination letter. Under FASB's current authoritative guidance concerning accounting for uncertainty in income taxes, the tax-qualified status of the Plan is deemed to be an uncertainty since events could potentially occur to jeopardize that tax qualified status. However, the Plan Administrator and the Plan Sponsor believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Accordingly, the Plan financial statements do not include any provisions for income taxes.

NOTE 5 - FINANCIAL INFORMATION CERTIFIED BY THE TRUSTEE

The following information as contained in the Statements of Net Assets Available for Benefits, as of September 30, 2025 and 2024, and the Statements of Changes in Net Assets Available for Benefits for the years then ended, has been furnished by the Plan Administrator, and was certified or derived from information certified by the Plan Trustee as complete and accurate: historical cost and market value of the Plan's investments, interest and dividends receivable, interest and dividend income and net appreciation (depreciation) in fair value of investments. In addition, the financial data contained in Appendix A and Appendix B as of and for the year ended September 30, 2025 was also certified or derived from information certified by the Plan Trustee as complete and accurate.

NOTE 6 - PARTIES-IN-INTEREST

The Plan invests in the JP Morgan US Government Capital Shares Money Market Fund managed by an affiliate of the Trustee. Transactions in such investments qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules. Investment income from parties-in-interest was immaterial for the years ended September 30, 2025 and 2024. The Plan had additional exempt party-in-interest transactions with the Plan Trustee for certain administrative expenses of the Plan that were later reimbursed by the Plan.

NOTE 7 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the net assets available for benefits per the financial statements to the Form 5500.

	September 30, 2025	September 30, 2024
Net assets available for benefits per the financial statements	$ 192,969,631	$ 192,279,719
Claims payable	(851,710)	(781,414)
Net assets available for benefits per Form 5500	$ 192,117,921	$ 191,498,305

The following is a reconciliation of benefits paid per the financial statements to the Form 5500.

	For the Year Ended September 30, 2025
Benefits paid per the financial statements	$ 11,412,615
Amounts payable at end of year	851,710
Amounts payable beginning of year	(781,414)
Benefits paid per Form 5500	$ 11,482,911

NOTE 8 - FAIR VALUE MEASUREMENTS

The Financial Accounting Standards Board (FASB) authoritative guidance regarding fair value measurements establishes a fair value hierarchy and prioritizes the inputs used in valuation techniques that measure fair value. Those inputs are prioritized into three levels. Level 1 inputs are unadjusted quoted prices in active markets for assets or liabilities that the Plan has the ability to access at the measurement date. Level 2 inputs are inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly at the measurement date. Level 3 inputs are unobservable inputs for the asset or liability at the measurement date.

The following tables set forth, by level within the fair value hierarchy, the Plan's financial assets that were accounted for at fair value on a recurring basis as of September 30, 2025 and 2024. Financial assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The assets of the Plan have no significant concentrations of risk in any one country (other than the United States of America), industry or entity.

	Assets at fair value as of September 30, 2025				
	Level 1	Level 2	Level 3	Measured at NAV [1]	Total
Common/Collective Trust Funds -					
Global Equities	$ —	$ —	$ —	$ 43,013,696	$ 43,013,696
Registered Investment Companies –					
Primarily Fixed Income	75,465,706	—	—	—	75,465,706
Money Market Fund	2,835,011	—	—	—	2,835,011
Common/Collective Trust Funds -					
Fixed Income	—	—	—	71,709,022	71,709,022
Total	$ 78,300,717	$ —	$ —	$114,722,718	$193,023,435

	Assets at fair value as of September 30, 2024				
	Level 1	Level 2	Level 3	Measured at NAV [1]	Total
Common/Collective Trust Funds -					
Global Equities	$ —	$ —	$ —	$ 39,174,560	$ 39,174,560
Registered Investment Companies –					
Primarily Fixed Income	148,601,530	—	—	—	148,601,530
Money Market Fund	4,531,550	—	—	—	4,531,550
Total	$153,133,080	$ —	$ —	$ 39,174,560	$192,307,640

(1) Reflects authoritative guidance related to investments measured at the net asset value (NAV) practical expedient.

