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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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
ASTORIA GENERATING COMPANY, LP RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 08/20/1999

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)
ASTORIA GENERATING COMPANY, LP

300 ATLANTIC STREET
FIFTH FLOOR
STAMFORD, CT 06901-3522

2b Employer Identification Number (EIN) 52-2167306

2c Plan Sponsor's telephone number 212-792-0800

2d Business code (see instructions) 221100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/05/2026	RICHARD BRUNSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

ASTORIA GENERATING COMPANY, LP PENSION COMMITTEE

300 ATLANTIC STREET
FIFTH FLOOR
STAMFORD, CT 06901-3522

3b Administrator's EIN: 52-2167306

3c Administrator's telephone number: 212-792-0800

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**	221
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)**	80
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	81
b	Retired or separated participants receiving benefits	**6b**	110
c	Other retired or separated participants entitled to future benefits	**6c**	15
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	206
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	18
f	Total. Add lines **6d** and **6e**.	**6f**	224
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**	0
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 Characteristic Codes in the instructions:

1A 3H

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

9a Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

A Name of plan
ASTORIA GENERATING COMPANY, LP RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
ASTORIA GENERATING COMPANY, LP

D Employer Identification Number (EIN)
52-2167306

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	77080960
b Actuarial value	**2b**	79132875

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	126	55769793	55769793
b For terminated vested participants	15	2114694	2114694
c For active participants	80	24165012	28825582
d Total	221	82049499	86710069

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.39 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	1582123
b Expected plan-related expenses	**6b**	503226
c Target normal cost	**6c**	2085349

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary

09/15/2026
Date

AGNIESZKA E. WELKIE
Type or print name of actuary

26-07308
Most recent enrollment number

AON CONSULTING, INC.
Firm name

281-363-0456
Telephone number (including area code)

MSC# 17866, PO BOX 803507
DALLAS, TX 75380
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of -0.12 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		872769
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.21 %		45471
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		918240
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	91.26 %
15	Adjusted funding target attainment percentage	15	91.26 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	102.05 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2025	2500000	0			
04/15/2026	400000	0			
			Totals ► 18(b)	2900000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2836791

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	5.07 %	5.31 %	5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	60

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	2085349
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	7577194	706501
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	2791850

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

36 Additional cash requirement (line 34 minus line 35)	**36**	2791850
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	2836791
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	44941
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE C (Form 5500)	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
ASTORIA GENERATING COMPANY, LP RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
ASTORIA GENERATING COMPANY, LP

D Employer Identification Number (EIN)
52-2167306

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

AON CONSULTING

36-2235791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	228607	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MERCER INVESTMENTS LLC

99 HIGH STREET
BOSTON, MA 02110

(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 50	NONE	150000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

U.S. BANK NATIONAL ASSOCIATION

31-0841368

(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 68	TRUSTEE	22459	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)

PARAMETRIC PORTFOLIO ASSOCIATES

800 FIFTH AVENUE
SUITE 2800
SEATTLE, WA 98104

(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?
27 50	NONE	20654	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE VANGUARD GROUP, INC.

23-1945930

(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 28 50 51 52 68	TRUSTEE	5242	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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(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 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
ASTORIA GENERATING COMPANY, LP RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
ASTORIA GENERATING COMPANY, LP

D Employer Identification Number (EIN)
52-2167306

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	1051000	1166000
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	400000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	243	612
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1854501	2125441
(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)		
(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)	74829419	82563602
(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)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	77735163	86255655
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	654203	173811
1k Total liabilities (add all amounts in lines 1g through1j)	1k	654203	173811
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	77080960	86081844

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)	2900000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2900000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	129693	
(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)		129693
(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)	2921569	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2921569
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	609244	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		609244

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		6863967
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		13424473
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3815451	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		3815451
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	170654	
(6) Bank or trust company trustee/custodial fees	2i(6)	27701	
(7) Actuarial fees	2i(7)	228607	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	181176	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		608138
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4423589
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		9000884
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: MELTON & MELTON, LLP **(2)** EIN: 74-1550819

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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 587536.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
ASTORIA GENERATING COMPANY, LP RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
ASTORIA GENERATING COMPANY, LP

D Employer Identification Number (EIN)
52-2167306

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 23-2926795

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 0

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☒ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

Astoria Generating Company, L.P. Retirement Plan

Financial Statements and Supplemental Schedules
as of December 31, 2025 and 2024
and for the Year Ended December 31, 2025
and Independent Auditor's Report



MELTON & MELTON, L.L.P.
CERTIFIED PUBLIC ACCOUNTANTS

ASTORIA GENERATING COMPANY, L.P. RETIREMENT PLAN

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Additional schedules have been omitted due to the absence of the conditions under which they are required.

MELTON & MELTON, L.L.P.
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To the Benefits Committee of
Astoria Generating Company, L.P. Retirement Plan

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

We have performed audits of the financial statements of Astoria Generating Company, L.P. Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, 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 December 31, 2025 and 2024, and for the year ended December 31, 2025, 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 accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

6002 Rogerdale, Ste. 200 Houston, Texas 77072 Tel 281-759-1120 Fax 281-759-5500

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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

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

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

Other Matter – Supplemental Schedules Required by ERISA

The supplemental schedule H, line 4i - schedule of assets (held at end of year) as of December 31, 2025 and schedule H, line 4j - schedule of reportable transactions for the year ended December 31, 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 GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Melton + Melton, LLP

Houston, Texas
October 2, 2026

ASTORIA GENERATING COMPANY, L.P. RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2025 and 2024

	2025	2024
ASSETS		
Investments, at fair value:		
Mutual funds	$ 82,228,914	$ 74,479,419
Money market fund	334,688	350,000
Interest bearing cash	2,125,441	1,854,501
Total investments, at fair value	84,689,043	76,683,920
Cash	1,166,000	1,051,000
Receivables:		
Employer contributions	400,000	-
Investment income	612	243
Total receivables	400,612	243
Total assets	86,255,655	77,735,163
LIABILITIES		
Fixed income futures, at fair value	173,811	654,203
Total liabilities	173,811	654,203
Net assets available for benefits	**$ 86,081,844**	**$ 77,080,960**

(See accompanying notes to financial statements)

ASTORIA GENERATING COMPANY, L.P. RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS
For the Year Ended December 31, 2025

Investment income:	
Dividends	$ 2,921,569
Interest	129,693
Net appreciation in fair value of investments - mutual funds	6,863,967
Net appreciation in fair value of investments - futures contracts	609,244
	10,524,473
Employer contributions	2,900,000
Benefits paid to participants	(3,815,451)
Administrative expenses	(608,138)
	(4,423,589)
Change in net assets available for benefits	9,000,884
Net assets available for benefits at:	
Beginning of year	77,080,960
End of year	**$ 86,081,844**

(See accompanying notes to financial statements)

ASTORIA GENERATING COMPANY, L.P. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

1. PLAN DESCRIPTION

General – The Astoria Generating Company, L.P. Retirement Plan (the "Plan") is a noncontributory defined benefit pension plan, which covers employees of Astoria Generating Company, L.P. (the "Employer"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). At December 31, 2025 and 2024, assets of the Plan are held in a trust account by U.S. Bank National Association (US Bank), the custodian and trustee of the Plan. The following description of the Plan provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

Eligibility – Under the provisions of the Plan, all represented employees of the Utility Workers' Union of America, AFL-CIO, Local 1-2 are eligible to participate on the date of hire unless restricted by a collective bargaining agreement. Former Consolidated Edison Company of New York, Inc. plan participants began their participation in this Plan automatically on August 20, 1999 (the "Effective Date"). All non-represented employees hired after the Effective Date are not eligible to participate in the Plan.

