# 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
WASHINGTON GAS LIGHT COMPANY EMPLOYEES' PENSION PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 01/01/1976

**2a** Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
WASHINGTON GAS LIGHT COMPANY

1000 MAINE AVENUE, SW
WASHINGTON, DC 20024-3494

**2b** Employer Identification Number (EIN) 53-0162882

**2c** Plan Sponsor's telephone number 703-750-5803

**2d** Business code (see instructions) 221210

**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. | 10/11/2026 | RHONDA HARRIS |
| | **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

WASHINGTON GAS LIGHT COMPANY BENEFITS PLAN COMMITTEE

6801 INDUSTRIAL ROAD
SPRINGFIELD, VA 22151

**3b** Administrator's EIN: 53-0162882

**3c** Administrator's telephone number: 703-750-5803

**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** | 3400 |
| **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)** | 430 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 395 |
| **b** | Retired or separated participants receiving benefits | **6b** | 1936 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 441 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 2772 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 552 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 3324 |
| **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

**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) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] 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) [X] 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) [X] **R** (Retirement Plan Information)
- (2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) [X] **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) [X] **H** (Financial Information)
- (2) [ ] **I** (Financial Information – Small Plan)
- (3) [X] **A** (Insurance Information) – Number Attached 1
- (4) [X] **C** (Service Provider Information)
- (5) [X] **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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Insurance Information

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

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

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

OMB No. 1210-0110

**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
WASHINGTON GAS LIGHT COMPANY EMPLOYEES' PENSION PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
WASHINGTON GAS LIGHT COMPANY

**D** Employer Identification Number (EIN)
53-0162882

## Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1** Coverage Information:

**(a)** Name of insurance carrier
THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | (f) From | (g) To |
| 22-1211670 | 68241 | 030342 | 395 | 01/01/2025 | 12/31/2025 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

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

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 | |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 24074000 |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | 0 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | | | |
| | (4) Transferred from separate account | 7c(4) | | | |
| | (5) Other (specify below) ▶ | 7c(5) | | | |
| | (6) Total additions | | | 7c(6) | 0 |
| d | Total of balance and additions (add lines **7b** and **7c(6)**) | | | 7d | 0 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | | | |
| | (2) Administration charge made by carrier | 7e(2) | | | |
| | (3) Transferred to separate account | 7e(3) | | | |
| | (4) Other (specify below) ▶ | 7e(4) | | | |
| | (5) Total deductions | | | 7e(5) | 0 |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 0 |

## Part III Welfare Benefit Contract Information

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

**8** Benefit and contract type (check all applicable boxes)

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

| | | | | |
|---|---|---|---|---|
| **9** Experience-rated contracts: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | 0 |
| **b** Benefit charges (1) Claims paid | **9b(1)** | | | |
| (2) Increase (decrease) in claim reserves | **9b(2)** | | | |
| (3) Incurred claims (add **(1)** and **(2)**) | | | **9b(3)** | 0 |
| (4) Claims charged | | | **9b(4)** | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | **9c(1)(A)** | | | |
| (B) Administrative service or other fees | **9c(1)(B)** | | | |
| (C) Other specific acquisition costs | **9c(1)(C)** | | | |
| (D) Other expenses | **9c(1)(D)** | | | |
| (E) Taxes | **9c(1)(E)** | | | |
| (F) Charges for risks or other contingencies | **9c(1)(F)** | | | |
| (G) Other retention charges | **9c(1)(G)** | | | |
| (H) Total retention | | | **9c(1)(H)** | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. | | | **10b** | |

Specify nature of costs.

## Part IV Provision of Information

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

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

# SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

**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
WASHINGTON GAS LIGHT COMPANY EMPLOYEES' PENSION PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
WASHINGTON GAS LIGHT COMPANY

**D** Employer Identification Number (EIN)
53-0162882

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

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

## Part I Basic Information

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

**2** Assets:

| | | |
|---|---|---|
| **a** Market value | **2a** | 763269711 |
| **b** Actuarial value | **2b** | 772636207 |

**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 | 2536 | 573639629 | 573639629 |
| **b** For terminated vested participants | 492 | 50362036 | 50362036 |
| **c** For active participants | 430 | 120087631 | 132605951 |
| **d** Total | 3458 | 744089296 | 756607616 |

**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** | 5.36 % |
| **6** Target normal cost | | |
| **a** Present value of current plan year accruals | **6a** | 7605546 |
| **b** Expected plan-related expenses | **6b** | 1348000 |
| **c** Target normal cost | **6c** | 8953546 |

**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

08/21/2026
Date

LEE P. SIEGEL
Type or print name of actuary

26-08393
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

703-258-8000
Telephone number (including area code)

PO BOX 674401
HOUSTON, TX 77267
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 2.55 % | 0 | 0 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | a Present value of excess contributions (line 38a from prior year) | | 0 |
| | b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.12 % | | 0 |
| | b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 0 |
| | c Total available at beginning of current plan year to add to prefunding balance | | 0 |
| | d Portion of (c) to be added to prefunding balance | | 0 |
| 12 | Other reductions in balances due to elections or deemed elections | 0 | 0 |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 0 | 0 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 102.11 % |
| 15 | Adjusted funding target attainment percentage | 15 | 102.11 % |
| 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 | 109.73 % |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. | 17 | % |

## Part IV Contributions and Liquidity Shortfalls

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

| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Totals ► 18(b) | 0 | 18(c) 0 |

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

**21** Discount rate:

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

| | | |
|---|---|---|
| **b** Applicable month (enter code) | **21b** | 4 |
| **22** Weighted average retirement age | **22** | 62 |

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

## Part VI Miscellaneous Items

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

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

**26** Demographic and benefit information

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

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

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

## Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

## Part VIII Minimum Required Contribution For Current Year

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

| | | |
|---|---|---|
| **a** Target normal cost (line 6c) | **31a** | 8953546 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 8953546 |

| **32** Amortization installments: | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment | 0 | 0 |
| **b** Waiver amortization installment | 0 | 0 |

| | | |
|---|---|---|
| **33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____ )_and the waived amount | **33** | |
| **34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) | **34** | 0 |

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

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

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

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

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2025**<br>**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
WASHINGTON GAS LIGHT COMPANY EMPLOYEES' PENSION PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
WASHINGTON GAS LIGHT COMPANY

**D** Employer Identification Number (EIN)
53-0162882

## 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).. . . . . [X] 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

MERRILL LYNCH

13-2740559

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

PRUDENTIAL INSURANCE COMPANY

22-1211670

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

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

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

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

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

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

AON CONSULTING INC.

22-2232264

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 16 50 | NONE | 458000 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

PACIFIC INVESTMENT MANAGEMENT

33-0629048

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 28 51 52 | NONE | 325000 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

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

STRATEGIC INVESTMENT MANAGEMENT LLC

1001 NINETEENTH STREET NORTH
17TH FLOOR
ARLINGTON, VA 22209

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 16 27 28 49 50 51 52 | NONE | 319000 | 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)

JENNISON ASSOCIATES, LLC

22-2540245

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 28 51 52 | NONE | 274000 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

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

THE BANK OF NEW YORK MELLON

13-5160382

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 19 21 50 59 62 99 | NONE | 211000 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

WILLIS TOWERS WATSON US LLC

53-0181291

| (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 16 50 | NONE | 187000 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

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

JP MORGAN INVESTMENT MANAGEMENT

13-3200244

| (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 28 50 51 52 | NONE | 143000 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

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

GROOM LAW GROUP, CHARTERED

52-1219029

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 29 50 | NONE | 90000 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

GRANT THORNTON LLP

36-6055558

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 10 50 | NONE | 87000 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

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

VOYA

95-4516049

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 28 51 | NONE | 23000 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

NISA INVESTMENT ADVISORS

48-1140940

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 28 51 | NONE | 10000 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

PGIM, INC

22-2540245

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 28 51 | NONE | 8000 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

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

QDRO CONSULTANTS CO LLC

34-1820650

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 16 50 | NONE | 6000 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

**(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 ☐ |

**(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 |
|---|---|---|
| | | |

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

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

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

## Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

## DFE/Participating Plan Information

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

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

OMB No. 1210-0110

**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
WASHINGTON GAS LIGHT COMPANY EMPLOYEES' PENSION PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
WASHINGTON GAS LIGHT COMPANY

**D** Employer Identification Number (EIN)
53-0162882

**Part I** **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

| | | | |
|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | EB TEMPORARY INVESTMENT | | |
| **b** Name of sponsor of entity listed in (a): | THE BANK OF NEW YORK MELLON | | |
| **c** EIN-PN 25-6078093-023 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 46681000 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | CPT FUND (STRATEGIC PROPERTY) | | |
| **b** Name of sponsor of entity listed in (a): | JPMORGAN CHASE BANK, N.A. | | |
| **c** EIN-PN 13-6038770-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 19324000 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | PRISA ACCOUNT | | |
| **b** Name of sponsor of entity listed in (a): | THE PRUDENTIAL INSURANCE COMPANY OF AMERICA | | |
| **c** EIN-PN 22-1211670-038 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 24074000 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | COL DOUBLELINE LNG DUR TL RT B F CL | | |
| **b** Name of sponsor of entity listed in (a): | RELIANCE TRUST COMPANY | | |
| **c** EIN-PN 90-6169542-012 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 12439000 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | NISA LONG CREDIT CIF - CLASS O | | |
| **b** Name of sponsor of entity listed in (a): | GLOBAL TRUST COMPANY | | |
| **c** EIN-PN 88-6547562-005 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 29041000 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | PRU LONG DURATION CREDIT FUND CLASS | | |
| **b** Name of sponsor of entity listed in (a): | PRUDENTIAL TRUST COMPANY | | |
| **c** EIN-PN 23-6994310-222 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 29105000 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | VOYA PRIVATE CREDIT TRUST FUND - SI | | |
| **b** Name of sponsor of entity listed in (a): | VOYA INVESTMENT TRUST CO | | |
| **c** EIN-PN 06-1440627-096 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 45335000 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: GOLDENTREE HIGH YIELD VALUE FUND OF

**b** Name of sponsor of entity listed in (a): GOLDENTREE ASSET MANAGEMENT

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 98-1018819-001 | E | 17005000 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part II** **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

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

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

OMB No. 1210-0110

**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
WASHINGTON GAS LIGHT COMPANY EMPLOYEES' PENSION PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
WASHINGTON GAS LIGHT COMPANY

**D** Employer Identification Number (EIN)
53-0162882

## 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 | 1338000 | 3960000 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | 15125000 | 4568000 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 911000 | 0 |
| **(2)** U.S. Government securities | 1c(2) | 265546000 | 249318000 |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | 205373000 | 0 |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | 0 | 317670000 |
| **(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) | 237780000 | 181925000 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 26912000 | 24074000 |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | 0 | 17005000 |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | | |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | 26213000 | -711000 |

| | | (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 | 779198000 | 797809000 |
| **Liabilities** | | | |
| **1g** Benefit claims payable | 1g | | |
| **1h** Operating payables | 1h | | |
| **1i** Acquisition indebtedness | 1i | | |
| **1j** Other liabilities | 1j | 15928000 | 1942000 |
| **1k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 15928000 | 1942000 |
| **Net Assets** | | | |
| **1l** Net assets (subtract line 1k from line 1f) | 1l | 763270000 | 795867000 |