Common/Collective Trust Funds: The common/collective trust funds are carried at the net asset value of funds. The net asset values of the global equities funds are determined by the issuer based on the fair value of underlying investments (predominantly investments for which quoted market prices are available such as publicly traded stocks and exchange traded funds) as of the last reported sale prices. The net asset values of the fixed income funds are determined by the issuer based on the fair value of underlying investments (primarily US treasuries, corporate bonds, collateralized mortgage obligations/mortgage backed securities, and asset backed securities whose values are largely based on publicly observable inputs). The time required for redemption varies by investment, but does not contractually exceed 90 days (however redemptions could most likely be executed in less than 30 days), and there are no unfunded commitments.

Registered Investment Companies: The fair value of the investments in registered investment companies classified as Level 1 is based on the unadjusted quoted price (in active markets) for the mutual funds and a money market fund.

Management of the Company meet, at a minimum, every quarter, to review the performance of VEBA investments.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. There have been no changes in the methodologies used at September 30, 2025 and 2024.

NOTE 9 - SUBSEQUENT EVENTS

In accordance with the authoritative guidance concerning subsequent events, the Plan has evaluated subsequent events through June 24, 2026, which represents the report date of these financial statements, in order to ensure that these financial statements include appropriate disclosure of events both recognized in the financial statements as of September 30, 2025 and events which occurred subsequent to September 30, 2025 but were not recognized in the financial statements. There were no subsequent events requiring recognition or disclosure.

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

EIN 13-1086010
PN515

IDENTITY OF ISSUE, BORROWER, LESSOR	DESCRIPTION OF INVESTMENT SHARES / PAR	COST	CURRENT VALUE
NONINTEREST-BEARING CASH			
USD U.S. DOLLAR	1,000.000	1,000	1,000
TOTAL NONINTEREST-BEARING CASH		1,000	1,000
GENERAL INVESTMENTS			
VALUE OF INTEREST IN COMMON/COLLECTIVE TRUSTS			
AAV9952Z5 OPEN-END FUND USD	791,537.060	20,249,323	43,013,696
AIF9974Q0 WELLINGTON TRUST NA MULTIPLE COMMON TRUS	CORE BOND PLUS PORTFOLIO 6,695,520.270	71,042,300	71,709,022
TOTAL VALUE OF INTEREST IN COMMON/COLLECTIVE TRUSTS		91,291,623	114,722,718
VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES			
31617L764 FIDELITY TOTAL BOND K6 FUND OPEN-END FUN	8,406,542.450	75,012,825	75,238,555
*46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARE	MONTHLY VARIABLE 12/31/2049 2,835,010.930	2,835,011	2,835,011
592905509 TCW METWEST TOTAL RETURN BOND FUND OPEN-	USD 24,636.770	257,776	227,151
TOTAL VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES		78,105,612	78,300,717
TOTAL GENERAL INVESTMENTS		169,397,234	193,023,435

Appendix A

This schedule was prepared solely from information which has been certified as complete and accurate by JP Morgan Chase, N.A.

The accompanying notes are an integral part of these schedules.

* Party-in-interest

Schedule H, Line 4i
Schedule of Reportable Transactions
EIN 13-1086010
PN515
Appendix B