Pension Benefits – Participants who have completed five years of qualified service become 100% vested in their pension benefits under the Plan. The normal retirement age is 65; however, the Plan permits early retirement after the sum of the participant's age and years of service equals at least 75. Pension benefits are available in several optional forms. The payments are based upon a percentage of the participant's final average compensation or career average compensation and years of service. If participants terminate before rendering five years of service, they forfeit the right to receive their accumulated plan benefits.

Death and Disability Benefits – Survivor and disability benefits may be available to certain represented and non-represented participants under specific conditions set forth in the Plan document.

Plan Termination – While the Employer has not expressed an intent to discontinue its contributions, it is free to do so at anytime. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

a. Benefits attributable to employee contributions, if any, taking into account those paid out before termination.

b. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding termination.

c. Other vested benefits insured by the Pension Benefit Guaranty Corporation (the "PBGC") up to the applicable limitations (discussed below).

d. All other vested benefits (that is, vested benefits not insured by the PBGC).

e. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. There is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

Should the Plan terminate in the future, all participants will receive their benefits dependent on (a) the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations, (b) the financial condition of the plan sponsor, and (c) the level of benefits guaranteed by the PBGC.

2. SIGNIFICANT ACCOUNTING POLICIES

Basis of Financial Statements – The accompanying financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Accordingly, actual results may differ from those estimates.

Administrative Expenses – The Plan's expenses are paid either by the Plan or by the Employer, as provided by the Plan document. Expenses that are paid directly by the Employer are excluded from these financial statements. Expenses paid by the Plan include investment management, trustee, record-keeping, and PBGC fees and are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment-related expenses are included in net appreciation in fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

Employer Contributions – The Employer's strategy is to make annual contributions to the Plan, as determined by the Plan's actuary. The Plan is subject to the minimum funding requirements of ERISA, and those requirements have been met for each plan year.

Investment Valuation and Income Recognition – The Plan's investments are stated at fair value, which is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Benefits Committee determines the Plan's investment policies utilizing information provided by the trustees. See Note 3 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Benefit Payments – Benefit payments to participants are recorded upon distribution.

Market Risk – The Plan provides for various investments. In general, such investments are exposed to various risks, such as significant world events, interest rate, credit, and overall market volatility 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 such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, 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.

The Plan holds a non-interest bearing cash account at Goldman Sachs as collateral for the fixed income futures. At times, the balance many exceed federally insured limits.

3. FAIR VALUE MEASUREMENTS

Various inputs are used in determining the fair value of the Plan's investments. Valuation techniques used to measure fair value must maximize the use of observable inputs and minimize the use of unobservable inputs. The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The three levels of the fair value hierarchy, including the types of Plan investments that fall under each category and the valuation methodologies used to measure fair value, are described below:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.

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

Money Market Fund: This fund primarily invests in U.S. Treasury securities and repurchase agreements collateralized by such obligations to maintain a stable NAV of $1. The NAV is a quoted price in an active market.

Futures Contracts: Valued at the closing price reported by the exchange market.

Interest Bearing Cash: Valued at cost, which approximates fair value.

Level 2 - Inputs to the valuation methodology are other than quoted market prices in active markets that are observable, either directly or indirectly, such as quoted prices for similar assets or liabilities in active markets; quoted prices that are in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3 - Inputs to the valuation methodology are unobservable inputs (i.e., projections, estimates, interpretations, etc.) that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

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.

The inputs and methodologies used for valuing securities are not an indication of the risk associated with investing in those securities. There have been no changes in the methodologies used for valuing securities at December 31, 2025 or 2024.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2025 and 2024:

	2025			
Description	Level 1	Level 2	Level 3	Total
Mutual Funds	$82,228,914			$82,228,914
Money Market Fund	334,688			334,688
Interest Bearing Cash	2,125,441			2,125,441
Total Investments, at fair value	$84,689,043			$84,689,043
Fixed Income Futures, at fair value	$ (173,811)			$ (173,811)

	2024			
Description	Level 1	Level 2	Level 3	Total
Mutual Funds	$74,479,419			$74,479,419
Money Market Fund	350,000			350,000
Interest Bearing Cash	1,854,501			1,854,501
Total Investments, at fair value	$76,683,920			$76,683,920
Fixed Income Futures, at fair value	$ (654,203)			$ (654,203)

4. FUTURES CONTRACTS

The Plan enters into futures contracts to manage potential movements in the prices of the underlying assets or hedge against changes in interest rates. Futures contracts represent a firm commitment to buy or sell the underlying asset at a specified value and point in time based upon the agreed or contracted quantity. Initial margin is paid upon entering the contract and variation margin is paid or received by the Plan each day, depending on the daily fluctuations in the value of the contract, and the change is recorded as an unrealized gain or loss. For these contracts, unrealized gain or loss represents the approximate future cash requirements.

Futures have minimal counterparty risk because futures contracts are exchange traded and the exchange's clearing house, as the counterparty to all exchange traded futures, guarantees the futures against default.

In the following table, futures purchased refers to the underlying notional amount of the open futures contracts. The fair value presented in this table includes cumulative appreciation and depreciation of futures contracts.

At December 31, 2025, open futures contracts held in the Plan are as follows:

Type of Contract	Number of Contracts	Expiration	Notional Value - Futures Purchased	Unrealized Depreciation- Fair Value
U.S. 5 Yr Note (CBT)	17	3/31/2026	$1,858,872	$ (692)
U.S. 2 Yr Note (CBT)	23	3/31/2026	4,798,133	4,015
U.S. 10 Yr Note (CBT)	38	3/20/2026	4,283,532	(10,907)
U.S. Long Bond (CBT)	(7)	3/20/2026	(815,553)	6,396
U.S. 10 Yr Ultra Future	154	3/20/2026	17,736,682	(24,275)
U.S. Ultra Bond (CBT)	101	3/20/2026	12,066,972	(148,348)

At December 31, 2024, open futures contracts held in the Plan are as follows:

Type of Contract	Number of Contracts	Expiration	Notional Value - Futures Purchased	Unrealized Appreciation- Fair Value
U.S. 5 Yr Note (CBT)	21	3/31/2025	$2,249,094	$(16,695)
U.S. 2 Yr Note (CBT)	13	3/31/2025	2,674,398	(1,476)
U.S. 10 Yr Note (CBT)	36	3/20/2025	3,962,932	(47,932)
U.S. Long Bond (CBT)	76	3/20/2025	8,870,234	(218,109)
U.S. 10 Yr Ultra Future	64	3/20/2025	7,223,188	(99,188)
U.S. Ultra Bond (CBT)	64	3/20/2025	7,881,309	(270,803)

5. INFORMATION CERTIFIED

The method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA was elected by the plan administrator. Accordingly, US Bank, the trustee has certified that the following data included in the accompanying financial statements and supplemental schedules are complete and accurate:

a. Mutual funds and the money market fund as shown in the statements of net assets available for benefits as of December 31, 2025 and 2024, Note 3, and schedule H, line 4i - schedule of assets (held at end of year) as of December 31, 2025.

b. Dividends, interest on the Money Market Fund, and net appreciation in fair value of investments - mutual funds as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2025 and schedule H, line 4j - schedule of reportable transactions for the year ended December 31, 2025.

6. TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Employer by a letter dated February 8, 2018 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan to determine if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

7. PARTY-IN-INTEREST TRANSACTIONS

The Plan holds a cash account managed by US Bank, the trustee. Transactions related to the cash account qualify as party-in-interest transactions. These transactions are exempt from the prohibited transaction rules.

8. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum disributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. The accumulated plan benefits for active employees are based on their compensation and years of credited service on the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits, determined by an independent actuary from AON, is the amount that results from applying actuarial assumptions to (a) adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and (b) the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. Actuarial determinations are based upon the Standard Unit Credit Cost Method.

The significant actuarial assumptions used in the valuations were (a) life expectancy of participants (Pri-2012 mortality table, projected generationally using Scale MP-2021 for 2025 and 2024), (b) retirement age (the weighted average retirement age was 60.73 for 2025 and 59.58 for 2024), (c) discount rate of 5.69% for 2025 and 5.77% for 2024, (d) expected long-term rate of return on assets of 6.20% for 2025 and 6.50% for 2024, (e) inflation rate of 2.50% for 2025 and 2024, and (f) expected salary increase of 3.00% for 2025 and 3.50% for 2024.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The actuarial present value of accumulated plan benefits as of December 31, 2025 and 2024 is:

	2025	2024
Vested benefits:		
Other participants	$26,461,196	$28,979,352
Participants receiving benefits	52,069,973	48,101,069
Total vested benefits	78,531,169	77,080,421
Nonvested benefits	3,996,217	4,029,769
Total actuarial present value of accumulated plan benefits	$82,527,386	$81,110,190

The changes in the actuarial present value of the Plan's accumulated plan benefits for the year ended December 31, 2025 are:

Actuarial present value of accumulated plan benefits at beginning of year	$81,110,190
Increase (decrease) during the year attributable to:	
Interest accumulation	4,571,526
Benefits paid	(3,815,451)
Assumption changes	(447,048)
Other changes	1,108,169
Net increase	1,417,196
Actuarial present value of accumulated plan benefits at end of year	$82,527,386

9. SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 2, 2026, the date the financial statements were available to be issued.

Schedule SB Attachment (Form 5500) —2025 Plan Year
Astoria Generating Company, LP Retirement Plan
EIN: 52-2167306 PN: 003

Schedule SB, line 26a — Schedule of Active Participant Data as of January 1, 2025

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	1									
25-29	2	7								
30-34	1	3	2	1						
35-39	2		2		1					
40-44	1	1	1	1	8	1				
45-49				1	5	5	1			
50-54					6	5		1	1	
55-59			1			1		1	7	
60-64			1			2	1		2	2
65-69							1		1	
70+										

N-80

Schedule SB Attachment (Form 5500) —2025 Plan Year
Astoria Generating Company, LP Retirement Plan
EIN: 52-2167306 PN: 003

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

For ERISA Requirements

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor reflecting the American Rescue Plan Act (ARPA)
1st Segment Rate	5.07%.
2nd Segment Rate	5.31%.
3rd Segment Rate	5.50%.
Salary Increases	
Minimum Funding Target Normal Cost	3.00%.
Maximum Tax Expected Benefit Increase	3.00%.
Social Security Wage Base Increases	Future wage indices are based on a national wage increase of 3.00% per year.
Social Security COLA Increases	2.50%.
Optional Payment Form Election Percentage	100% lump sum (for those eligible).
Optional Payment Form Conversion Interest Rate	Same as funding interest rates above for lump sums, with adjustment for COLA during payment period.
Optional Payment Form Conversion Mortality	Current 417(e) table for lump sums.
Retirement Age	
Active Participants	See Table 1.
Terminated Vested Participants	Age 65.

Schedule SB Attachment (Form 5500) —2025 Plan Year
Astoria Generating Company, LP Retirement Plan
EIN: 52-2167306 PN: 003

For ERISA Requirements

Mortality Rates	
Healthy and Disabled	2012 base mortality rates for annuitants and non-annuitants per section 1.430(h)(3)-1(d), projected generationally for years beyond 2012 using IRS-prescribed mortality improvement rates per section 1.430(h)(3)-1(b)(1)(iii).
Withdrawal Rates	See Table 2.
Disability Rates	See Table 3.
Decrement Timing	Beginning-of-year decrements.
Surviving Spouse Benefit	It is assumed that 75% of males and 75% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation Compensation	Pay rate in effect as of the valuation date.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of $280,000 and the IRC section 401(a)(17) compensation limit of $350,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2023 Plan Year	6.50%, limited to 5.74%.
2024 Plan Year	6.50%, limited to 5.59%.
2025 Plan Year	6.50%, limited to 5.50%.
Trust Expenses Included in Target Normal Cost	$503,226. Based on prior year's actual plan investment and administrative expenses.
Actuarial Method	Standard unit credit cost method.
Valuation Date	January 1, 2025.

Schedule SB Attachment (Form 5500) —2025 Plan Year
Astoria Generating Company, LP Retirement Plan
EIN: 52-2167306 PN: 003

Table 1

Retirement Rates

Age	Rate
55	15.00%
56	10.00%
57	20.00%
58	15.00%
59	10.00%
60	15.00%
61	20.00%
62	20.00%
63	30.00%
64	35.00%
65	50.00%
66	50.00%
67	50.00%
68	50.00%
69	50.00%
70+	100.00%

Table 2

Withdrawal Rates

	Years of Service					
Age	**0**	**1**	**2**	**3**	**4**	**5+**
15	15.00%	15.00%	15.00%	15.00%	12.00%	7.00%
16	15.00%	15.00%	15.00%	15.00%	12.00%	7.00%
17	15.00%	15.00%	15.00%	15.00%	12.00%	7.00%
18	15.00%	15.00%	15.00%	15.00%	12.00%	7.00%
19	15.00%	15.00%	15.00%	15.00%	12.00%	7.00%
20	15.00%	15.00%	15.00%	15.00%	12.00%	7.00%
21	15.00%	15.00%	15.00%	15.00%	12.00%	7.00%
22	15.00%	15.00%	15.00%	15.00%	12.00%	7.00%
23	15.00%	15.00%	15.00%	15.00%	12.00%	7.00%
24	15.00%	15.00%	15.00%	15.00%	12.00%	7.00%
25	15.00%	15.00%	15.00%	15.00%	12.00%	7.00%
26	15.00%	15.00%	15.00%	15.00%	12.00%	7.00%
27	15.00%	15.00%	15.00%	15.00%	12.00%	7.00%
28	15.00%	15.00%	15.00%	15.00%	12.00%	7.00%
29	15.00%	15.00%	15.00%	15.00%	12.00%	5.50%
30	15.00%	15.00%	15.00%	15.00%	12.00%	5.50%
31	15.00%	15.00%	15.00%	15.00%	12.00%	5.50%
32	15.00%	15.00%	15.00%	15.00%	12.00%	5.00%
33	15.00%	15.00%	15.00%	15.00%	12.00%	5.00%
34	15.00%	15.00%	15.00%	15.00%	12.00%	5.00%
35	15.00%	15.00%	15.00%	15.00%	12.00%	5.00%
36	15.00%	15.00%	15.00%	15.00%	12.00%	5.00%
37	15.00%	15.00%	15.00%	15.00%	12.00%	5.00%
38	15.00%	15.00%	15.00%	15.00%	12.00%	4.50%
39	15.00%	15.00%	15.00%	15.00%	12.00%	4.50%