## Part II Income and Expense Statement

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

| Income | | (a) Amount | (b) Total |
|---|---|---|---|
| **a Contributions:** | | | |
| **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | | |
| **(B)** Participants | 2a(1)(B) | | |
| **(C)** Others (including rollovers) | 2a(1)(C) | | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 0 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 863000 | |
| **(B)** U.S. Government securities | 2b(1)(B) | 8549000 | |
| **(C)** Corporate debt instruments | 2b(1)(C) | 5609000 | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| **(E)** Participant loans | 2b(1)(E) | | |
| **(F)** Other | 2b(1)(F) | 1191000 | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 16212000 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| **(B)** Common stock | 2b(2)(B) | | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 0 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 802287000 | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | 786501000 | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 15786000 |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | -902000 | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | -902000 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | 57700000 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | 1527000 |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | 505000 |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | |
| c Other income | 2c | | 444000 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 91272000 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 56172000 | |
| (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) | | 56172000 |
| 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) | 87000 | |
| (5) Investment advisory and investment management fees | 2i(5) | 1103000 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | 211000 | |
| (7) Actuarial fees | 2i(7) | 187000 | |
| (8) Legal fees | 2i(8) | 90000 | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | 825000 | |
| (12) Total administrative expenses. Add lines **2i(1)** through **(11)** | 2i(12) | | 2503000 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 58675000 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 32597000 |
| 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: GRANT THORNTON LLP **(2)** EIN: 36-6055558

**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 583089.

# 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
WASHINGTON GAS LIGHT COMPANY EMPLOYEES' PENSION PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
WASHINGTON GAS LIGHT COMPANY

**D** Employer Identification Number (EIN)
53-0162882

## 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): 36-3046063

**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: 24.4 % Private Equity: 0.3 % Investment-Grade Debt and Interest Rate Hedging Assets: 53.0 %
High-Yield Debt: 4.8 % Real Assets: 5.6 % Cash or Cash Equivalents: 5.1 % Other: 6.8 %

**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_____.

Financial Statements and Report of

Independent Certified Public Accountants

# Washington Gas Light Company

# Employees' Pension Plan

December 31, 2025 and 2024

# Washington Gas Light Company Employees' Pension Plan

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## REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Plan Administrator
Washington Gas Light Company Employees Pension Plan

**Scope and nature of the ERISA Section 103(a)(3)(C) audit**
We have performed audits of the financial statements of Washington Gas Light Company Employees Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the statement of accumulated benefits as of December 31, 2024, the related statement of changes in accumulated benefits for the year ended December 31, 2024 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 years then ended, stating that the certified investment information, as described in Note K 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).



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

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

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

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

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.

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

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

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

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

**Other matter – supplemental schedules required by ERISA**
The supplemental schedules of assets (held at end of year) as of December 31, 2025 and 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 supplementary 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 the auditing procedures applied in the audits of the financial statements and certain additional procedures. These additional procedures included comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with US GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

Grant Thornton

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).

Grant Thornton LLP

Philadelphia, Pennsylvania
October 2, 2026

**Washington Gas Light Company Employees' Pension Plan**
**Statements of Net Assets Available for Benefits**

| *(In thousands)* | December 31, 2025 | December 31, 2024 |
|---|---|---|
| **Assets** | | |
| Non-interest bearing cash | $ 3,960 | $ 1,338 |
| Investments, at fair value | 789,281 | 762,734 |
| Interest and dividends receivable | 2,368 | 9,258 |
| Receivable – securities sold | 2,200 | 5,868 |
| **Total Assets** | 797,809 | 779,198 |
| **Liabilities** | | |
| Payables – securities purchased | 1,757 | 15,083 |
| Accrued liabilities | 185 | 845 |
| **Total Liabilities** | 1,942 | 15,928 |
| | | |
| **Net Assets Available for Benefits** | $ 795,867 | $ 763,270 |

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

**Washington Gas Light Company Employees' Pension Plan**
**Statements of Changes in Net Assets Available for Benefits**

| *(In thousands)* | For the years ended December 31 2025 | 2024 |
|---|---|---|
| **Additions** | | |
| **Net investment income:** | | |
| Interest | $ 20,026 | $ 22,418 |
| Dividends | 1,098 | 492 |
| Net appreciation/(depreciation) in fair value of investments | 70,148 | (1,383) |
| Total net investment income (loss) | 91,272 | 21,527 |
| **Total Additions (Loss)** | 91,272 | 21,527 |
| | | |
| **Deductions** | | |
| Benefits paid to participants | (56,172) | (53,053) |
| Administrative and general expenses | (2,503) | (4,153) |
| **Total Deductions** | (58,675) | (57,206) |
| | | |
| **Increase (Decrease) in Net Assets Available for Benefits** | 32,597 | (35,679) |
| | | |
| **Net Assets Available for Benefits, beginning of year** | 763,270 | 798,949 |
| **Net Assets Available for Benefits, end of year** | $ 795,867 | $ 763,270 |

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

**Washington Gas Light Company Employees' Pension Plan**
**Statement of Accumulated Benefits**

| *(In thousands)* | | **December 31, 2024** |
|---|---|---|
| **Actuarial Present Value of Accumulated Benefits** | | |
| Vested benefits: | | |
| Participants currently receiving payments | $ | 497,799 |
| Other participants | | 131,346 |
| Total vested benefits | | 629,145 |
| Non-vested benefits | | 10,015 |
| **Total Actuarial Present Value of Accumulated Benefits** | $ | 639,160 |

*The accompanying notes are an integral part of this statement.*

**Washington Gas Light Company Employees' Pension Plan**
**Statement of Changes in Accumulated Benefits**

| *(In thousands)* | For the Year Ended December 31, 2024 |
|---|---|
| **Actuarial Present Value of Accumulated Plan Benefits,** | |
| Beginning of year | $ 662,810 |
| | |
| **Change During the Year Attributable To:** | |
| Benefits paid | (53,054) |
| Increase for interest due to the decrease in the discount period | 43,467 |
| Change in actuarial assumptions | (26,192) |
| Actuarial gains | 4,451 |
| Benefits accumulated | 7,678 |
| **Net Decrease** | (23,650) |
| | |
| **Total Actuarial Present Value of Accumulated Plan Benefits,** | |
| End of year | $ 639,160 |

*The accompanying notes are an integral part of this statement.*

## NOTE A - DESCRIPTION OF THE PLAN

The following brief description of the Washington Gas Light Company Employees' Pension Plan (the "Plan") is provided for general information purposes only. Refer to the plan document for complete information about the Plan. The Plan is subject to the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

The Plan, established and effective on January 1, 1945, is a noncontributory, defined benefit plan covering substantially all employees of Washington Gas Light Company ("Washington Gas" or the "Company") and Hampshire Gas Company ("Hampshire Gas"), and certain employees of WGL Energy Systems, Inc. and WGL Energy Services, Inc., all wholly-owned subsidiaries of WGL Holdings, Inc. ("WGL"). Effective July 6, 2018, WGL became an indirect majority-owned subsidiary of AltaGas Ltd. On December 20, 2019, Washington Gas redeemed all the outstanding shares of its preferred stock causing Washington Gas to become an indirect wholly-owned subsidiary of AltaGas Ltd.

Participation in the Plan depends on the date of hire and there are no new entrants to the Plan after January 1, 2010. Employees first hired on or after January 1, 2009 and who are covered under the collective bargaining agreement with the International Brotherhood of Teamsters Local 96 or Office & Professional Employees International Union ("OPEIU") Local 2 are not eligible to participate. Employees who are covered under the collective bargaining agreement with the International Brotherhood of Electrical Workers ("IBEW") Local 1900 and employees of Hampshire Gas first hired on or after January 1, 2010 are not eligible to participate. Management employees first hired on or after July 1, 2009 are not eligible to participate. Participants became fully vested in the Plan after five years of accredited service. When a participant was terminated before reaching five years of accredited service, their pension benefits were forfeited.

The plan sponsor is Washington Gas. The Plan is administered by the Washington Gas Light Company Benefits Plan Committee (the "Plan Administrator"). The Plan's assets are maintained in a trust administered by the Bank of New York Mellon ("BNYM" or the "Trustee").

### *Pension Benefits*

Benefits are based on percentages related to years of service multiplied by the average annual basic compensation for the highest three or last three years of earnings. In 2009, certain management employees made an irrevocable election to freeze their participation in the Plan and to receive an employer nonelective supplemental contribution in the Washington Gas Light Company Savings Plan, a defined contribution plan sponsored by the Company. These employees that have elected to have their pension benefits frozen receive a benefit based on their pay and years of service accrued as of December 31, 2009. However, their years of service continue to accrue for eligibility for early retirement.

The Single-Life Annuity is the normal form of pension for single employees. Under this option, employees receive a lifetime monthly annuity. The 50% Joint and Survivor Annuity is the normal form of pension for married employees. Under this option, employees receive a reduced pension that is paid as a lifetime

monthly annuity. After the employee's death, the employee's spouse will receive a lifetime monthly annuity at 50% of the reduced pension.

Normal retirement is at age 65. Years of accredited service are included after age 65 up to a limit of 40 years of service, and final average compensation for any years of service after an employee's sixty-fifth birthday may be used in computing the three-year average annual basic compensation.

Early retirement is optional at reduced rates at any time after attaining age 55 with less than 30 years of service. The Plan provides for a non-discounted early retirement based on any combination of age/service equaling "90" years, with a minimum age of 55. In addition, the Plan provides for a non-discounted early retirement for employees with 30 years of accredited service, regardless of age.

If a participant leaves the Company before retirement, the participant is eligible to receive a benefit at age 65. The participant may also receive a benefit at age 55, but the benefit is actuarially reduced.

***Death and Disability Benefits***

If an active employee dies with at least five years of accredited service, the employee's spouse is entitled to a survivor's annuity from the Plan equal to 50% of the normal retirement benefit determined at the date of death with no discounting for age. If an active employee becomes disabled after five years of accredited service, the employee will receive a disability pension as long as total years of service at the time of disability are at least one-half of the number of years between the employee's first employment commencement date and the date the employee attains age 65. The disability pension is a reduced benefit equal to the benefit calculated using the early retirement calculation.

***Plan Termination***

The Company may terminate the Plan at any time. Upon termination, net assets of the Plan would be allocated, as prescribed by ERISA and its related regulations, among the Plan's participants in the following levels of priority:

(a) Participants receiving benefits in pay status three years prior to termination and to participants who would have been in pay status three years prior to termination, had the participant been retired.

(b) Participants receiving benefits in pay status prior to termination and to participants who would have been in pay status prior to termination, had the participant been retired.

(c) Participants with vested rights to benefits at termination.