DESCRIPTION OF ASSET / IDENTITY OF PARTY INVOLVED				BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	192,326,400 5% VALUE OF EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)
31617L764 FIDELITY TOTAL BOND K6 FUND OPEN-END FUND USD								
BROKER 0919423 SGN NSCC ELIGIBLE BROKER								
8,204,367	10/18/24	B BUY	10353	8.9300	0	73,265,000	73,265,000	0
11,267	10/31/24	B BUY	10396	8.8200	0	99,371	99,371	0
BROKER 300300 BOSTON PENSION BROKER CODE 300300								
30,220	11/29/24	B BUY	10482	8.8900	0	268,659	268,659	0
BROKER 0919423 SGN NSCC ELIGIBLE BROKER								
155,682	12/17/24	B BUY	10488	8.8000	0	1,370,000	1,370,000	0
10,574	12/18/24	B BUY	10492	8.7400	0	92,417	92,417	0
32,647	12/31/24	B BUY	10527	8.7000	0	284,025	284,025	0
31,930	01/31/25	B BUY	10583	8.7200	0	278,433	278,433	0
29,744	02/28/25	B BUY	10649	8.8800	0	264,127	264,127	0
85,324	03/26/25	S SELL	10689	8.7900	0	761,540	750,000	(11,540)
32,785	03/31/25	B BUY	10719	8.8400	0	289,819	289,819	0
31,859	04/30/25	B BUY	10818	8.8300	0	281,316	281,316	0
115,207	05/22/25	S SELL	10857	8.6800	0	1,028,176	1,000,000	(28,176)
BROKER 0804765 MUTUAL FUNDS NON DTC ELIGIBLE BROKER								
33,564	05/30/25	B BUY	11071	8.7500	0	293,689	293,689	0
BROKER 0919423 SGN NSCC ELIGIBLE BROKER								
126,292	06/06/25	S SELL	10907	8.7100	0	1,127,010	1,100,000	(27,010)
31,753	06/30/25	B BUY	11037	8.8600	0	281,336	281,336	0
32,788	07/31/25	B BUY	11167	8.8100	0	288,860	288,860	0
BROKER 0804765 MUTUAL FUNDS NON DTC ELIGIBLE BROKER								
32,614	08/29/25	B BUY	11323	8.8900	0	289,938	289,938	0
BROKER 0919423 SGN NSCC ELIGIBLE BROKER								
31,571	09/30/25	B BUY	11455	8.9500	0	282,561	282,561	0
8,733,365		15	TOTAL BUYS		0	77,929,551	77,929,551	0
326,823		3	TOTAL SELLS		0	2,916,726	2,850,000	(66,726)
9,060,188			SECURITY TOTAL		0	80,846,277	80,779,551	(66,726)
*46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND								
MONTHLY VARIABLE 12/31/2049								
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS								
9,033	10/01/24	S SELL	10332	100.0000	0	9,033	9,033	0
37,074	10/03/24	S SELL	10336	100.0000	0	37,074	37,074	0
10,869	10/04/24	S SELL	10338	100.0000	0	10,869	10,869	0
240	10/07/24	S SELL	10339	100.0000	0	240	240	0
19,287	10/08/24	B BUY	10341	100.0000	0	19,287	19,287	0
2,885	10/10/24	S SELL	10345	100.0000	0	2,885	2,885	0
25,926	10/11/24	S SELL	10347	100.0000	0	25,926	25,926	0
72,887,417	10/17/24	B BUY	10348	100.0000	0	72,887,417	72,887,417	0
73,265,000	10/21/24	S SELL	10354	100.0000	0	73,265,000	73,265,000	0
41,995	10/24/24	S SELL	10356	100.0000	0	41,995	41,995	0
454,176	10/25/24	S SELL	10361	100.0000	0	454,176	454,176	0
119,982	10/30/24	B BUY	10364	100.0000	0	119,982	119,982	0

* Party-in-interest

The accompanying notes are an integral part of these schedules.