Table 2 (continued)

Withdrawal Rates

	Years of Service					
Age	**0**	**1**	**2**	**3**	**4**	**5+**
40	15.00%	15.00%	15.00%	15.00%	12.00%	4.50%
41	15.00%	15.00%	15.00%	15.00%	12.00%	4.50%
42	15.00%	15.00%	15.00%	15.00%	12.00%	4.50%
43	15.00%	15.00%	15.00%	15.00%	12.00%	4.50%
44	15.00%	15.00%	15.00%	15.00%	12.00%	4.00%
45	15.00%	15.00%	15.00%	15.00%	12.00%	4.00%
46	15.00%	15.00%	15.00%	15.00%	12.00%	4.00%
47	15.00%	15.00%	15.00%	15.00%	12.00%	4.00%
48	15.00%	15.00%	15.00%	15.00%	12.00%	4.00%
49	15.00%	15.00%	15.00%	15.00%	12.00%	4.00%
50	15.00%	15.00%	15.00%	15.00%	12.00%	3.25%
51	15.00%	15.00%	15.00%	15.00%	12.00%	3.25%
52	15.00%	15.00%	15.00%	15.00%	12.00%	3.25%
53	15.00%	15.00%	15.00%	15.00%	12.00%	3.25%
54	15.00%	15.00%	15.00%	15.00%	12.00%	3.25%
55	15.00%	15.00%	15.00%	15.00%	12.00%	3.25%
56	15.00%	15.00%	15.00%	15.00%	12.00%	3.00%
57	15.00%	15.00%	15.00%	15.00%	12.00%	3.00%
58	15.00%	15.00%	15.00%	15.00%	12.00%	3.00%
59	15.00%	15.00%	15.00%	15.00%	12.00%	3.00%
60	15.00%	15.00%	15.00%	15.00%	12.00%	2.50%
61	15.00%	15.00%	15.00%	15.00%	12.00%	2.50%
62	15.00%	15.00%	15.00%	15.00%	12.00%	1.00%
63	15.00%	15.00%	15.00%	15.00%	12.00%	1.00%
64	15.00%	15.00%	15.00%	15.00%	12.00%	1.00%
65+	15.00%	15.00%	15.00%	15.00%	12.00%	0.00%

Table 3

Disability Rates

Age	Rate	Age	Rate
20	0.0900%	50	0.4758%
21	0.0920%	51	0.5370%
22	0.0940%	52	0.6080%
23	0.0960%	53	0.6868%
24	0.0980%	54	0.7759%
25	0.1000%	55	0.8700%
26	0.1020%	56	0.9672%
27	0.1040%	57	1.0700%
28	0.1060%	58	1.1693%
29	0.1080%	59	1.2500%
30	0.1100%	60	1.3750%
31	0.1120%	61	1.6570%
32	0.1140%	62	1.7820%
33	0.1160%	63	1.8400%
34	0.1180%	64	1.8620%
35	0.1200%	65	1.8750%
36	0.1305%	66+	0.0000%
37	0.1420%		
38	0.1541%		
39	0.1673%		
40	0.1821%		
41	0.1974%		
42	0.2129%		
43	0.2302%		
44	0.2512%		
45	0.2773%		
46	0.3071%		
47	0.3380%		
48	0.3737%		
49	0.4202%		

ASTORIA GENERATING COMPANY, L.P. RETIREMENT PLAN
EIN: 52-2167306 PLAN #003
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset (including interest rate and maturity in case of loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Series of Transactions:						
First American	Treasury Obligations Fund - Z Class	$ 8,788,261	$ 8,803,573	$ 8,788,261 8,803,573	$ 8,788,261 8,803,573	
Vanguard	Fixed Income Long-Term Investment-Grade Fund Admiral	3,521,210	1,231,633	3,521,210 1,600,956	3,521,210 1,231,633	(369,323)

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

A Name of plan
Astoria Generating Company, LP Retirement Plan

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Astoria Generating Company, LP

D Employer Identification Number (EIN)
52-2167306

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	77,080,960
b Actuarial value	**2b**	79,132,875

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	126	55,769,793	55,769,793
b For terminated vested participants	15	2,114,694	2,114,694
c For active participants	80	24,165,012	28,825,582
d Total	221	82,049,499	86,710,069

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.39 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	1,582,123
b Expected plan-related expenses	**6b**	503,226
c Target normal cost	**6c**	2,085,349

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Agnieszka E. Welkie AEW
Signature of actuary

09/15/2026
Date

Agnieszka E. Welkie
Type or print name of actuary

2607308
Most recent enrollment number

Aon Consulting, Inc.
Firm name

281-363-0456
Telephone number (including area code)

MSC# 17866, PO Box 803507

Dallas TX 75380
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of -0.12 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		872,769
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.21 %		45,471
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		918,240
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	91.26 %
15	Adjusted funding target attainment percentage	15	91.26 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	102.05 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2025	2,500,000	0			
04/15/2026	400,000	0			
			Totals ► 18(b)	2,900,000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	2,836,791

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
5.07 %	5.31 %	5.50%	

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	60

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	2,085,349
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	7,577,194	706,501
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	2,791,850

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

36 Additional cash requirement (line 34 minus line 35)	**36**	2,791,850
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	2,836,791
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	44,941
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

Schedule SB Attachment (Form 5500) —2025 Plan Year
Astoria Generating Company, LP Retirement Plan
EIN: 52-2167306 PN: 003

Schedule SB, line 19 — Discounted Employer Contributions

Year applied for contributions: 2025

Date	Amount		Days to Discount to 1/1/2025 at 5.39%	Interest Adjusted Contribution	
April 15, 2025	$	2,500,000	104	$	2,462,883
April 15, 2026		400,000	469		373,908
Total Contribution	$	2,900,000		$	2,836,791

Schedule SB Attachment (Form 5500) —2025 Plan Year
Astoria Generating Company, LP Retirement Plan
EIN: 52-2167306 PN: 003

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	15.00%	1.0000	8.25
56	10.00%	0.8500	4.76
57	20.00%	0.7650	8.72
58	15.00%	0.6120	5.32
59	10.00%	0.5202	3.07
60	15.00%	0.4682	4.21
61	20.00%	0.3980	4.86
62	20.00%	0.3184	3.95
63	30.00%	0.2547	4.81
64	35.00%	0.1783	3.99
65	50.00%	0.1159	3.77
66	50.00%	0.0579	1.91
67	50.00%	0.0290	0.97
68	50.00%	0.0145	0.49
69	50.00%	0.0072	0.25
70	100.00%	0.0036	0.25
		Weighted Average	59.58