(d) Participants employed at termination without vested rights to benefits.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation. They include retirement pension benefits, disability pension benefits, and pensions for survivors of deceased plan participants. However, only benefits that are non-forfeitable at the date when the Plan terminates will

continue to be covered. Benefits that become non-forfeitable solely because of the termination of the Plan are not covered. In addition, the coverage of non-forfeitable basic benefits is phased in over a five-year period. Coverage of non-forfeitable basic benefits is mandatory under ERISA.

## NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

### *Basis of Accounting*

The financial statements of the Plan are prepared using the accrual method of accounting.

### *Use of Estimates*

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

### *Investment Valuation and Income Recognition*

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note H 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 is recorded on the accrual basis. Net appreciation (depreciation) in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Investment management fees for certain investments in a collective trust, mutual fund, and pooled separate account are deducted from income earned by the fund on a periodic basis and, therefore, are reflected as a reduction in the net asset value of the respective fund. Consequently, the Plan presents these fees as a reduction in net appreciation (depreciation) in fair value of investments. Investment management fees for other investments are billed directly to the Plan and are presented as administrative and general expenses.

### *Administrative Expenses*

Except as otherwise provided in ERISA or in regulations adopted pursuant thereto, all usual and reasonable Plan administration expenses of the Plan Administrator and other Plan expenses may be paid, in whole or in part, by the Trustee out of the principal or income of the trust, and any expenses not paid from the trust are paid by the Company.

### *Funding Policy*

The Plan's funding policy is to contribute an amount sufficient to satisfy the minimum annual funding requirements under the Pension Protection Act of 2006 and ERISA. Any contributions above the minimum annual funding requirements would be voluntary and limited to amounts that are deductible under

appropriate tax law. The Company made no contributions during 2025 and 2024. There were no required contributions for the 2025 or 2024 plan years as the minimum funding requirements have been met.

***Payment of Benefits***

Benefit payments to participants are recorded upon distribution.

## NOTE C - RECENT ACCOUNTING PRONOUNCEMENTS

Accounting Standards Adopted in the Current Plan Year

There were no new accounting standards adopted in the current Plan year.

Recently Issued Accounting Standards, Not Yet Adopted

No recently issued accounting standards are expected to have a material impact on the Plan's financial statements.

## NOTE D - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the services employees have rendered. Accumulated plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries, beneficiaries of employees who have died, and present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during their highest three or last three years of accredited service or their pay and years of service accrued as of December 31, 2009. 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 is determined by an actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and 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.

The most recent valuation of the Plan, based on the unit credit cost method, was performed as of December 31, 2024.

The significant assumptions used by the actuary when determining the actuarial present value of accumulated plan benefits are the discount rate, future mortality rates and future retirement rates. Below is a discussion of the assumptions used in the valuation of the actuarial present value of accumulated plan benefits as of December 31, 2024:

*Discount rate:*

The discount rates used to value the actuarial present value of accumulated plan benefits as of December 31, 2024 and December 31, 2023 were 7.25% and 6.75% respectively, compounded annually.

*Mortality assumptions:*

Plan management uses mortality tables and mortality improvement scales issued by the Society of Actuaries ("SOA") to estimate participants' life expectancy. To value the actuarial present value of accumulated plan benefits as of December 31, 2024 and 2023, Plan management used the sex distinct Pri-2012 Healthy Retiree, Employee, and Contingent Survivor mortality tables with a base year of 2012, as published by the SOA in October 2019, with generational mortality improvements projected forward from 2012 using the sex distinct MP-2021 mortality improvement scales. The contingent survivor mortality tables apply only after the primary participant's death.

*Retirement:*

To value the actuarial present value of accumulated plan benefits as of December 31, 2024 and December 31, 2023, Plan management estimated that annual rates of retirement by age were 6.25% at age 50 to 100% at age 70.

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

## NOTE E - PLAN AMENDMENTS

The Plan was amended and restated effective January 1, 2025 to incorporate prior amendments made to the Plan since the January 1, 2021 restatement, and reflects the appointment of the Washington Gas Light Company Benefits Plan Committee as the Plan Administrator of the Plan and other changes.

## NOTE F - INCOME TAX STATUS

On January 31, 2013, application was made to the IRS for a determination that the Plan, as amended and restated effective January 1, 2013, is qualified within the meaning of Section 401(a) of the IRC of 1986, as amended. On March 28, 2014, the IRS issued a favorable determination letter for the amended and restated Plan upon the adoption of certain technical changes. The changes requested by the IRS were incorporated into Amendment 2014-1 which was adopted by the Board of Directors at its meeting on May 28, 2014. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes the Plan is currently designed and being operated in accordance with the applicable requirements of the IRC.

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Company 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 that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

## NOTE G - INVESTMENTS

The investment objective of the Plan is to allocate the Plan's assets to appropriate investment asset classes (asset categories) so that the benefit obligations of the Plan are adequately funded, consistent with the Plan's and Washington Gas' tolerance for risk.

The Plan's investment portfolio is intended to be diversified across several major asset classes in the pursuit of the long-term investment objectives of the Plan. The Plan's investment policy adopts asset allocation targets and permissible ranges that are designed to meet the investment objectives of the Plan.

Washington Gas and the Plan Administrator engaged Strategic Investment Management, LLC ("Strategic") to provide investment management services to the Plan effective August 19, 2024. In connection with this engagement, the Plan Administrator appointed Strategic as a fiduciary investment manager pursuant to Section 3(38) of ERISA and a named fiduciary of the Plan and trust.

## NOTE H - FAIR VALUE MEASUREMENTS

The fair value of financial assets and liabilities is measured in accordance with Accounting Standards Codification ("ASC") Topic 820, *Fair Value Measurement and Disclosure*. Under ASC Topic 820, fair value is defined as the exit price, representing the amount that would be received in the sale of an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. ASC Topic 820 establishes a framework for measuring the fair value of financial assets and liabilities. This framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements).

The three levels of the fair value hierarchy under ASC Topic 820 are described below:

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

Level 2 - Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in inactive markets, inputs other than quoted prices that are observable for the asset or liability, or 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 and significant to the fair value measurement.

The asset's 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. Valuation techniques used maximize the use of observable inputs and minimize the use of unobservable inputs.

Many fund managers provide their investors with a calculated NAV per share (or its equivalent) that can be used as a practical expedient to measure fair value if the investments do not have a readily determinable fair value and the NAV of the investment is calculated using the measurement principles of ASC Topic 946, *Financial Services - Investment Companies.* In accordance with ASC Topic 820 certain investments held by the Plan that are measured at fair value using NAV per share as a practical expedient need not be classified in the fair value hierarchy.

The following tables present the fair value of the investments in the Plan by general type and their level within the fair value hierarchy as of December 31, 2025 and 2024:

| | As of December 31, 2025 | | | |
|---|---|---|---|---|
| *(in thousands)* | **Level 1** | **Level 2** | **Level 3** | **Total** |
| U.S. Government securities and agency obligations | $ — | $ 249,318 | $ — | $ 249,318 |
| Fixed income securities and other investments[1] | — | (711) | — | (711) |
| Total assets in the fair value hierarchy | — | 248,607 | — | 248,607 |
| Collective trust funds[2] | — | — | — | 181,925 |
| Pooled separate account - real estate[2] | — | — | — | 24,074 |
| 103-12 Investment Entities[2] | — | — | — | 17,005 |
| Partnership/joint venture interests [2] | — | — | — | 317,670 |
| Total investments at fair value | $ — | $ 248,607 | $ — | $ 789,281 |

| | As of December 31, 2024 | | | |
|---|---|---|---|---|
| *(in thousands)* | **Level 1** | **Level 2** | **Level 3** | **Total** |
| Interest bearing cash | $ 911 | $ — | $ — | $ 911 |
| Corporate notes, bonds and debentures | — | 205,373 | — | 205,373 |
| U.S. Government securities and agency obligations | — | 265,546 | — | 265,546 |
| Fixed income securities and other investments[1] | — | 26,212 | — | 26,212 |
| Total investments in the fair value hierarchy | 911 | 497,131 | — | 498,042 |
| Collective trust funds[2] | — | — | — | 237,780 |
| Pooled separate account - real estate[2] | — | — | — | 26,912 |
| Total investments at fair value | $ 911 | $ 497,131 | $ — | $ 762,734 |

[1] Fixed income securities and other investments include municipal bonds, foreign bonds, and derivatives.

[2] In accordance with ASC Topic 820, these investments are measured at fair value using NAV per share as a practical expedient and, therefore, have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the statements of net assets available for plan benefits.

The following is a description of the valuation methodologies used for assets measured at fair value. The methods described below may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan's management believes the valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. There have been no changes in the methodologies between December 31, 2024 and 2025.

*Investments in the Fair Value Hierarchy*

*Interest bearing cash:* Valued at cost plus any accrued interest.

*U.S. Government securities and agency obligations*: Valued using pricing models that consider various observable inputs such as benchmark yields and reported trades to determine fair value.

*Corporate notes, bonds, and debentures and fixed income securities and other investments:* Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value

on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or broker quote if available. Other investments primarily represent swap and future agreements that are valued using a broker-dealer bid quotation or market-based prices provided by pricing services or other pricing sources.

*Investments Measured at Fair Value Using NAV as a Practical Expedient for Measuring Fair Value*

Certain investments held by the Plan calculate a NAV per share (or its equivalent), which is used as a practical expedient for measuring fair value. The NAV per share is based upon the underlying net assets held by the fund and has been calculated in a manner consistent with ASC Topic 946. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. There are no unfunded commitments with respect to any of these funds in which the Plan invests. Additionally, it is not probable that the Plan will sell its investment in these funds for an amount different than the reported NAV.

*Collective trust funds*: Valued at the NAV of units of a collective investment trust fund. The NAV, as provided by the Trustee or issuer of the fund, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities.

*103-12 investment entities*: Valued at the NAV of the investment. The NAV, as provided by the Trustee or issuer of the fund, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities.

*Pooled separate account*: The fair value of the Plan's investment in this open-ended commingled insurance company separate account, which is designed for use as a funding vehicle for tax-qualified pension plans, is measured at its NAV per outstanding unit. The NAV is based on the fair value of the underlying investments held by the account less its liabilities.

*Partnership/joint venture interests*: Valued at the NAV and allocated based on the Plan's ownership interest in parties' capital. The NAV, as provided by the Trustee or issuer of the fund, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities.

To assess the reasonableness of the fair value methodology used for the separate account, the Company, with the assistance of an investment adviser, evaluates a variety of factors including review of the funds' financial statements, economic conditions, industry and market developments, and overall credit ratings.

The following table summarizes investments for which fair value is measured using the NAV per share

practical expedient as of December 31, 2025, and 2024, respectively:

| *(in thousands)* | December 31, 2025 | 2024 |
|---|---|---|
| Pooled separate account - real estate[1] | $ 24,074 | $ 26,912 |
| 103-12 investment entities[5] | 17,005 | — |
| Partnership/joint venture interests | | |
| Direct lending [4] | 5,663 | — |
| U.S equity [5] | 74,162 | — |
| Real estate fund [5] | 1,063 | — |
| Non-U.S. equity [5] | 52,050 | — |
| Global equity [5] | 27,000 | — |
| Hedge funds [5] | 123,843 | — |
| U.S. fixed income [5] | 31,717 | — |
| Private equity [5] | 2,172 | — |
| Collective trust funds: | | |
| Real estate fund [2] | 19,324 | 22,962 |
| Short term investment fund [3] | 46,681 | 214,818 |
| U.S. fixed income [5] | 115,920 | — |
| Total | $ 540,674 | $ 264,692 |

[1] Redemptions are paid on the last business day of the quarter subject to certain restrictions including cash availability. Written redemption requests must be submitted at least a quarter prior to the last business day of a calendar quarter.