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DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED			BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	192,326,400 EXPENSES	5% VALUE OF COST OF ASSET	9,616,320 CURRENT VALUE	NET GAIN OR (LOSS)
267,610	10/31/24 S SELL	10370	100.0000	0	267,610	267,610	0
36,876	11/01/24 B BUY	10397	100.0000	0	36,876	36,876	0
45,461	11/04/24 S SELL	10413	100.0000	0	45,461	45,461	0
17,532	11/07/24 S SELL	10415	100.0000	0	17,532	17,532	0
424,741	11/08/24 S SELL	10417	100.0000	0	424,741	424,741	0
2,072	11/12/24 S SELL	10419	100.0000	0	2,072	2,072	0
127	11/14/24 S SELL	10422	100.0000	0	127	127	0
51,735	11/15/24 S SELL	10425	100.0000	0	51,735	51,735	0
370,544	11/20/24 S SELL	10427	100.0000	0	370,544	370,544	0
35,245	11/21/24 S SELL	10429	100.0000	0	35,245	35,245	0
20,826	11/25/24 S SELL	10431	100.0000	0	20,826	20,826	0
14,784	11/27/24 S SELL	10436	100.0000	0	14,784	14,784	0
131,696	11/29/24 S SELL	10438	100.0000	0	131,696	131,696	0
30,117	12/02/24 B BUY	10459	100.0000	0	30,117	30,117	0
44,428	12/05/24 S SELL	10472	100.0000	0	44,428	44,428	0
520,898	12/06/24 S SELL	10477	100.0000	0	520,898	520,898	0
19,375	12/09/24 S SELL	10479	100.0000	0	19,375	19,375	0
59,835	12/12/24 S SELL	10484	100.0000	0	59,835	59,835	0
2,670,000	12/13/24 B BUY	10486	100.0000	0	2,670,000	2,670,000	0
833	12/17/24 S SELL	10487	100.0000	0	833	833	0
1,386,847	12/18/24 S SELL	10490	100.0000	0	1,386,847	1,386,847	0
24,493	12/19/24 S SELL	10494	100.0000	0	24,493	24,493	0
366,389	12/20/24 S SELL	10496	100.0000	0	366,389	366,389	0
7,344	12/30/24 S SELL	10499	100.0000	0	7,344	7,344	0
138,121	12/31/24 S SELL	10502	100.0000	0	138,121	138,121	0
935,739	01/02/25 B BUY	10528	100.0000	0	935,739	935,739	0
90,453	01/06/25 S SELL	10541	100.0000	0	90,453	90,453	0
2,541	01/07/25 S SELL	10544	100.0000	0	2,541	2,541	0
64,002	01/08/25 S SELL	10553	100.0000	0	64,002	64,002	0
79,762	01/10/25 S SELL	10556	100.0000	0	79,762	79,762	0
355,534	01/13/25 S SELL	10559	100.0000	0	355,534	355,534	0
665	01/15/25 S SELL	10560	100.0000	0	665	665	0
29,579	01/16/25 S SELL	10563	100.0000	0	29,579	29,579	0
487,353	01/23/25 S SELL	10567	100.0000	0	487,353	487,353	0
1,375	01/27/25 S SELL	10570	100.0000	0	1,375	1,375	0
23,062	01/30/25 S SELL	10576	100.0000	0	23,062	23,062	0
138,066	01/31/25 S SELL	10578	100.0000	0	138,066	138,066	0
32,007	02/03/25 B BUY	10584	100.0000	0	32,007	32,007	0
550,000	02/04/25 B BUY	10596	100.0000	0	550,000	550,000	0
4,487	02/05/25 S SELL	10598	100.0000	0	4,487	4,487	0
847	02/06/25 S SELL	10601	100.0000	0	847	847	0
35,020	02/07/25 S SELL	10606	100.0000	0	35,020	35,020	0
24,235	02/10/25 S SELL	10607	100.0000	0	24,235	24,235	0
907	02/11/25 S SELL	10608	100.0000	0	907	907	0
51,229	02/13/25 S SELL	10610	100.0000	0	51,229	51,229	0
422,853	02/14/25 S SELL	10612	100.0000	0	422,853	422,853	0
1,607	02/19/25 S SELL	10614	100.0000	0	1,607	1,607	0

The accompanying notes are an integral part of these schedules.

This schedule was prepared solely from information which has been certified as complete and accurate by JP Morgan Chase, N.A.

DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED			BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	192,326,400 EXPENSES	5% VALUE OF COST OF ASSET	9,616,320 CURRENT VALUE	NET GAIN OR (LOSS)
77,675	02/20/25 S SELL	10616	100.0000	0	77,675	77,675	0
46,743	02/24/25 S SELL	10618	100.0000	0	46,743	46,743	0
389,244	02/26/25 S SELL	10620	100.0000	0	389,244	389,244	0
34,069	02/27/25 S SELL	10624	100.0000	0	34,069	34,069	0
139,115	02/28/25 S SELL	10626	100.0000	0	139,115	139,115	0
94,536	03/03/25 B BUY	10650	100.0000	0	94,536	94,536	0
45,649	03/07/25 S SELL	10662	100.0000	0	45,649	45,649	0
29,872	03/10/25 S SELL	10663	100.0000	0	29,872	29,872	0
398,303	03/13/25 B BUY	10673	100.0000	0	398,303	398,303	0
435,159	03/14/25 S SELL	10680	100.0000	0	435,159	435,159	0
40,927	03/20/25 S SELL	10683	100.0000	0	40,927	40,927	0
305,270	03/21/25 S SELL	10685	100.0000	0	305,270	305,270	0
1,498,019	03/27/25 B BUY	10686	100.0000	0	1,498,019	1,498,019	0
6,304	03/28/25 S SELL	10692	100.0000	0	6,304	6,304	0
137,719	03/31/25 S SELL	10694	100.0000	0	137,719	137,719	0
917,441	04/01/25 B BUY	10720	100.0000	0	917,441	917,441	0
862	04/02/25 S SELL	10753	100.0000	0	862	862	0
61,896	04/04/25 S SELL	10755	100.0000	0	61,896	61,896	0
2,293	04/07/25 S SELL	10760	100.0000	0	2,293	2,293	0
25,359	04/08/25 S SELL	10763	100.0000	0	25,359	25,359	0
60,850	04/09/25 S SELL	10767	100.0000	0	60,850	60,850	0
210	04/10/25 S SELL	10768	100.0000	0	210	210	0
40,899	04/11/25 S SELL	10770	100.0000	0	40,899	40,899	0
449,976	04/14/25 S SELL	10774	100.0000	0	449,976	449,976	0
807	04/15/25 S SELL	10776	100.0000	0	807	807	0
2,725	04/16/25 S SELL	10778	100.0000	0	2,725	2,725	0
64,296	04/21/25 S SELL	10781	100.0000	0	64,296	64,296	0
29,348	04/24/25 S SELL	10783	100.0000	0	29,348	29,348	0
436,800	04/25/25 S SELL	10787	100.0000	0	436,800	436,800	0
138,321	04/30/25 S SELL	10790	100.0000	0	138,321	138,321	0
96,896	05/01/25 B BUY	10793	100.0000	0	96,896	96,896	0
29,334	05/02/25 S SELL	10827	100.0000	0	29,334	29,334	0
44,754	05/05/25 S SELL	10831	100.0000	0	44,754	44,754	0
23,295	05/07/25 S SELL	10834	100.0000	0	23,295	23,295	0
210	05/08/25 S SELL	10836	100.0000	0	210	210	0
52,292	05/09/25 S SELL	10840	100.0000	0	52,292	52,292	0
4,643	05/13/25 S SELL	10842	100.0000	0	4,643	4,643	0
508,836	05/14/25 S SELL	10844	100.0000	0	508,836	508,836	0
667	05/15/25 S SELL	10847	100.0000	0	667	667	0
103,682	05/16/25 S SELL	10848	100.0000	0	103,682	103,682	0
47,930	05/20/25 S SELL	10850	100.0000	0	47,930	47,930	0
23,151	05/22/25 S SELL	10854	100.0000	0	23,151	23,151	0
1,000,000	05/23/25 B BUY	10856	100.0000	0	1,000,000	1,000,000	0
115,348	05/27/25 S SELL	10858	100.0000	0	115,348	115,348	0
275,346	05/29/25 S SELL	10860	100.0000	0	275,346	275,346	0
218,519	05/30/25 S SELL	10864	100.0000	0	218,519	218,519	0
93,482	06/02/25 B BUY	10868	100.0000	0	93,482	93,482	0