Schedule SB Attachment (Form 5500) —2025 Plan Year
Astoria Generating Company, LP Retirement Plan
EIN: 52-2167306 PN: 003

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

For ERISA Requirements

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor reflecting the American Rescue Plan Act (ARPA)
1st Segment Rate	5.07%.
2nd Segment Rate	5.31%.
3rd Segment Rate	5.50%.
Salary Increases	
Minimum Funding Target Normal Cost	3.00%.
Maximum Tax Expected Benefit Increase	3.00%.
Social Security Wage Base Increases	Future wage indices are based on a national wage increase of 3.00% per year.
Social Security COLA Increases	2.50%.
Optional Payment Form Election Percentage	100% lump sum (for those eligible).
Optional Payment Form Conversion Interest Rate	Same as funding interest rates above for lump sums, with adjustment for COLA during payment period.
Optional Payment Form Conversion Mortality	Current 417(e) table for lump sums.
Retirement Age	
Active Participants	See Table 1.
Terminated Vested Participants	Age 65.

Schedule SB Attachment (Form 5500) —2025 Plan Year
Astoria Generating Company, LP Retirement Plan
EIN: 52-2167306 PN: 003

For ERISA Requirements

Mortality Rates	
Healthy and Disabled	2012 base mortality rates for annuitants and non-annuitants per section 1.430(h)(3)-1(d), projected generationally for years beyond 2012 using IRS-prescribed mortality improvement rates per section 1.430(h)(3)-1(b)(1)(iii).
Withdrawal Rates	See Table 2.
Disability Rates	See Table 3.
Decrement Timing	Beginning-of-year decrements.
Surviving Spouse Benefit	It is assumed that 75% of males and 75% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation Compensation	Pay rate in effect as of the valuation date.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of $280,000 and the IRC section 401(a)(17) compensation limit of $350,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2023 Plan Year	6.50%, limited to 5.74%.
2024 Plan Year	6.50%, limited to 5.59%.
2025 Plan Year	6.50%, limited to 5.50%.
Trust Expenses Included in Target Normal Cost	$503,226. Based on prior year's actual plan investment and administrative expenses.
Actuarial Method	Standard unit credit cost method.
Valuation Date	January 1, 2025.

Schedule SB Attachment (Form 5500) —2025 Plan Year
Astoria Generating Company, LP Retirement Plan
EIN: 52-2167306 PN: 003

Table 1

Retirement Rates

Age	Rate
55	15.00%
56	10.00%
57	20.00%
58	15.00%
59	10.00%
60	15.00%
61	20.00%
62	20.00%
63	30.00%
64	35.00%
65	50.00%
66	50.00%
67	50.00%
68	50.00%
69	50.00%
70+	100.00%

Table 2

Withdrawal Rates

	Years of Service					
Age	**0**	**1**	**2**	**3**	**4**	**5+**
15	15.00%	15.00%	15.00%	15.00%	12.00%	7.00%
16	15.00%	15.00%	15.00%	15.00%	12.00%	7.00%
17	15.00%	15.00%	15.00%	15.00%	12.00%	7.00%
18	15.00%	15.00%	15.00%	15.00%	12.00%	7.00%
19	15.00%	15.00%	15.00%	15.00%	12.00%	7.00%
20	15.00%	15.00%	15.00%	15.00%	12.00%	7.00%
21	15.00%	15.00%	15.00%	15.00%	12.00%	7.00%
22	15.00%	15.00%	15.00%	15.00%	12.00%	7.00%
23	15.00%	15.00%	15.00%	15.00%	12.00%	7.00%
24	15.00%	15.00%	15.00%	15.00%	12.00%	7.00%
25	15.00%	15.00%	15.00%	15.00%	12.00%	7.00%
26	15.00%	15.00%	15.00%	15.00%	12.00%	7.00%
27	15.00%	15.00%	15.00%	15.00%	12.00%	7.00%
28	15.00%	15.00%	15.00%	15.00%	12.00%	7.00%
29	15.00%	15.00%	15.00%	15.00%	12.00%	5.50%
30	15.00%	15.00%	15.00%	15.00%	12.00%	5.50%
31	15.00%	15.00%	15.00%	15.00%	12.00%	5.50%
32	15.00%	15.00%	15.00%	15.00%	12.00%	5.00%
33	15.00%	15.00%	15.00%	15.00%	12.00%	5.00%
34	15.00%	15.00%	15.00%	15.00%	12.00%	5.00%
35	15.00%	15.00%	15.00%	15.00%	12.00%	5.00%
36	15.00%	15.00%	15.00%	15.00%	12.00%	5.00%
37	15.00%	15.00%	15.00%	15.00%	12.00%	5.00%
38	15.00%	15.00%	15.00%	15.00%	12.00%	4.50%
39	15.00%	15.00%	15.00%	15.00%	12.00%	4.50%

Table 2 (continued)

Withdrawal Rates

	Years of Service					
Age	**0**	**1**	**2**	**3**	**4**	**5+**
40	15.00%	15.00%	15.00%	15.00%	12.00%	4.50%
41	15.00%	15.00%	15.00%	15.00%	12.00%	4.50%
42	15.00%	15.00%	15.00%	15.00%	12.00%	4.50%
43	15.00%	15.00%	15.00%	15.00%	12.00%	4.50%
44	15.00%	15.00%	15.00%	15.00%	12.00%	4.00%
45	15.00%	15.00%	15.00%	15.00%	12.00%	4.00%
46	15.00%	15.00%	15.00%	15.00%	12.00%	4.00%
47	15.00%	15.00%	15.00%	15.00%	12.00%	4.00%
48	15.00%	15.00%	15.00%	15.00%	12.00%	4.00%
49	15.00%	15.00%	15.00%	15.00%	12.00%	4.00%
50	15.00%	15.00%	15.00%	15.00%	12.00%	3.25%
51	15.00%	15.00%	15.00%	15.00%	12.00%	3.25%
52	15.00%	15.00%	15.00%	15.00%	12.00%	3.25%
53	15.00%	15.00%	15.00%	15.00%	12.00%	3.25%
54	15.00%	15.00%	15.00%	15.00%	12.00%	3.25%
55	15.00%	15.00%	15.00%	15.00%	12.00%	3.25%
56	15.00%	15.00%	15.00%	15.00%	12.00%	3.00%
57	15.00%	15.00%	15.00%	15.00%	12.00%	3.00%
58	15.00%	15.00%	15.00%	15.00%	12.00%	3.00%
59	15.00%	15.00%	15.00%	15.00%	12.00%	3.00%
60	15.00%	15.00%	15.00%	15.00%	12.00%	2.50%
61	15.00%	15.00%	15.00%	15.00%	12.00%	2.50%
62	15.00%	15.00%	15.00%	15.00%	12.00%	1.00%
63	15.00%	15.00%	15.00%	15.00%	12.00%	1.00%
64	15.00%	15.00%	15.00%	15.00%	12.00%	1.00%
65+	15.00%	15.00%	15.00%	15.00%	12.00%	0.00%