[2] Redemptions are permitted once per calendar quarter, subject to available cash, and require written notice at least 30 days prior to the last day of the calendar quarter. The trade and settlement dates for the requested redemption is the fifth and sixth business days of the month following the quarter-end. The trustee may suspend the right to make withdrawals when circumstances exist that would cause such suspension to be in the best interest of the fund and the participating trusts in the aggregate.

[3] The fund may suspend redemptions when trading in the any market in which the fund's investments are quoted is closed or suspension of such market is threatened or there exists any state of affairs as a result of which disposition of the fund's investments would not be reasonably practicable or would be prejudicial to participating trusts. Written notice of intention to redeem units of the fund submitted by means of automated processing and manual processing must be received by the trustee of the fund by 2:00 PM (ET) and 1:00 PM (ET) on the redemption date, respectively.

[4] Redemption requests can be made (quarterly with 90 days' notice) beginning two years after the date of the first capital call and are subject to a "slow-pay" mechanism whereby redeeming clients are placed into a liquidating share class with a runoff of assets.

[5]

| Asset | Asset Class | Redemption Frequency | Redemption Notification |
|---|---|---|---|
| DoubleLine Long Duration Total Return | U.S. Fixed Income | Daily | 1 |
| Ellington Strategic Mortgage Institutional Fund | U.S. Fixed Income | Monthly | 15 |

| | | | |
|---|---|---|---|
| GoldenTree HY Value Offshore Strategic, Ltd. | U.S. Fixed Income | Quarterly | 90 |
| KKR Global Credit Opp Fund (Overseas), L.P. | U.S. Fixed Income | Quarterly | 60 |
| NISA Long Credit Fund | U.S. Fixed Income | Daily | 5 |
| PGIM Long Credit Fund | U.S. Fixed Income | Daily | 5 |
| SBS-4, a Series of Strategic Buyout Series Fund, L.P. | Private Equity | Illiquid | Illiquid |
| SRS-2, a Series of Strategic Real Estate Series Fund | Real Estate | Illiquid | Illiquid |
| Strategic Developed Markets Ex-U.S. Equity Trust | Non-U.S. Equity | Monthly | 30 |
| Strategic Emerging Markets Equity Trust | Non-U.S. Equity | Monthly | 30 |
| Strategic Global Equity Trust | Global Equity | Monthly | 30 |
| Strategic Portfolios Restricted Ltd. SPC | Hedge Funds | Quarterly | 90 |
| Strategic U.S. Equity Trust | U.S. Equity | Monthly | 30 |
| SVS-4, a Series of Strategic Venture Series Fund, L.P. | Private Equity | Illiquid | Illiquid |
| Voya Private Credit Trust Fund - Sig Class | U.S. Fixed Income | Quarterly | 45 |

***Transfers between Levels***

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

The Plan evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for plan benefits. For the years ended December 31, 2025, and 2024, there were no transfers in or out of levels 1, 2 or 3.

## NOTE I - RISKS AND UNCERTAINTIES

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

The actuarial present value of accumulated 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 could materially affect the amounts reported and disclosed in the financial statements.

## NOTE J - PARTY IN INTEREST TRANSACTIONS

Certain Plan investments are units of collective trust funds and other types of securities managed by BNYM, the Trustee, and Strategic. Therefore, these transactions qualify as party-in-interest transactions for which an exemption exists.

## NOTE K - INFORMATION CERTIFIED BY THE TRUSTEE

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosures under ERISA. Accordingly, Bank of New York Mellon has certified as being complete and accurate the investment information on the statements of net assets available for benefits at December 31, 2025 and 2024, the investment activity reflected in the statements of changes in net assets available for benefits for the years ended December 31, 2025 and 2024, and the information included in the supplemental schedule H, line 4i - schedule of assets (held at end of year) and supplemental schedule H, line 4j - schedule of reportable transactions for the year ended December 31, 2025. The Plan's independent accountants did not perform auditing procedures with respect to this 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.

## NOTE L - SUBSEQUENT EVENTS

The Plan has evaluated its financial statements which include, the Statements of Net Assets Available for Benefits as of December 31, 2025 and 2024 and the related Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2025 and 2024, for subsequent events through October 2, 2026, the date the financial statements were available to be issued, and concluded there were no significant subsequent events that required recognition or disclosure other than the event described below.

The plan sponsor was renamed the AltaGas (U.S.) Benefit Plans committee effective June 15, 2026.

## Washington Gas Light Company Employees'

## Pension Plan

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

EIN: 53-0162882
Plan Number: 001

[redacted]

*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 |
|---|---|---|---|---|
| | INTEREST-BEARING CASH: | | | |
| | Pacific Investment Management Company | Interest Bearing Cash (NZD) | 14 | 14 |
| | Pacific Investment Management Company | Interest Bearing Cash (SEK) | 4 | 5 |
| | Total Interest-bearing Cash | | 18 | 18 |
| | US GOVERNMENT SECURITIES: | | | |
| | U S TREASURY BOND | 4.250% 08/15/2054 DD 08/15/24 | 15,449,980 | 14,802,519 |
| | U S TREASURY BOND | 4.750% 05/15/2055 DD 05/15/25 | 228,711,219 | 229,583,178 |
| | U S TREASURY NOTE | 3.875% 08/15/2034 DD 08/15/24 | 4,800,781 | 4,932,600 |
| | Total US Government Securities | | 248,961,980 | 249,318,297 |
| | POOLED SEPARATE ACCOUNT: | | | |
| | PRISA | Pooled Separate Account | 13,334,128 | 24,074,402 |
| | Total Pooled Separate Account | | 13,334,128 | 24,074,402 |

| | | | |
|---|---|---|---|
| PARTNERSHIP/JOINT VENTURE INTEREST: | | | |
| MGG SF EVERGREEN FD CAYMAN LP | | 5,641,428 | 5,663,083 |
| STRATEGIC EMERGING MARKETS | EQUITY TRUST | 14,260,283 | 18,313,927 |
| STRATEGIC US EQUITY TRUST | | 59,195,825 | 74,161,860 |
| STRATEGIC GLOBAL EQUITY TRUST | | 23,300,000 | 26,999,696 |
| STRATEGIC DEVELOPED MARKETS | EX-U.S. EQUITY TRUST | 24,981,822 | 33,735,885 |
| STRATEGIC REAL ESTATE SERIES | FUND L.P.SRS-2 | 1,083,943 | 1,063,418 |
| STRATEGIC PORTFOLIOS | (RESTRICTED) LIMITED SPC | 109,680,389 | 123,842,937 |
| SBS4 STRATEGIC BUYOUT SERIES | | 1,912,760 | 2,005,463 |
| SVS4 STRATEGIC VENTURE SERIES | | 166,761 | 166,091 |
| KKR GLOBAL CREDIT | OPPORTUNITIES FUND (OVERSEAS) | 12,000,000 | 12,166,024 |
| ELLINGTON STRATEGIC MORTGAGE | INSTITUTIONAL FUND L.P | 19,310,358 | 19,550,841 |
| Total Partnership/Joint Venture Interest | | 271,533,569 | 317,669,225 |
| 103-12 INVESTMENT ENTITIES: | | | |
| GOLDENTREE HIGH YIELD VALUE | FUND OFFSHORE (STRATEGIC) LTD | 16,500,000 | 17,005,494 |
| Total 103-12 Investment Entities | | 16,500,000 | 17,005,494 |
| COMMON/COLLECTIVE TRUST FUNDS: | | | |
| EB TEMP INV FD | 1.147% 12/31/2049 DD 11/01/01 | 7 | 7 |
| EB TEMP INV FD | 1.147% 12/31/2049 DD 11/01/01 | 216,940 | 216,940 |
| EB TEMP INV FD | 1.147% 12/31/2049 DD 11/01/01 | 169 | 169 |
| JP MORGAN STRATEGIC PROPERTY | FUND | 17,420,146 | 19,323,864 |
| EB TEMP INV FD | 1.147% 12/31/2049 DD 11/01/01 | 8 | 8 |
| EB TEMP INV FD | 1.147% 12/31/2049 DD 11/01/01 | 1,031,378 | 1,031,378 |
| EB TEMP INV FD | 1.147% 12/31/2049 DD 11/01/01 | 1,680 | 1,680 |
| EB TEMP INV FD | 1.147% 12/31/2049 DD 11/01/01 | 7,716,596 | 7,716,596 |
| EB TEMP INV FD | 1.147% 12/31/2049 DD 11/01/01 | 20,265,218 | 20,265,218 |
| EB TEMP INV FD | 1.147% 12/31/2049 DD 11/01/01 | 17,449,245 | 17,449,245 |
| PRU LONG DURATION CREDIT FUND | CLASS 1 | 27,992,685 | 29,104,820 |
| COL DOUBLELINE LNG DUR TL RT B | F CL3 | 12,000,000 | 12,439,434 |
| VOYA PRIVATE CREDIT TRUST FUND | - SIG CLASS | 44,800,000 | 45,334,628 |

| | | | |
|---|---|---|---|
| NISA LONG CREDIT CIF - CLASS O | | 27,990,479 | 29,041,121 |
| EB TEMP INV FD | 1.147% 12/31/2049 DD 11/01/01 | 6 | 6 |
| EB TEMP INV FD | 1.147% 12/31/2049 DD 11/01/01 | 4 | 4 |
| Total Common/Collective Trusts | | 176,884,559 | 181,925,117 |
| FIXED INCOME AND OTHER SECURITIES: | | | |
| US 10YR TREAS NTS FUTURE (CBT) | EXP MAR 26 | — | (122,222) |
| C$ CURRENCY FUTURE (CME) | EXP MAR 26 | — | 8,712 |
| S&P 500 EMINI INDEX FUT (CME) | EXP MAR 26 | — | 11,872 |
| US ULTRA BOND (CBT) | EXP MAR 26 | — | (1,470,617) |
| MSCI EAFE FUTURE (NYF) | EXP MAR 26 | — | 64,890 |
| MSCI EMGMKT FUTURE (NYF) | EXP MAR 26 | — | 32,498 |
| E-MINI RUSS 2000 FUTURE (CME) | EXP MAR 26 | — | (125,061) |
| S&P/TSE 60 INDEX FUTURES (MSE) | EXP MAR 26 | — | 4,291 |
| Pacific Investment Management Company | CAD CURRENCY AT | 18,281 | 18,383 |
| Pacific Investment Management Company | 110110 CASH - BROKER | 865,736 | 865,736 |
| Pacific Investment Management Company | 120000 RECEIVABLES - | 255 | 255 |
| Total Fixed Income and Other Securities | | 884,273 | (711,263) |
| Total Investments (excluding Interest-bearing Cash) | | 728,098,509 | 789,281,271 |
| Total Investments (Including Interest-bearing Cash) | | 728,098,527 | 789,281,290 |