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DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED			BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	192,326,400 EXPENSES	5% VALUE OF COST OF ASSET	9,616,320 CURRENT VALUE	NET GAIN OR (LOSS)
29,334	06/06/25 S SELL	10903	100.0000	0	29,334	29,334	0
649,594	06/09/25 B BUY	10905	100.0000	0	649,594	649,594	0
210	06/10/25 S SELL	10909	100.0000	0	210	210	0
59,495	06/11/25 S SELL	10910	100.0000	0	59,495	59,495	0
88,844	06/13/25 S SELL	10913	100.0000	0	88,844	88,844	0
3,575	06/16/25 S SELL	10917	100.0000	0	3,575	3,575	0
507,263	06/20/25 S SELL	10918	100.0000	0	507,263	507,263	0
84,785	06/24/25 S SELL	10973	100.0000	0	84,785	84,785	0
16,682	06/27/25 S SELL	10979	100.0000	0	16,682	16,682	0
136,134	06/30/25 S SELL	10985	100.0000	0	136,134	136,134	0
93,328	07/01/25 B BUY	10989	100.0000	0	93,328	93,328	0
892,281	07/02/25 B BUY	11053	100.0000	0	892,281	892,281	0
112,479	07/07/25 S SELL	11063	100.0000	0	112,479	112,479	0
2,500	07/10/25 S SELL	11073	100.0000	0	2,500	2,500	0
352,507	07/11/25 S SELL	11077	100.0000	0	352,507	352,507	0
805	07/17/25 S SELL	11083	100.0000	0	805	805	0
1,375	07/21/25 S SELL	11087	100.0000	0	1,375	1,375	0
29,188	07/23/25 S SELL	11089	100.0000	0	29,188	29,188	0
558,419	07/25/25 S SELL	11095	100.0000	0	558,419	558,419	0
19,923	07/28/25 B BUY	11105	100.0000	0	19,923	19,923	0
184,738	07/31/25 S SELL	11109	100.0000	0	184,738	184,738	0
27,469	08/01/25 B BUY	11117	100.0000	0	27,469	27,469	0
73,332,665	08/04/25 B BUY	11185	100.0000	0	73,332,665	73,332,665	0
70,500,000	08/06/25 S SELL	11193	100.0000	0	70,500,000	70,500,000	0
204	08/07/25 S SELL	11195	100.0000	0	204	204	0
515,275	08/08/25 S SELL	11205	100.0000	0	515,275	515,275	0
102,606	08/14/25 S SELL	11223	100.0000	0	102,606	102,606	0
56,306	08/15/25 S SELL	11227	100.0000	0	56,306	56,306	0
23,709	08/20/25 S SELL	11231	100.0000	0	23,709	23,709	0
19,818	08/21/25 B BUY	11237	100.0000	0	19,818	19,818	0
414,281	08/22/25 S SELL	11241	100.0000	0	414,281	414,281	0
6,165	08/25/25 S SELL	11247	100.0000	0	6,165	6,165	0
166,710	08/29/25 S SELL	11251	100.0000	0	166,710	166,710	0
114,401	09/02/25 B BUY	11257	100.0000	0	114,401	114,401	0
777	09/04/25 S SELL	11325	100.0000	0	777	777	0
44,132	09/05/25 S SELL	11329	100.0000	0	44,132	44,132	0
45,624	09/08/25 S SELL	11335	100.0000	0	45,624	45,624	0
133	09/09/25 S SELL	11339	100.0000	0	133	133	0
29,081	09/10/25 S SELL	11349	100.0000	0	29,081	29,081	0
454,621	09/12/25 S SELL	11353	100.0000	0	454,621	454,621	0
1,980	09/15/25 S SELL	11361	100.0000	0	1,980	1,980	0
803	09/16/25 S SELL	11365	100.0000	0	803	803	0
24,486	09/18/25 S SELL	11369	100.0000	0	24,486	24,486	0
60,021	09/23/25 S SELL	11379	100.0000	0	60,021	60,021	0
6,117	09/24/25 S SELL	11383	100.0000	0	6,117	6,117	0
371,752	09/26/25 S SELL	11387	100.0000	0	371,752	371,752	0
829,094	09/30/25 B BUY	11397	100.0000	0	829,094	829,094	0