Table 3

Disability Rates

Age	Rate	Age	Rate
20	0.0900%	50	0.4758%
21	0.0920%	51	0.5370%
22	0.0940%	52	0.6080%
23	0.0960%	53	0.6868%
24	0.0980%	54	0.7759%
25	0.1000%	55	0.8700%
26	0.1020%	56	0.9672%
27	0.1040%	57	1.0700%
28	0.1060%	58	1.1693%
29	0.1080%	59	1.2500%
30	0.1100%	60	1.3750%
31	0.1120%	61	1.6570%
32	0.1140%	62	1.7820%
33	0.1160%	63	1.8400%
34	0.1180%	64	1.8620%
35	0.1200%	65	1.8750%
36	0.1305%	66+	0.0000%
37	0.1420%		
38	0.1541%		
39	0.1673%		
40	0.1821%		
41	0.1974%		
42	0.2129%		
43	0.2302%		
44	0.2512%		
45	0.2773%		
46	0.3071%		
47	0.3380%		
48	0.3737%		
49	0.4202%		

Schedule SB Attachment (Form 5500) —2025 Plan Year
Astoria Generating Company, LP Retirement Plan
EIN: 52-2167306 PN: 003

Schedule SB, Part V — Summary of Plan Provisions

Effective Date	August 20, 1999
Participation	Participation is immediate upon the date of hire for employees hired after the effective date. Participation is only available to members of the Collective Bargaining unit represented by Local 1–2 of the Utility Workers' Union of America, AFL CIO.
Normal Retirement	
Eligibility	The later of the attainment of age 65 and the fifth anniversary of the date the person becomes a plan participant.
Benefit Amount for Pre 1983 Management	Maximum of formula 1 and formula 2.
Benefit Amount for Post 1989 Management and 1983–1989 Management	Formula 1.
Benefit Amount for Pre 1989 Weekly	Maximum of formula 3 and formula 4.
Benefit Amount for Post 1989 Weekly	Formula 3.
All Benefits Reduced by Con Ed Offset	All benefit formulas below will be reduced by the benefit payable under the Con Ed Management plan or the Con Ed Weekly plan, as applicable.
For Management Employed as of December 31, 2004	An additional $3,600 payable per year is added to the age 65 benefit.
Benefit Formulas	
Formula 1	Monthly amount equal to the sum of (1), (2), (3), and (4): (1) 1.50% x final average pay for each year of management service up to and including 24 years. (2) 2.00% x final average pay for each year of management service in excess of 24 years and capped at 30 years. (3) 0.50% x final average pay x management service in excess of 30 years. (4) 0.35% x final average pay in excess of the Social Security taxable wage base x management service capped at 30 years. Management service and pay are frozen as of December 31, 2004.

Formula 2	Monthly amount equal to the sum of (1) and (2): (5) 2.2% x total salary. (6) 2.2% x 0.125% x management months of service in excess of 30 years x total salary. Management service and pay are frozen as of December 31, 2004.
Formula 3	Monthly amount equal to the sum of (1), (2) and (3): (7) 1.50% x final average pay for each year of weekly service up to and including 24 years. (8) 2.00% x final average pay for each year of weekly service in excess of 24 years and capped at 30 years. (9) 0.50% x final average pay x management service in excess of 30 years.
Formula 4	Monthly amount equal to the sum of (1) and (2): (10) 2.2% x total salary. (11) 2.2% x 0.125% x weekly months of service in excess of 30 years x total salary.
Late Retirement	
Eligibility	Actively employed after normal retirement eligibility.
Benefit Amount	Benefit accrued to late retirement date.
Early Retirement	
Eligibility	Age plus accredited service as of termination date equals or exceeds 75.
Benefit Amount	The following reductions apply to all benefit components excluding both part (D) of the post 1989 management benefit and the Con Ed offset: • No reduction, if a participant is at least age 55 with 30 years of accredited service. • 1/12 of 1.5% for each month that payments begin before age 60, if a participant is at least age 55 at benefit commencement. • 1/12 of 4.2% for each month from age 65 to 55, 1/12 of 3.6% for each month from age 55 to 51, and 1/12 of 2.4% for each month from age 51, if a participant is not age 55 at benefit commencement.

Post 1989 management benefit part D accrued benefit is multiplied by the following factor.

Age	Factor	Age	Factor
65	100.000%	55	48.600%
64	92.300%	54	45.583%
63	84.600%	53	42.566%
62	76.900%	52	39.550%
61	73.100%	51	36.533%
60	69.200%	50	34.522%
59	65.400%	49	32.511%
58	61.500%	48	30.500%
57	57.700%	47	28.489%
56	52.900%	46	26.478%
		45	24.467%

If a participant's age at benefit commencement plus accredited service at the effective date of the plan equals or exceeds 75, the Con Ed offset is reduced as follows:

- No reduction, if a participant is at least age 55 with 30 years of accredited service.
- 1/12 of 1.5% for each month that payments begin before age 60, if a participant is at least age 55 at benefit commencement.
- 1/12 of 4.2% for each month from age 65 to 55, 1/12 of 3.6% for each month from age 55 to 51, and 1/12 of 2.4% for each month from age 51, if a participant is not age 55 at commencement.

If a participant's age at benefit commencement plus accredited service at the effective date of the plan is less than 75, the Con Ed offset is reduced actuarially.

Vested Termination

Eligibility	Five years of vesting service and termination of employment for reasons other than disability and death.
Benefit Amount	Benefit accrued at termination payable at normal retirement date. Early commencement is only available to those participants who achieve 75 points at termination. The benefit will be reduced as in the Early Retirement section above with the exception that weekly employees are not eligible to receive an unreduced benefit for being at least 55 with 30 years of service.

Disability Retirement

Eligibility	Separation from service due to a disability.
Benefit Amount	Participants can elect to defer commencement and continue to receive pay and service credits to normal retirement date or can elect to commence immediately. If the participant is at least age 50 with 20 years of service, he or she can receive an unreduced immediate benefit. Participants that are not age 50 with 20 years of service can receive an immediate benefit reduced according to the factors in the Early Retirement section above.

Preretirement Surviving Spouse Annuity

Eligibility	Participant was a vested terminated employee, an active participant, or on leave of absence and was legally married prior to date of death. A participant becomes fully vested, regardless of the number of years of vesting service, if the participant dies while employed by the company.
Benefit Amount	If an active participant dies with age plus accredited service equal to at least 75, the monthly benefit is a life annuity equal to 50% of the benefit the participant would have received if the participant had terminated on the date of death and commenced benefits the first of the next month. For all other eligible participant deaths, the monthly benefit is an immediate lump sum equal to 50% of the cash-out benefit determined as if the participant had terminated on the date of death (if not already terminated) and elected a cash-out benefit. The surviving spouse may elect to receive an annuity.

Definitions

Normal Form	
Single	Single life annuity.
Married	Unreduced 50% joint and survivor annuity.