**Washington Gas Light Company Employees' Pension Plan**

Schedule H, Line 4j – Schedule of Reportable Transactions

EIN 53-0162882
Plan #001

*Year ended December 31, 2025*

| (a) Identity of Party Involved | (b) Description of Asset | (c) Purchase Price | (d) Selling Price | (g) Cost of Asset Disposed | (h) Current Value of Asset on Transaction Date | (i) Net Gain or (Loss) |
|---|---|---|---|---|---|---|
| *Category (iii) - Series of transactions in excess of 5% of net assets* | | | | | | |
| | COMMIT TO PUR FNMA SF MTG 5.000% 07/01/2056 DD 07/01/26 | | | | | |
| | Purchases | 30,499,500 | — | — | — | — |
| | Sales | — | 30,280,883 | 30,499,500 | 30,280,883 | (218,617) |
| | COMMIT TO PUR FNMA SF MTG 5.500% 05/01/2056 DD 05/01/26 | | | | | |
| | Purchases | 35,748,777 | — | — | — | — |
| | Sales | — | 35,771,320 | 35,748,777 | 35,771,320 | 22,543 |

| | | | | | |
|---|---|---|---|---|---|
| PAPS LONG DURATION CREDIT BOND PORTFOLIO | | | | | |
| Purchases | 30,724,633 | — | — | — | — |
| Sales | — | 30,848,258 | 30,724,633 | 30,848,258 | 123,625 |
| U S TREASURY BOND 4.125% 08/15/2044 DD 08/15/24 | | | | | |
| Purchases | 18,243,057 | — | — | — | — |
| Sales | — | 24,916,500 | 24,990,512 | 24,916,500 | (74,012) |
| U S TREASURY BOND 4.625% 11/15/2044 DD 11/15/24 | | | | | |
| Purchases | 52,898,307 | — | — | — | — |
| Sales | — | 56,145,181 | 56,039,549 | 56,145,181 | 105,632 |
| U S TREASURY BOND 4.750% 05/15/2055 DD 05/15/25 | | | | | |
| Purchases | 245,820,313 | — | — | — | — |
| Sales | — | 17,216,320 | 17,109,094 | 17,216,320 | 107,227 |
| VANGUARD LONG-TERM CORP BOND | | | | | |
| Purchases | 60,317,560 | — | — | — | — |
| Sales | — | 60,356,200 | 60,317,560 | 60,356,200 | 38,640 |
| BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97 | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| Purchases | 109,160,210 | — | — | — | — |
| Sales | — | 109,160,210 | 109,160,210 | 109,160,210 | — |
| EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01 | | | | | |
| Purchases | 1,282,995,987 | — | — | — | — |
| Sales | — | 1,451,133,188 | 1,451,133,188 | 1,451,133,188 | — |
| STRATEGIC US EQUITY TRUST | | | | | |
| Purchases | 65,000,000 | — | — | — | — |
| Sales | — | 6,900,000 | 5,804,175 | 6,900,000 | 1,095,825 |
| STRATEGIC PORTFOLIOS (RESTRICTED) LIMITED | | | | | |
| Purchases | 116,000,000 | — | — | — | — |
| Sales | — | 6,900,000 | 6,319,611 | 6,900,000 | 580,389 |
| VOYA PRIVATE CREDIT TRUST FUND - SIG CLASS | | | | | |
| Purchases | 44,800,000 | — | — | — | — |
| Sales | — | — | — | — | — |
| BNP PARIBAS REV REPO 4.420% 04/02/2025 DD 04/01/25 | | | | | |
| Purchases | 21,000,000 | — | — | — | — |
| Sales | — | 21,000,000 | 21,000,000 | 21,000,000 | — |
| DEUTSCHE BK FINL REV REPO 4.370% 04/03/2025 DD 04/02/25 | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| | Purchases | 24,000,000 | — | — | — | — |
| | Sales | — | 24,000,000 | 24,000,000 | 24,000,000 | — |
| | DEUTSCHE BK FINL REV REPO 4.430% 04/04/2025 DD 04/03/25 | | | | | |
| | Purchases | 24,300,000 | — | — | — | — |
| | Sales | — | 24,300,000 | 24,300,000 | 24,300,000 | — |
| *Category (iii) - Single transactions in excess of 5% of net assets* | | | | | | |
| | U S TREASURY BOND 4.750% 05/15/2055 DD 05/15/25 | | | | | |
| | Purchases | 245,820,313 | — | — | — | — |
| | Sales | — | — | — | — | — |
| | VANGUARD LONG-TERM CORP BOND | | | | | |
| | Purchases | 60,317,560 | — | — | — | — |
| | Sales | — | 60,356,200 | 60,317,560 | 60,356,200 | 38,640 |
| | BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97 | | | | | |
| | Purchases | 60,356,200 | — | — | — | — |
| | Sales | — | 60,356,200 | 60,356,200 | 60,356,200 | — |
| | EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01 | | | | | |
| | Purchases | 893,546,896 | — | — | — | — |
| | Sales | — | 1,015,984,120 | 1,015,984,120 | 1,015,984,120 | — |

| | | | | | |
|---|---|---|---|---|---|
| STRATEGIC US EQUITY TRUST | | | | | |
| Purchases | 50,000,000 | — | — | — | — |
| Sales | — | — | — | — | — |
| STRATEGIC PORTFOLIOS (RESTRICTED) LIMITED | | | | | |
| Purchases | 90,000,000 | — | — | — | — |
| Sales | — | — | — | — | — |

*Columns (e) and (f) are not applicable

**There were no reportable transactions under Subsections (i), (ii) or (iv) of 29 CFS § 2520.103-6(c)(1).

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26a

## Schedule of Active Participant Data as of January 1, 2025[1]

| | Attained Years of Credited Service[2] | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Attained Age | Under 1 | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40 & Over | Total |
| Under 25 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 25-29 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 30-34 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 35-39 | 0 | 0 | 0 | 0 | 17 | 1 | 0 | 0 | 0 | 0 | 18 |
| 40-44 | 0 | 0 | 0 | 1 | 33 | 20 | 0 | 0 | 0 | 0 | 54 |
| 45-49 | 0 | 0 | 0 | 0 | 19 | 32 | 2 | 0 | 0 | 0 | 53 |
| 50-54 | 0 | 0 | 0 | 0 | 20 | 28 | 12 | 4 | 0 | 0 | 64 |
| 55-59 | 0 | 0 | 0 | 0 | 21 | 38 | 14 | 10 | 16 | 0 | 99 |
| 60-64 | 0 | 0 | 0 | 0 | 11 | 20 | 6 | 3 | 20 | 8 | 68 |
| 65-69 | 0 | 0 | 0 | 0 | 0 | 1 | 3 | 2 | 5 | 5 | 16 |
| 70 & over | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 2 | 5 | 9 |
| Total | 0 | 0 | 0 | 1 | 122 | 141 | 37 | 19 | 43 | 18 | 381 |

[1] Excludes 49 participants in 2025 who elected under Retirement Choice to stop future benefit accruals or who were rehired after the plan closed to new entrants who continue to accrue vesting service only

[2] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Washington Gas Light Company Employees' Pension Plan
EIN / PN: 53-0162882/001
Plan Sponsor: Washington Gas Light Company
Valuation Date: January 1, 2025

# SCHEDULE SB ATTACHMENTS

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

### Economic Assumptions

**Interest rate basis**

| | |
|---|---|
| • Applicable month | September |
| • Interest rate basis | 3-Segment Rates |

| **Interest rates** | **Reflecting Corridors** | **Not Reflecting Corridors** |
|---|---|---|
| • First segment rate | 5.07% | 5.07% |
| • Second segment rate | 5.31% | 5.33% |
| • Third segment rate | 5.50% | 5.36% |
| • Effective interest rate | 5.36% | 5.32% |

**Annual rates of increase**

| | |
|---|---|
| • Compensation | 3.00% |
| • Future Social Security wage bases | Not applicable |
| • Statutory limits on compensation | 2.60% |

| | |
|---|---|
| **Plan-related expenses** | $1,348,000 |

# SCHEDULE SB ATTACHMENTS

## Demographic Assumptions

| | |
|---|---|
| **Inclusion date** | The valuation date coincident with or next following the date on which the employee becomes a participant. |
| **New or rehired employees** | It was assumed there will be no new or rehired employees. |
| **Mortality** | |
| • Funding | Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024). |

# SCHEDULE SB ATTACHMENTS

**Termination Rates (not due to disability or retirement)**

The rates at which participants are assumed to leave the company by age and gender are shown below:

- For participants impacted by the 2024 Severance Programs who are not retirement eligible and are actively employed as of January 1, 2025, termination is assumed as of January 1, 2025.
- For all others, termination rates are assumed to equal the rates summarized below, except in 2025 – 2026 the assumed termination rates that apply to non-union employees are 50% of the rates summarized below.

Percentage assumed to leave during the year

| Attained Age | Males | Females |
|---|---|---|
| 20 | 6.00% | 9.60% |
| 25 | 5.20% | 8.70% |
| 30 | 4.40% | 7.80% |
| 35 | 3.60% | 6.90% |
| 40 | 2.80% | 5.65% |
| 45 | 2.00% | 4.40% |
| 50 | 1.20% | 3.15% |
| 55 | 0.00% | 1.90% |

**Disability**

The rates at which participants become disabled by age and gender are shown below:

| Percentage becoming disabled during the year | | |
|---|---|---|
| Age | Males | Females |
| 25 | 0.1200% | 0.1800% |
| 30 | 0.1200 | 0.1800 |
| 35 | 0.1275 | 0.1915 |
| 40 | 0.1470 | 0.2205 |
| 45 | 0.1975 | 0.2965 |
| 50 | 0.3565 | 0.5350 |
| 55 | 0.6810 | 1.0215 |
| 60 | 1.3800 | 2.0700 |
| 64 | 1.6400 | 2.4600 |
| 65 | 0.0000 | 0.0000 |

# SCHEDULE SB ATTACHMENTS

**Retirement Rates**

Rates varying by age, average age 62.