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DESCRIPTION OF ASSET / IDENTITY OF PARTY INVOLVED				BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	192,326,400 EXPENSES	5% VALUE OF COST OF ASSET	9,616,320 CURRENT VALUE	NET GAIN OR (LOSS)
157,358,675	25	TOTAL BUYS			0	157,358,675	157,358,675	0
159,055,222	128	TOTAL SELLS			0	159,055,222	159,055,222	0
316,413,897		SECURITY TOTAL			0	316,413,897	316,413,897	0
592905509 TCW METWEST TOTAL RETURN BOND FUND OPEN-END FUND								
USD								
BROKER 0919423 SGN NSCC ELIGIBLE BROKER								
7,963,587	10/16/24	S SELL	10351	9.2000	0	84,573,733	73,265,000	(11,308,733)
47,741	10/31/24	B BUY	10411	9.0200	0	430,626	430,626	0
28,381	11/29/24	B BUY	10470	9.1000	0	258,271	258,271	0
52,520	12/31/24	B BUY	10538	8.8700	0	465,854	465,854	0
22,351	01/31/25	B BUY	10595	8.9000	0	198,928	198,928	0
61,728	02/03/25	S SELL	10597	8.9100	0	653,658	550,000	(103,658)
20,130	02/28/25	B BUY	10660	9.1100	0	183,384	183,384	0
55,371	03/12/25	S SELL	10676	9.0300	0	586,134	500,000	(86,134)
83,241	03/26/25	S SELL	10690	9.0100	0	881,152	750,000	(131,152)
22,765	03/31/25	B BUY	10752	9.0700	0	206,483	206,483	0
27,547	04/30/25	B BUY	10829	9.0800	0	250,130	250,130	0
29,073	05/30/25	B BUY	10900	8.9700	0	260,782	260,782	0
26,998	06/30/25	B BUY	11057	9.1000	0	245,685	245,685	0
22,936	07/31/25	B BUY	11189	9.0400	0	207,341	207,341	0
8,040,862	08/01/25	S SELL	11191	9.1200	0	84,919,190	73,332,665	(11,586,525)
1,633	08/29/25	B BUY	11321	9.1400	0	14,930	14,930	0
68	09/30/25	B BUY	11467	9.2208	0	627	627	0
302,143	12	TOTAL BUYS			0	2,723,041	2,723,041	0
16,204,789	5	TOTAL SELLS			0	171,613,867	148,397,665	(23,216,202)
16,506,932		SECURITY TOTAL			0	174,336,908	151,120,706	(23,216,202)
AIF9974Q0 WELLINGTON TRUST NA MULTIPLE COMMON TRUST FUNDS								
CORE BOND PLUS PORTFOLIO								
BROKER 0800102 MEMO								
6,644,675	08/06/25	B BUY	11345	10.6100	0	70,500,000	70,500,000	0
25,058	08/29/25	B BUY	11343	10.6200	0	266,113	266,113	0
25,788	09/30/25	B BUY	11479	10.7100	0	276,187	276,187	0
6,695,521	3	TOTAL BUYS			0	71,042,300	71,042,300	0
6,695,521		SECURITY TOTAL			0	71,042,300	71,042,300	0

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EFAST Specific Attachments

Form/Schedule	Item #	Description
5500 Sch H	Line 3	Financial statements used in formulating the IQPA's opinion

NOTE: The above attachment is located at

5500 Sch H	Part III	Accountants Opinion

EFAST Specific Attachments

Form/Schedule	Item #	Description
5500 Sch H	Line 4i	Schedule of Assets (Held at End of Year)

NOTE: The above attachment is located at

5500 Sch H	Part III	Accountants Opinion

EFAST Specific Attachments

Form/Schedule	Item #	Description
5500 Sch H	Line 4j	5% Transaction Schedule - Schedule of Reportable Transactions

NOTE: The above attachment is located at

5500 Sch H	Part III	Accountants Opinion