Optional Forms

Married Forms	75% joint and survivor annuity; 100% joint and survivor annuity; 100% joint and survivor annuity with a pop up; 12-year certain and life with a 50% joint and survivor annuity.
Single Forms	12-year certain and life. All forms other than the 12-year certain and life are adjusted from the unreduced 50% joint and survivor annuity.
Accredited Service	Elapsed service in years and months. A full month will be credited for any partial month in which an employee is employed. Prior Con Ed service recognized by the Astoria plan is included in accredited service. Management service is accredited service for management employees and weekly service is accredited service for weekly employees.
Vesting Service	A full year of vesting service is credited for any plan year in which the employee is credited with at least 1,000 hours of service. The equivalency method used credits a month of service for any fractional month in which an employee is employed.
Annual Basic Straight/Time Compensation	The employee's regular rate of pay in the employee's last pay period in each calendar year. For hourly employees, this amount is computed by multiplying the hourly rate by 2,080.
Total Salary	The aggregate of the annual basic straight time compensation not to exceed the last 30 years of employment. Compensation shall not be lower than such compensation as was applicable for the fourteenth accredited calendar year prior to the calendar year of retirement.

Final Average Pay	The average of the annual basic straight-time compensation for the highest 60 consecutive months of accredited service out of the last 120 months. For weekly employees, effective January 1, 2008, 100% of the aggregated amount of Sunday premium pay and night shift and midnight shift differential shall be added to the annual basic straight time compensation for the applicable year. Prior to January 1, 2008, 50% of the shift differential was added to the annual basic straight time compensation.
Cost-of-Living Adjustments	
Eligibility	All pensions and annuities payable under the plan for the month of April in a calendar year, which pensions and annuities commenced to be paid prior to December 31 of the prior calendar year, shall be eligible for an adjustment hereunder. In the case of an annuity payable to a surviving spouse of a retired participant, the surviving spouse's annuity shall be deemed to have commenced on the date the retired participant's pension commenced.
Pensions and Annuities Adjusted Annually	All eligible pensions and annuities being paid from time to time under the plan shall be increased annually by the percentage defined below. Such adjustment shall be made for the month of April each year and for each month thereafter, until further changed or terminated in accordance with provisions of this plan.
Percentage of Adjustment	Each annual adjustment shall equal 75% of the percentage increase rounded to the nearest 1/10%, in the Consumer Price Index for the preceding December over the index for the next-preceding December; provided, however, that such annual adjustment shall not: ● Exceed 3%; or ● Be less than 0%, of the eligible pension or annuity.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

Schedule SB Attachment (Form 5500) —2025 Plan Year
Astoria Generating Company, LP Retirement Plan
EIN: 52-2167306 PN: 003

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

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500) —2025 Plan Year
Astoria Generating Company, LP Retirement Plan
EIN: 52-2167306 PN: 003

Schedule SB, line 26a — Schedule of Active Participant Data as of January 1, 2025

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	1									
25-29	2	7								
30-34	1	3	2	1						
35-39	2		2		1					
40-44	1	1	1	1	8	1				
45-49				1	5	5	1			
50-54					6	5		1	1	
55-59			1			1		1	7	
60-64			1			2	1		2	2
65-69							1		1	
70+										

N-80

Schedule SB Attachment (Form 5500) —2025 Plan Year
Astoria Generating Company, LP Retirement Plan
EIN: 52-2167306 PN: 003

Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	$ 7,577,194	January 1, 2025	15	$ 706,501

Schedule SB Attachment (Form 5500) —2025 Plan Year
Astoria Generating Company, LP Retirement Plan
EIN: 52-2167306 PN: 003

Schedule SB, line 19 — Discounted Employer Contributions

Year applied for contributions: 2025

Date	Amount		Days to Discount to 1/1/2025 at 5.39%	Interest Adjusted Contribution	
April 15, 2025	$	2,500,000	104	$	2,462,883
April 15, 2026		400,000	469		373,908
Total Contribution	$	2,900,000		$	2,836,791

Schedule SB Attachment (Form 5500) —2025 Plan Year
Astoria Generating Company, LP Retirement Plan
EIN: 52-2167306 PN: 003

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	15.00%	1.0000	8.25
56	10.00%	0.8500	4.76
57	20.00%	0.7650	8.72
58	15.00%	0.6120	5.32
59	10.00%	0.5202	3.07
60	15.00%	0.4682	4.21
61	20.00%	0.3980	4.86
62	20.00%	0.3184	3.95
63	30.00%	0.2547	4.81
64	35.00%	0.1783	3.99
65	50.00%	0.1159	3.77
66	50.00%	0.0579	1.91
67	50.00%	0.0290	0.97
68	50.00%	0.0145	0.49
69	50.00%	0.0072	0.25
70	100.00%	0.0036	0.25
		Weighted Average	59.58

Schedule SB Attachment (Form 5500) —2025 Plan Year
Astoria Generating Company, LP Retirement Plan
EIN: 52-2167306 PN: 003

Schedule SB, Part V — Summary of Plan Provisions

Effective Date	August 20, 1999
Participation	Participation is immediate upon the date of hire for employees hired after the effective date. Participation is only available to members of the Collective Bargaining unit represented by Local 1–2 of the Utility Workers' Union of America, AFL CIO.
Normal Retirement	
Eligibility	The later of the attainment of age 65 and the fifth anniversary of the date the person becomes a plan participant.
Benefit Amount for Pre 1983 Management	Maximum of formula 1 and formula 2.
Benefit Amount for Post 1989 Management and 1983–1989 Management	Formula 1.
Benefit Amount for Pre 1989 Weekly	Maximum of formula 3 and formula 4.
Benefit Amount for Post 1989 Weekly	Formula 3.
All Benefits Reduced by Con Ed Offset	All benefit formulas below will be reduced by the benefit payable under the Con Ed Management plan or the Con Ed Weekly plan, as applicable.
For Management Employed as of December 31, 2004	An additional $3,600 payable per year is added to the age 65 benefit.
Benefit Formulas	
Formula 1	Monthly amount equal to the sum of (1), (2), (3), and (4): (1) 1.50% x final average pay for each year of management service up to and including 24 years. (2) 2.00% x final average pay for each year of management service in excess of 24 years and capped at 30 years. (3) 0.50% x final average pay x management service in excess of 30 years. (4) 0.35% x final average pay in excess of the Social Security taxable wage base x management service capped at 30 years. Management service and pay are frozen as of December 31, 2004.

Formula 2	Monthly amount equal to the sum of (1) and (2): (5) 2.2% x total salary. (6) 2.2% x 0.125% x management months of service in excess of 30 years x total salary. Management service and pay are frozen as of December 31, 2004.
Formula 3	Monthly amount equal to the sum of (1), (2) and (3): (7) 1.50% x final average pay for each year of weekly service up to and including 24 years. (8) 2.00% x final average pay for each year of weekly service in excess of 24 years and capped at 30 years. (9) 0.50% x final average pay x management service in excess of 30 years.
Formula 4	Monthly amount equal to the sum of (1) and (2): (10) 2.2% x total salary. (11) 2.2% x 0.125% x weekly months of service in excess of 30 years x total salary.
Late Retirement	
Eligibility	Actively employed after normal retirement eligibility.
Benefit Amount	Benefit accrued to late retirement date.
Early Retirement	
Eligibility	Age plus accredited service as of termination date equals or exceeds 75.
Benefit Amount	The following reductions apply to all benefit components excluding both part (D) of the post 1989 management benefit and the Con Ed offset: • No reduction, if a participant is at least age 55 with 30 years of accredited service. • 1/12 of 1.5% for each month that payments begin before age 60, if a participant is at least age 55 at benefit commencement. • 1/12 of 4.2% for each month from age 65 to 55, 1/12 of 3.6% for each month from age 55 to 51, and 1/12 of 2.4% for each month from age 51, if a participant is not age 55 at benefit commencement.