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below:

- For participants impacted by the 2024 Severance Programs who are retirement eligible and are actively employed as of January 1, 2025, retirement is assumed as of January 1, 2025 or the first of the month following termination date.
- For all others, retirement rates are assumed to equal the rates summarized below, except in 2025 – 2026 the assumed retirement rates that apply to non-union employees are 50% of the rates summarized below.

| Percentage retiring during the year | | |
|---|---|---|
| **Age** | **Not Eligible for Unreduced Retirement** | **Eligible for Unreduced Retirement** |
| 50 | 0.00% | 6.25% |
| 51 | 0.00% | 6.25% |
| 52 | 0.00% | 6.25% |
| 53 | 0.00% | 6.25% |
| 54 | 0.00% | 6.25% |
| 55 | 6.50% | 10.00% |
| 56 | 6.50% | 10.00% |
| 57 | 6.50% | 10.00% |
| 58 | 6.50% | 10.00% |
| 59 | 15.00% | 15.00% |
| 60 | 6.50% | 15.00% |
| 61 | 6.50% | 15.00% |
| 62 | 10.00% | 20.00% |
| 63 | 10.00% | 20.00% |
| 64 | 12.50% | 12.50% |
| 65 | 25.00% | 25.00% |
| 66 | 25.00% | 25.00% |
| 67 | 20.00% | 20.00% |
| 68 | 20.00% | 20.00% |
| 69 | 20.00% | 20.00% |
| 70 | 100.00% | 100.00% |

# SCHEDULE SB ATTACHMENTS

| | |
|---|---|
| **Benefit commencement date:** | |
| • Preretirement death benefit | The later of the death of the active participant or the date the participant could have commenced the benefit (generally age 55) |
| • Deferred vested benefit | The later of age 65 or termination of employment |
| • Disability benefit | Upon disablement |
| • Retirement benefit | The later of termination of employment and the earliest commencement date |
| **Form of payment** | Unmarried participants are assumed to elect a Life Annuity. 90% of married male participants are assumed to elect a 50% Joint and Survivor Annuity and 10% are assumed to elect a Single Life Annuity. 70% of married female participants are assumed to elect a 50% Joint and Survivor Annuity and 30% are assumed to elect a Single Life Annuity. |
| **Percent married** | For purposes of valuing the pre-retirement surviving spouse's benefit 85% of eligible male participants and 70% of eligible female participants are assumed to be married. |
| **Spouse age** | Male spouses are assumed to be 3 years older than female spouses. |
| **Timing of benefit payments** | Annuity payments are payable monthly at the beginning of the month. |

## Methods

| | |
|---|---|
| **Valuation date** | First day of plan year |
| **Funding target** | Present value of accrued benefits as required by regulations under IRC §430. |
| **Target normal cost** | Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430. |

# SCHEDULE SB ATTACHMENTS

| | |
|---|---|
| **Decrement timing** | The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year. |
| **Actuarial value of assets** | Average of the fair market value of assets on the valuation date and the four immediately preceding semi-annual periods, adjusted for contributions, benefits, administrative expenses and expected earnings of 5.75% during calendar year 2024 and 5.74% during calendar year 2023 (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year.) |
| **Benefits not valued** | All benefits described in the Plan Provisions section of this report were valued based on discussions with Washington Gas regarding the likelihood that these benefits will be paid. WTW has reviewed the plan provisions with Washington Gas and, based on that review, is not aware of any significant benefits required to be valued that were not. |

# SCHEDULE SB ATTACHMENTS

## Sources of Data and Other Information

The plan sponsor, through its third party administrator, furnished participant data as of January 1, 2025. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available.

- Active rehires with missing frozen benefits are valued with the average accrued benefit of the terminated vested population. If an active was confirmed to be a rehire in a previous year and is no longer accruing benefits, WTW carries forward the frozen benefit from the prior year if none was provided on this year's data file.
- For active participants missing pay rate, the pay rate was set equal to the prior year's pay rate increase by the current salary scale assumption.
- Deferred beneficiary records with missing benefit amounts were valued with 50% of the average accrued benefit of the terminated vested population.

There have been no significant events that occurred between the date the data was collected and the measurement date.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

**Washington Gas Light Company Employees' Pension Plan**

Schedule H, Line 4j – Schedule of Reportable Transactions

EIN 53-0162882

Plan #001

*Year ended December 31, 2025*

| (a) Identity of Party Involved | (b) Description of Asset | (c) Purchase Price | (d) Selling Price | (g) Cost of Asset Disposed | (h) Current Value of Asset on Transaction Date | (i) Net Gain or (Loss) |
|---|---|---|---|---|---|---|
| *Category (iii) - Series of transactions in excess of 5% of net assets* | | | | | | |
| | COMMIT TO PUR FNMA SF MTG 5.000% 07/01/2056 DD 07/01/26 | | | | | |
| | Purchases | 30,499,500 | — | — | — | — |
| | Sales | — | 30,280,883 | 30,499,500 | 30,280,883 | (218,617) |
| | COMMIT TO PUR FNMA SF MTG 5.500% 05/01/2056 DD 05/01/26 | | | | | |
| | Purchases | 35,748,777 | — | — | — | — |
| | Sales | — | 35,771,320 | 35,748,777 | 35,771,320 | 22,543 |

| | | | | | |
|---|---|---|---|---|---|
| PAPS LONG DURATION CREDIT BOND PORTFOLIO | | | | | |
| Purchases | 30,724,633 | — | — | — | — |
| Sales | — | 30,848,258 | 30,724,633 | 30,848,258 | 123,625 |
| U S TREASURY BOND 4.125% 08/15/2044 DD 08/15/24 | | | | | |
| Purchases | 18,243,057 | — | — | — | — |
| Sales | — | 24,916,500 | 24,990,512 | 24,916,500 | (74,012) |
| U S TREASURY BOND 4.625% 11/15/2044 DD 11/15/24 | | | | | |
| Purchases | 52,898,307 | — | — | — | — |
| Sales | — | 56,145,181 | 56,039,549 | 56,145,181 | 105,632 |
| U S TREASURY BOND 4.750% 05/15/2055 DD 05/15/25 | | | | | |
| Purchases | 245,820,313 | — | — | — | — |
| Sales | — | 17,216,320 | 17,109,094 | 17,216,320 | 107,227 |
| VANGUARD LONG-TERM CORP BOND | | | | | |
| Purchases | 60,317,560 | — | — | — | — |
| Sales | — | 60,356,200 | 60,317,560 | 60,356,200 | 38,640 |
| BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97 | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| Purchases | 109,160,210 | — | — | — | — |
| Sales | — | 109,160,210 | 109,160,210 | 109,160,210 | — |
| EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01 | | | | | |
| Purchases | 1,282,995,987 | — | — | — | — |
| Sales | — | 1,451,133,188 | 1,451,133,188 | 1,451,133,188 | — |
| STRATEGIC US EQUITY TRUST | | | | | |
| Purchases | 65,000,000 | — | — | — | — |
| Sales | — | 6,900,000 | 5,804,175 | 6,900,000 | 1,095,825 |
| STRATEGIC PORTFOLIOS (RESTRICTED) LIMITED | | | | | |
| Purchases | 116,000,000 | — | — | — | — |
| Sales | — | 6,900,000 | 6,319,611 | 6,900,000 | 580,389 |
| VOYA PRIVATE CREDIT TRUST FUND - SIG CLASS | | | | | |
| Purchases | 44,800,000 | — | — | — | — |
| Sales | — | — | — | — | — |
| BNP PARIBAS REV REPO 4.420% 04/02/2025 DD 04/01/25 | | | | | |
| Purchases | 21,000,000 | — | — | — | — |
| Sales | — | 21,000,000 | 21,000,000 | 21,000,000 | — |
| DEUTSCHE BK FINL REV REPO 4.370% 04/03/2025 DD 04/02/25 | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| | Purchases | 24,000,000 | — | — | — | — |
| | Sales | — | 24,000,000 | 24,000,000 | 24,000,000 | — |
| | DEUTSCHE BK FINL REV REPO 4.430% 04/04/2025 DD 04/03/25 | | | | | |
| | Purchases | 24,300,000 | — | — | — | — |
| | Sales | — | 24,300,000 | 24,300,000 | 24,300,000 | — |
| *Category (iii) - Single transactions in excess of 5% of net assets* | | | | | | |
| | U S TREASURY BOND 4.750% 05/15/2055 DD 05/15/25 | | | | | |
| | Purchases | 245,820,313 | — | — | — | — |
| | Sales | — | — | — | — | — |
| | VANGUARD LONG-TERM CORP BOND | | | | | |
| | Purchases | 60,317,560 | — | — | — | — |
| | Sales | — | 60,356,200 | 60,317,560 | 60,356,200 | 38,640 |
| | BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97 | | | | | |
| | Purchases | 60,356,200 | — | — | — | — |
| | Sales | — | 60,356,200 | 60,356,200 | 60,356,200 | — |
| | EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01 | | | | | |
| | Purchases | 893,546,896 | — | — | — | — |
| | Sales | — | 1,015,984,120 | 1,015,984,120 | 1,015,984,120 | — |

| | | | | | |
|---|---|---|---|---|---|
| STRATEGIC US EQUITY TRUST | | | | | |
| Purchases | 50,000,000 | — | — | — | — |
| Sales | — | — | — | — | — |
| STRATEGIC PORTFOLIOS (RESTRICTED) LIMITED | | | | | |
| Purchases | 90,000,000 | — | — | — | — |
| Sales | — | — | — | — | — |

*Columns (e) and (f) are not applicable

**There were no reportable transactions under Subsections (i), (ii) or (iv) of 29 CFS § 2520.103-6(c)(1).

# 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
WASHINGTON GAS LIGHT COMPANY EMPLOYEES' PENSION PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
WASHINGTON GAS LIGHT COMPANY

**D** Employer Identification Number (EIN)
53-0162882

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

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

## Part I Basic Information

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

**2** Assets:

| | | |
|---|---|---|
| **a** Market value | **2a** | 763,269,711 |
| **b** Actuarial value | **2b** | 772,636,207 |

**3** Funding target/participant count breakdown

| | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
|---|---|---|---|
| **a** For retired participants and beneficiaries receiving payment | 2,536 | 573,639,629 | 573,639,629 |
| **b** For terminated vested participants | 492 | 50,362,036 | 50,362,036 |
| **c** For active participants | 430 | 120,087,631 | 132,605,951 |
| **d** Total | 3,458 | 744,089,296 | 756,607,616 |

**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** | 5.36% |
| **6** Target normal cost | | |
| **a** Present value of current plan year accruals | **6a** | 7,605,546 |
| **b** Expected plan-related expenses | **6b** | 1,348,000 |
| **c** Target normal cost | **6c** | 8,953,546 |

**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**

Lee Siegel

Signature of actuary

8/21/2026

Date

Lee P. Siegel

Type or print name of actuary

2608393

Most recent enrollment number

Willis Towers Watson US LLC

Firm name

703-258-8000

Telephone number (including area code)

PO Box 674401

Houston TX 77267

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 2.55 % | 0 | 0 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | **a** Present value of excess contributions (line 38a from prior year) | | 0 |
| | **b(1)** Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.12 % | | 0 |
| | **b(2)** Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 0 |
| | **c** Total available at beginning of current plan year to add to prefunding balance | | 0 |
| | **d** Portion of (c) to be added to prefunding balance | | 0 |
| 12 | Other reductions in balances due to elections or deemed elections | 0 | 0 |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 0 | 0 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 102.11 % |
| 15 | Adjusted funding target attainment percentage | 15 | 102.11 % |
| 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 | 109.73 % |
| 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 |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | Totals ▶ 18(b) | 0 | 18(c) 0 |

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

20 Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year? [ ] Yes [X] 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: | |
|---|---|---|---|
| 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** | 62 |

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

## Part VI Miscellaneous Items

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

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

**26** Demographic and benefit information

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

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

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

## Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

## Part VIII Minimum Required Contribution For Current Year

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

| | | |
|---|---|---|
| **a** Target normal cost (line 6c) | **31a** | 8,953,546 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 8,953,546 |

**32** Amortization installments:

| | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment | 0 | 0 |
| **b** Waiver amortization installment | 0 | 0 |

| | | |
|---|---|---|
| **33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____ ) and the waived amount | **33** | |
| **34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) | **34** | 0 |

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

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

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

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

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 22
## Description of Weighted Average Retirement Age
## as of January 1, 2025

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

| | |
|---|---|
| Plan Name: | Washington Gas Light Company Employees' Pension Plan |
| EIN / PN: | 53-0162882/001 |
| Plan Sponsor: | Washington Gas Light Company |
| Valuation Date: | January 1, 2025 |

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26b
## Schedule of Projection of Expected Benefit Payments

| Plan Year | Active Participants | Terminated Vested Participants | Retired Participants and Beneficiaries Receiving Payments | Total |
|---|---|---|---|---|
| 2025 | 1,365,984 | 678,868 | 54,054,206 | 56,099,058 |
| 2026 | 3,121,217 | 1,173,119 | 52,692,502 | 56,986,838 |
| 2027 | 3,946,423 | 1,398,005 | 51,429,935 | 56,774,363 |
| 2028 | 4,790,075 | 1,719,212 | 50,128,840 | 56,638,127 |
| 2029 | 5,608,968 | 2,034,928 | 48,775,629 | 56,419,525 |
| 2030 | 6,418,046 | 2,243,220 | 47,367,641 | 56,028,907 |
| 2031 | 7,197,256 | 2,530,351 | 45,901,346 | 55,628,953 |
| 2032 | 7,879,703 | 2,860,676 | 44,378,457 | 55,118,836 |
| 2033 | 8,491,624 | 3,236,348 | 42,800,177 | 54,528,149 |
| 2034 | 9,031,167 | 3,522,503 | 41,165,568 | 53,719,238 |
| 2035 | 9,490,423 | 3,733,329 | 39,476,764 | 52,700,516 |
| 2036 | 9,896,826 | 3,972,284 | 37,737,546 | 51,606,656 |
| 2037 | 10,245,835 | 4,160,259 | 35,952,480 | 50,358,574 |
| 2038 | 10,549,880 | 4,250,496 | 34,127,725 | 48,928,101 |
| 2039 | 10,782,265 | 4,227,515 | 32,270,460 | 47,280,240 |
| 2040 | 10,938,011 | 4,268,630 | 30,388,760 | 45,595,401 |
| 2041 | 11,042,926 | 4,332,710 | 28,491,449 | 43,867,085 |
| 2042 | 11,143,920 | 4,376,780 | 26,587,990 | 42,108,690 |
| 2043 | 11,198,052 | 4,375,735 | 24,688,333 | 40,262,120 |
| 2044 | 11,169,584 | 4,405,969 | 22,802,814 | 38,378,367 |
| 2045 | 11,103,540 | 4,429,150 | 20,942,205 | 36,474,895 |
| 2046 | 10,988,696 | 4,365,378 | 19,117,719 | 34,471,793 |
| 2047 | 10,834,210 | 4,281,090 | 17,340,852 | 32,456,152 |
| 2048 | 10,665,267 | 4,190,116 | 15,623,250 | 30,478,633 |
| 2049 | 10,456,582 | 4,066,599 | 13,976,580 | 28,499,761 |
| 2050 | 10,202,600 | 3,939,836 | 12,411,995 | 26,554,431 |
| 2051 | 9,898,354 | 3,836,981 | 10,939,400 | 24,674,735 |
| 2052 | 9,566,375 | 3,693,400 | 9,566,970 | 22,826,745 |
| 2053 | 9,219,882 | 3,508,019 | 8,300,798 | 21,028,699 |
| 2054 | 8,835,466 | 3,310,879 | 7,144,583 | 19,290,928 |
| 2055 | 8,421,617 | 3,108,423 | 6,099,580 | 17,629,620 |
| 2056 | 7,989,833 | 2,904,460 | 5,164,764 | 16,059,057 |
| 2057 | 7,549,730 | 2,700,455 | 4,337,025 | 14,587,210 |
| 2058 | 7,105,481 | 2,498,003 | 3,611,520 | 13,215,004 |
| 2059 | 6,658,714 | 2,298,789 | 2,982,051 | 11,939,554 |
| 2060 | 6,213,935 | 2,104,436 | 2,441,395 | 10,759,766 |
| 2061 | 5,775,179 | 1,916,490 | 1,981,701 | 9,673,370 |
| 2062 | 5,345,641 | 1,736,356 | 1,594,804 | 8,676,801 |
| 2063 | 4,927,993 | 1,565,204 | 1,272,508 | 7,765,705 |
| 2064 | 4,524,448 | 1,403,940 | 1,006,794 | 6,935,182 |
| 2065 | 4,136,795 | 1,253,137 | 790,003 | 6,179,935 |
| 2066 | 3,766,437 | 1,113,069 | 615,023 | 5,494,529 |
| 2067 | 3,414,378 | 983,749 | 475,283 | 4,873,410 |
| 2068 | 3,081,263 | 864,964 | 364,870 | 4,311,097 |

Plan Name: Washington Gas Light Company Employees' Pension Plan
EIN / PN: 53-0162882/001
Plan Sponsor: Washington Gas Light Company
Valuation Date: January 1, 2025

# SCHEDULE SB ATTACHMENTS

| Plan Year | Active Participants | Terminated Vested Participants | Retired Participants and Beneficiaries Receiving Payments | Total |
|---|---|---|---|---|
| 2069 | 2,767,486 | 756,374 | 278,531 | 3,802,391 |
| 2070 | 2,473,214 | 657,560 | 211,684 | 3,342,458 |
| 2071 | 2,198,376 | 568,044 | 160,421 | 2,926,841 |
| 2072 | 1,942,763 | 487,339 | 121,443 | 2,551,545 |
| 2073 | 1,706,070 | 414,942 | 92,021 | 2,213,033 |
| 2074 | 1,487,944 | 350,349 | 69,942 | 1,908,235 |

Plan Name: Washington Gas Light Company Employees' Pension Plan
EIN / PN: 53-0162882/001
Plan Sponsor: Washington Gas Light Company
Valuation Date: January 1, 2025

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Part V
## Summary of Plan Provisions

### Plan Provisions

The plan was originally effective January 1, 1945. Amended and restated effective January 1, 2008. Most recently amended and restated effective January 1, 2025.

| | |
|---|---|
| **Coverage and participation** | Any employee hired before July 1, 2009 who receives salary, wages or commissions from the company shall become a participant on the first day of the calendar month immediately following the employee's Employment Commencement Date.<br><br>The plan was closed to future new entrants beginning July 1, 2009. Participants received a choice whether to continue to accrue benefits in the qualified plan or a replacement defined contribution plan. Based on finalized elections, all participants electing the replacement defined contribution plan have their benefits frozen in the qualified plan. |
| **Employment commencement date** | Date on which the employee first performs an hour of service of the company. |

### Definitions

| | |
|---|---|
| **Accredited service** | One year of Accredited Service is earned for each year from Employment Commencement Date in which the employee has at least 2,080 hours of service. Proportional credit is given for years with less than 2,080 hours. |
| **Vesting service** | One year of Vesting Service is earned for each year from Employment Commencement Date in which 1,000 hours are worked. |
| **Annual basic compensation** | Annual salary, excluding bonuses, overtime, and special compensation, but including commissions, bonuses, and incentive compensation paid to salesmen. |
| **Final average compensation/salary** | For employees who are covered under the collective bargaining agreement between the Company and OPEIU Local 2 and beginning in 2010, for management employees (other than those who elected to stop accruing benefits under Retirement Choice) and employees covered under the collective bargaining agreement between the Company and IBEW Local 1900, the final average compensation is the average of the rate of annual basic compensation on December 31 of each of the three |

years of accredited service that yield the highest average. (Such three years do not have to be consecutive.)

For employees who are members of the International Brotherhood of Teamsters and for Hampshire Gas employees, the final average compensation is the average of the rate of annual basic compensation on December 31 for each of the three years immediately preceding retirement.

| Eligibility for Benefits | |
|---|---|
| **Normal retirement** | Later of age 65 or completion of 5 years of Vesting Service. |
| **Early retirement** | (1) Age 55 with 5 years of Vesting Service, (2) 30 years of Accredited Service, or (3) age 55 and the sum of age and years of Accredited Service equal to at least 90. |
| **Deferred vested termination** | Termination for reasons other than death or retirement after completing five years of vesting service |
| **Disability** | 5 years of Vesting Service and Accredited Service at least half the expected working time from Employment Commencement Date to age 65. |
| **Death benefits for active participants** | 5 years of Vesting Service, and survived by an eligible spouse. |

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## Benefits Paid Upon the Following Events

**Normal retirement**

The percentage of Final Average Compensation indicated for the participant's years of Accredited Service as shown in the following schedule:

| Years of Accredited Service at Retirement | Percent of Final Average Compensation | | Years of Accredited Service at Retirement | Percent of Final Average Compensation | |
|---|---|---|---|---|---|
| | Locals 2, 96 & 1900 Participants | Other Participants | | Locals 2, 96 & 1900 Participants | Other Participants |
| 40 or more | 57.00% | 55.00% | 19.5 | 30.25% | 30.25% |
| 39.5 | 56.45% | 54.45% | 19.0 | 29.50% | 29.50% |
| 39.0 | 55.90% | 53.90% | 18.5 | 28.75% | 28.75% |
| 38.5 | 55.35% | 53.35% | 18.0 | 28.00% | 28.00% |
| 38.0 | 54.80% | 52.80% | 17.5 | 27.25% | 27.25% |
| 37.5 | 54.25% | 52.25% | 17.0 | 26.50% | 26.50% |
| 37.0 | 53.70% | 51.70% | 16.5 | 25.75% | 25.75% |
| 36.5 | 53.15% | 51.15% | 16.0 | 25.00% | 25.00% |
| 36.0 | 52.60% | 50.60% | 15.5 | 24.25% | 24.25% |
| 35.5 | 52.05% | 50.05% | 15.0 | 23.50% | 23.50% |
| 35.0 | 51.50% | 49.50% | 14.5 | 22.75% | 22.75% |
| 34.5 | 50.95% | 48.95% | 14.0 | 22.00% | 22.00% |
| 34.0 | 50.40% | 48.40% | 13.5 | 21.25% | 21.25% |
| 33.5 | 49.85% | 47.85% | 13.0 | 20.50% | 20.50% |
| 33.0 | 49.30% | 47.30% | 12.5 | 19.75% | 19.75% |
| 32.5 | 48.75% | 46.75% | 12.0 | 19.00% | 19.00% |
| 32.0 | 48.20% | 46.20% | 11.5 | 18.25% | 18.25% |
| 31.5 | 47.65% | 45.65% | 11.0 | 17.50% | 17.50% |
| 31.0 | 47.10% | 45.10% | 10.5 | 16.75% | 16.75% |
| 30.5 | 46.55% | 44.55% | 10.0 | 16.00% | 16.00% |
| 30.0 | 46.00% | 44.00% | 9.5 | 15.10% | 15.10% |
| 29.5 | 45.25% | 43.35% | 9.0 | 14.20% | 14.20% |
| 29.0 | 44.50% | 42.70% | 8.5 | 13.30% | 13.30% |
| 28.5 | 43.75% | 42.05% | 8.0 | 12.40% | 12.40% |
| 28.0 | 43.00% | 41.40% | 7.5 | 11.50% | 11.50% |
| 27.5 | 42.25% | 40.75% | 7.0 | 10.60% | 10.60% |
| 27.0 | 41.50% | 40.10% | 6.5 | 9.70% | 9.70% |
| 26.5 | 40.75% | 39.45% | 6.0 | 8.80% | 8.80% |
| 26.0 | 40.00% | 38.80% | 5.5 | 7.90% | 7.90% |
| 25.5 | 39.25% | 38.15% | 5.0 | 7.00% | 7.00% |
| 25.0 | 38.50% | 37.50% | 4.5 | 7.00% | 7.00% |
| 24.5 | 37.75% | 36.85% | 4.0 | 7.00% | 7.00% |
| 24.0 | 37.00% | 36.20% | 3.5 | 7.00% | 7.00% |
| 23.5 | 36.25% | 35.55% | 3.0 | 7.00% | 7.00% |
| 23.0 | 35.50% | 34.90% | 2.5 | 7.00% | 7.00% |
| 22.5 | 34.75% | 34.25% | 2.0 | 7.00% | 7.00% |
| 22.0 | 34.00% | 33.60% | 1.5 | 7.00% | 7.00% |
| 21.5 | 33.25% | 32.95% | 1.0 | 7.00% | 7.00% |
| 21.0 | 32.50% | 32.30% | 0.5 | 7.00% | 7.00% |
| 20.5 | 31.75% | 31.65% | 0.0 | 7.00% | 7.00% |
| 20.0 | 31.00% | 31.00% | | | |