Post 1989 management benefit part D accrued benefit is multiplied by the following factor.

Age	Factor	Age	Factor
65	100.000%	55	48.600%
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63	84.600%	53	42.566%
62	76.900%	52	39.550%
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60	69.200%	50	34.522%
59	65.400%	49	32.511%
58	61.500%	48	30.500%
57	57.700%	47	28.489%
56	52.900%	46	26.478%
		45	24.467%

If a participant's age at benefit commencement plus accredited service at the effective date of the plan equals or exceeds 75, the Con Ed offset is reduced as follows:

- No reduction, if a participant is at least age 55 with 30 years of accredited service.
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If a participant's age at benefit commencement plus accredited service at the effective date of the plan is less than 75, the Con Ed offset is reduced actuarially.

Vested Termination

Eligibility	Five years of vesting service and termination of employment for reasons other than disability and death.
Benefit Amount	Benefit accrued at termination payable at normal retirement date. Early commencement is only available to those participants who achieve 75 points at termination. The benefit will be reduced as in the Early Retirement section above with the exception that weekly employees are not eligible to receive an unreduced benefit for being at least 55 with 30 years of service.

Disability Retirement

Eligibility	Separation from service due to a disability.
Benefit Amount	Participants can elect to defer commencement and continue to receive pay and service credits to normal retirement date or can elect to commence immediately. If the participant is at least age 50 with 20 years of service, he or she can receive an unreduced immediate benefit. Participants that are not age 50 with 20 years of service can receive an immediate benefit reduced according to the factors in the Early Retirement section above.

Preretirement Surviving Spouse Annuity

Eligibility	Participant was a vested terminated employee, an active participant, or on leave of absence and was legally married prior to date of death. A participant becomes fully vested, regardless of the number of years of vesting service, if the participant dies while employed by the company.
Benefit Amount	If an active participant dies with age plus accredited service equal to at least 75, the monthly benefit is a life annuity equal to 50% of the benefit the participant would have received if the participant had terminated on the date of death and commenced benefits the first of the next month. For all other eligible participant deaths, the monthly benefit is an immediate lump sum equal to 50% of the cash-out benefit determined as if the participant had terminated on the date of death (if not already terminated) and elected a cash-out benefit. The surviving spouse may elect to receive an annuity.

Definitions

Normal Form	
Single	Single life annuity.
Married	Unreduced 50% joint and survivor annuity.

Optional Forms

Married Forms	75% joint and survivor annuity; 100% joint and survivor annuity; 100% joint and survivor annuity with a pop up; 12-year certain and life with a 50% joint and survivor annuity.
Single Forms	12-year certain and life. All forms other than the 12-year certain and life are adjusted from the unreduced 50% joint and survivor annuity.
Accredited Service	Elapsed service in years and months. A full month will be credited for any partial month in which an employee is employed. Prior Con Ed service recognized by the Astoria plan is included in accredited service. Management service is accredited service for management employees and weekly service is accredited service for weekly employees.
Vesting Service	A full year of vesting service is credited for any plan year in which the employee is credited with at least 1,000 hours of service. The equivalency method used credits a month of service for any fractional month in which an employee is employed.
Annual Basic Straight/Time Compensation	The employee's regular rate of pay in the employee's last pay period in each calendar year. For hourly employees, this amount is computed by multiplying the hourly rate by 2,080.
Total Salary	The aggregate of the annual basic straight time compensation not to exceed the last 30 years of employment. Compensation shall not be lower than such compensation as was applicable for the fourteenth accredited calendar year prior to the calendar year of retirement.

Final Average Pay	The average of the annual basic straight-time compensation for the highest 60 consecutive months of accredited service out of the last 120 months. For weekly employees, effective January 1, 2008, 100% of the aggregated amount of Sunday premium pay and night shift and midnight shift differential shall be added to the annual basic straight time compensation for the applicable year. Prior to January 1, 2008, 50% of the shift differential was added to the annual basic straight time compensation.
Cost-of-Living Adjustments	
Eligibility	All pensions and annuities payable under the plan for the month of April in a calendar year, which pensions and annuities commenced to be paid prior to December 31 of the prior calendar year, shall be eligible for an adjustment hereunder. In the case of an annuity payable to a surviving spouse of a retired participant, the surviving spouse's annuity shall be deemed to have commenced on the date the retired participant's pension commenced.
Pensions and Annuities Adjusted Annually	All eligible pensions and annuities being paid from time to time under the plan shall be increased annually by the percentage defined below. Such adjustment shall be made for the month of April each year and for each month thereafter, until further changed or terminated in accordance with provisions of this plan.
Percentage of Adjustment	Each annual adjustment shall equal 75% of the percentage increase rounded to the nearest 1/10%, in the Consumer Price Index for the preceding December over the index for the next-preceding December; provided, however, that such annual adjustment shall not: ● Exceed 3%; or ● Be less than 0%, of the eligible pension or annuity.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

Schedule SB Attachment (Form 5500) —2025 Plan Year
Astoria Generating Company, LP Retirement Plan
EIN: 52-2167306 PN: 003

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

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

ASTORIA GENERATING COMPANY, L.P. RETIREMENT PLAN
EIN: 52-2167306 PLAN #003
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Mutual Funds:			
	Vanguard	US Growth Fund Admiral	$ 3,784,541	$ 4,243,827
	Vanguard	Windsor II Fund Admiral	3,483,115	4,383,099
	Vanguard	Strategic Equity Fund	1,958,006	2,281,250
	Vanguard	Total Stock Market Index Fund Inst	4,283,855	10,613,905
	Vanguard	Extended Duration Treasury Index Fund Inst	17,020,880	8,997,746
	Vanguard	Fixed Income Long-Term Investment-Grade Fund Admiral	41,460,473	33,659,067
	Vanguard	Long-Term Government Bond	3,779,103	3,694,050
	Vanguard	Total International Stock Index Fund Inst	10,211,706	14,355,970
			85,981,679	82,228,914
	Money Market Fund:			
	First American	Treasury Obligations Fund - Z Class	334,688	334,688
	Interest Bearing Cash:			
	Goldman Sachs	Cash collateral held for futures	173,811	173,811
*	US Bank	Cash for daily futures activity	1,951,630	1,951,630
			2,125,441	2,125,441
			$ 88,441,808	**$ 84,689,043**

* A party in interest as defined by ERISA.

Schedule SB Attachment (Form 5500) —2025 Plan Year
Astoria Generating Company, LP Retirement Plan
EIN: 52-2167306 PN: 003

Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	$ 7,577,194	January 1, 2025	15	$ 706,501