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**Early retirement**

If the employee has at least 30 years of Accredited Service, or if the employee has attained age 55 and the sum of age and years of Accredited Service equals at least 90, then monthly benefits will commence immediately in the amount computed as if payable at Normal Retirement Date. Otherwise, the employee may elect to retire with a pension commencing immediately equal to the following applicable percentage of the benefit payable at Normal Retirement Date:

| Age Nearest Birthday | Percentage of Normal Retirement Income |
|---|---|
| 55 | 65% |
| 56 | 70% |
| 57 | 75% |
| 58 | 80% |
| 59 | 85% |
| 60 | 90% |
| 61 | 92% |
| 62 | 94% |
| 63 | 96% |
| 64 | 98% |

**Deferred vested termination**

Benefit is determined as in Normal Retirement above, but reduced actuarially if payments begin after age 55 but before 65.

**Disablement**

Benefit as payable at Early Retirement Date, except that an employee under age 55 will be treated as though he was age 55, with regard to the percentage of normal retirement income used.

**Death benefits for active participants**

An amount payable for life equal to 50% of the benefit the participant would receive under the 50% Joint and Survivor normal form of annuity.

# SCHEDULE SB ATTACHMENTS

## Other Plan Provisions

| | |
|---|---|
| **Forms of payment** | Normal Form of Benefit:<br><br>Married Participants receive a 50% Joint and Survivor annuity, reduced by one-half of the actuarial reduction applicable to a regular 50% Joint and Survivor Option. Non-married participants receive a Life Annuity.<br><br>Optional forms in lieu of Normal Form:<br><br>Life Annuity, Joint and Survivor (50%, 75%, and 100%) with optional Pop-Up feature, Social Security Adjustment, Guaranteed Fixed Period and Life Thereafter |
| **Actuarial equivalence** | Form of payment adjustments: 6% interest and TPF&C 1971 Forecast Mortality Table set back 1 year for participants and 5 years for beneficiaries.<br><br>Late retirement increases: 8% interest and 1983 Group Mortality Table. |
| **Pension Increases** | Effective January 1, 1997 retiree pensions were increased between 0% for individuals retired after January 1, 1995 and up to 1% for individual retired before January 1, 1988. Minimum increases of $55-$75 per month were provided for participants whose current monthly payment was below $500. |
| **Plan participants' contributions** | None. |

## Future Plan Changes

No future plan changes were recognized in determining funding requirements.

## Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

**Washington Gas Light Company Employees'**

**Pension Plan**

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

EIN: 53-0162882
Plan Number: 001

*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 |
|---|---|---|---|---|
| | INTEREST-BEARING CASH: | | | |
| | Pacific Investment Management Company | Interest Bearing Cash (NZD) | 14 | 14 |
| | Pacific Investment Management Company | Interest Bearing Cash (SEK) | 4 | 5 |
| | Total Interest-bearing Cash | | 18 | 18 |
| | US GOVERNMENT SECURITIES: | | | |
| | U S TREASURY BOND | 4.250% 08/15/2054 DD 08/15/24 | 15,449,980 | 14,802,519 |
| | U S TREASURY BOND | 4.750% 05/15/2055 DD 05/15/25 | 228,711,219 | 229,583,178 |
| | U S TREASURY NOTE | 3.875% 08/15/2034 DD 08/15/24 | 4,800,781 | 4,932,600 |
| | Total US Government Securities | | 248,961,980 | 249,318,297 |
| | POOLED SEPARATE ACCOUNT: | | | |
| | PRISA | Pooled Separate Account | 13,334,128 | 24,074,402 |
| | Total Pooled Separate Account | | 13,334,128 | 24,074,402 |

| | | | |
|---|---|---|---|
| PARTNERSHIP/JOINT VENTURE INTEREST: | | | |
| MGG SF EVERGREEN FD CAYMAN LP | | 5,641,428 | 5,663,083 |
| STRATEGIC EMERGING MARKETS | EQUITY TRUST | 14,260,283 | 18,313,927 |
| STRATEGIC US EQUITY TRUST | | 59,195,825 | 74,161,860 |
| STRATEGIC GLOBAL EQUITY TRUST | | 23,300,000 | 26,999,696 |
| STRATEGIC DEVELOPED MARKETS | EX-U.S. EQUITY TRUST | 24,981,822 | 33,735,885 |
| STRATEGIC REAL ESTATE SERIES | FUND L.P.SRS-2 | 1,083,943 | 1,063,418 |
| STRATEGIC PORTFOLIOS | (RESTRICTED) LIMITED SPC | 109,680,389 | 123,842,937 |
| SBS4 STRATEGIC BUYOUT SERIES | | 1,912,760 | 2,005,463 |
| SVS4 STRATEGIC VENTURE SERIES | | 166,761 | 166,091 |
| KKR GLOBAL CREDIT | OPPORTUNITIES FUND (OVERSEAS) | 12,000,000 | 12,166,024 |
| ELLINGTON STRATEGIC MORTGAGE | INSTITUTIONAL FUND L.P | 19,310,358 | 19,550,841 |
| Total Partnership/Joint Venture Interest | | 271,533,569 | 317,669,225 |
| 103-12 INVESTMENT ENTITIES: | | | |
| GOLDENTREE HIGH YIELD VALUE | FUND OFFSHORE (STRATEGIC) LTD | 16,500,000 | 17,005,494 |
| Total 103-12 Investment Entities | | 16,500,000 | 17,005,494 |
| COMMON/COLLECTIVE TRUST FUNDS: | | | |
| EB TEMP INV FD | 1.147% 12/31/2049 DD 11/01/01 | 7 | 7 |
| EB TEMP INV FD | 1.147% 12/31/2049 DD 11/01/01 | 216,940 | 216,940 |
| EB TEMP INV FD | 1.147% 12/31/2049 DD 11/01/01 | 169 | 169 |
| JP MORGAN STRATEGIC PROPERTY | FUND | 17,420,146 | 19,323,864 |
| EB TEMP INV FD | 1.147% 12/31/2049 DD 11/01/01 | 8 | 8 |
| EB TEMP INV FD | 1.147% 12/31/2049 DD 11/01/01 | 1,031,378 | 1,031,378 |
| EB TEMP INV FD | 1.147% 12/31/2049 DD 11/01/01 | 1,680 | 1,680 |
| EB TEMP INV FD | 1.147% 12/31/2049 DD 11/01/01 | 7,716,596 | 7,716,596 |
| EB TEMP INV FD | 1.147% 12/31/2049 DD 11/01/01 | 20,265,218 | 20,265,218 |
| EB TEMP INV FD | 1.147% 12/31/2049 DD 11/01/01 | 17,449,245 | 17,449,245 |
| PRU LONG DURATION CREDIT FUND | CLASS 1 | 27,992,685 | 29,104,820 |
| COL DOUBLELINE LNG DUR TL RT B | F CL3 | 12,000,000 | 12,439,434 |
| VOYA PRIVATE CREDIT TRUST FUND | - SIG CLASS | 44,800,000 | 45,334,628 |

| | | | |
|---|---|---|---|
| NISA LONG CREDIT CIF - CLASS O | | 27,990,479 | 29,041,121 |
| EB TEMP INV FD | 1.147% 12/31/2049 DD 11/01/01 | 6 | 6 |
| EB TEMP INV FD | 1.147% 12/31/2049 DD 11/01/01 | 4 | 4 |
| Total Common/Collective Trusts | | 176,884,559 | 181,925,117 |
| FIXED INCOME AND OTHER SECURITIES: | | | |
| US 10YR TREAS NTS FUTURE (CBT) | EXP MAR 26 | — | (122,222) |
| C$ CURRENCY FUTURE (CME) | EXP MAR 26 | — | 8,712 |
| S&P 500 EMINI INDEX FUT (CME) | EXP MAR 26 | — | 11,872 |
| US ULTRA BOND (CBT) | EXP MAR 26 | — | (1,470,617) |
| MSCI EAFE FUTURE (NYF) | EXP MAR 26 | — | 64,890 |
| MSCI EMGMKT FUTURE (NYF) | EXP MAR 26 | — | 32,498 |
| E-MINI RUSS 2000 FUTURE (CME) | EXP MAR 26 | — | (125,061) |
| S&P/TSE 60 INDEX FUTURES (MSE) | EXP MAR 26 | — | 4,291 |
| Pacific Investment Management Company | CAD CURRENCY AT | 18,281 | 18,383 |
| Pacific Investment Management Company | 110110 CASH - BROKER | 865,736 | 865,736 |
| Pacific Investment Management Company | 120000 RECEIVABLES - | 255 | 255 |
| Total Fixed Income and Other Securities | | 884,273 | (711,263) |
| Total Investments (excluding Interest-bearing Cash) | | 728,098,509 | 789,281,271 |
| Total Investments (Including Interest-bearing Cash) | | 728,098,527 | 789,281,290 |

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 24
## Change in Actuarial Assumptions

- Termination and retirement decrements were adjusted to reflect the assumed impact of the 2024 severance programs.
- The assumed plan-related expenses added to the target normal cost was changed from $2,000,000 for 2024 to $1,348,000 for 2025.
- The CPI assumption was increased from 2.50% to 2.60%.