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. . . . . ▶ [ ]

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
ETHOSENERGY PENSION PLAN FOR UNION EMPLOYEES

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 05/06/2014

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)
ETHOSENERGY, GTS HOLDINGS US, LLC

ROBIN SULLIVAN

3100 SOUTH SAM HOUSTON PARKWAY EAST
HOUSTON, TX 77047

2b Employer Identification Number (EIN) 76-0466008

2c Plan Sponsor's telephone number 281-414-7334

2d Business code (see instructions) 811310

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2026	ROBIN SULLIVAN
	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 [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	115
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)**	20
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	13
b	Retired or separated participants receiving benefits	**6b**	38
c	Other retired or separated participants entitled to future benefits	**6c**	46
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	97
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	14
f	Total. Add lines **6d** and **6e**.	**6f**	111
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:

1B 1C

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)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(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)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
ETHOSENERGY PENSION PLAN FOR UNION EMPLOYEES

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
ETHOSENERGY, GTS HOLDINGS US, LLC

D Employer Identification Number (EIN)
76-0466008

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	7524797
b Actuarial value	**2b**	7524797

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	56	3420739	3420739
b For terminated vested participants	40	1486406	1486406
c For active participants	20	1670050	1670050
d Total	116	6577195	6577195

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**	27983
b Expected plan-related expenses	**6b**	75300
c Target normal cost	**6c**	103283

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

10/13/2026
Date

DANIEL G. MCCARTHY, ASA, EA
Type or print name of actuary

26-08718
Most recent enrollment number

DEFINITI LLC
Firm name

281-286-1100
Telephone number (including area code)

525 KEISLER DRIVE, SUITE 102
CARY, NC 27518
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)		
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 11.27 %	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)		278
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 %		14
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		292
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	114.40 %
15	Adjusted funding target attainment percentage	15	114.40 %
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	100.62 %
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**	61

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**	103283
b Excess assets, if applicable, but not greater than line 31a	**31b**	103283

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

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

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

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

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

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

A Name of plan
ETHOSENERGY PENSION PLAN FOR UNION EMPLOYEES

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ETHOSENERGY, GTS HOLDINGS US, LLC

D Employer Identification Number (EIN)
76-0466008

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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(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)

DEFINITI LLC

85-0833363

(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	NONE	59662	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BURGESS CHAMBERS & ASSOC INC

59-2878619

(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	NONE	38527	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CROWE LLP

35-0921680

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	31000	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)

CHARLES SCHWAB TRUST BANK

3000 SCHWAB WAY
WESTLAKE, TX 76262

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	13438	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RICHMOND CAPITAL MANAGEMENT INC

54-1288566

(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	NONE	9689	Yes [ ] No [X]	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 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
ETHOSENERGY PENSION PLAN FOR UNION EMPLOYEES

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ETHOSENERGY, GTS HOLDINGS US, LLC

D Employer Identification Number (EIN)
76-0466008

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	101724	43025
(2) U.S. Government securities	1c(2)	192379	520024
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	2890399	2866483
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4295624	4633784
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	44671	46736

		(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	7524797	8110052
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	0	0
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	7524797	8110052

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)	0	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	201182	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	2841	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		204023
(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)	64800	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		64800
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	1930781	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1823203	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		107578
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	649146	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		649146

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		33285
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1058832
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	320639	
(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)		320639
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		622
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)	31000	
(5) Investment advisory and investment management fees	2i(5)	48216	
(6) Bank or trust company trustee/custodial fees	2i(6)	13438	
(7) Actuarial fees	2i(7)	59662	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		152316
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		473577
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		585255
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: CROWE LLP **(2)** EIN: 30-1506626

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 579094.

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
ETHOSENERGY PENSION PLAN FOR UNION EMPLOYEES

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ETHOSENERGY, GTS HOLDINGS US, LLC

D Employer Identification Number (EIN)
76-0466008

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): 94-1737782

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

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

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

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

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

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

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

6	**a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	**6a**	
	b Enter the amount contributed by the employer to the plan for this plan year	**6b**	
	c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	**6c**	

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

Structured Attachment	Schedule SB, line 26a Schedule of Active Participant Data	2025
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		This Form is Open to Public Inspection

Name of Plan	ETHOSENERGY PENSION PLAN FOR UNION EMPLOYEES						
Plan Year Begin Date	01/01/2025	Plan Year End Date	12/31/2025	EIN	76-0466008	PN	002

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64				1		
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44				1		
45 to 49						
50 to 54	1					
55 to 59	1					
60 to 64						
65 to 69						
70 & Up						

Name of Plan	ETHOSENERGY PENSION PLAN FOR UNION EMPLOYEES						
Plan Year Begin Date	01/01/2025	**Plan Year End Date**	12/31/2025	**EIN**	76-0466008	**PN**	002

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39	1					
40 to 44	1					
45 to 49	1					
50 to 54	7					
55 to 59	1			1		
60 to 64	2					
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54	1			1		
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Name of Plan	ETHOSENERGY PENSION PLAN FOR UNION EMPLOYEES						
Plan Year Begin Date	01/01/2025	**Plan Year End Date**	12/31/2025	**EIN**	76-0466008	**PN**	002

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64	1					
65 to 69				1		
70 & Up				1		

ETHOSENERGY
PENSION PLAN FOR UNION EMPLOYEES

FINANCIAL STATEMENTS
December 31, 2025 and 2024

ETHOSENERGY PENSION PLAN FOR UNION EMPLOYEES
Houston, Texas

FINANCIAL STATEMENTS
December 31, 2025 and 2024

CONTENTS

INDEPENDENT AUDITOR'S REPORT 1

FINANCIAL STATEMENTS

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS 4

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS 5

NOTES TO FINANCIAL STATEMENTS 6

SUPPLEMENTAL SCHEDULES

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) 14

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS 17

Crowe LLP
Independent Member Crowe Global

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of
EthosEnergy Pension Plan for Union Employees
Houston, Texas

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

We have performed audits of the financial statements of EthosEnergy Pension Plan for Union Employees (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits 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 related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's 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 ended, stating that the certified investment information, as described in Note 3 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).

(Continued)

Basis for Opinion

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

Responsibilities of Management

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

In performing an audit in accordance with GAAS, we:

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

(Continued)

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 Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2025 and Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from, and relates directly to, the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Crowe LLP

Crowe LLP

Houston, Texas
October 12, 2026

ETHOSENERGY PENSION PLAN FOR UNION EMPLOYEES
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2025 and 2024

	2025	2024
Assets		
Investments at fair value	$ 8,110,052	$ 7,524,797
Net assets available for benefits	$ 8,110,052	$ 7,524,797

See accompanying notes to financial statements.

ETHOSENERGY PENSION PLAN FOR UNION EMPLOYEES
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years ended December 31, 2025 and 2024

	2025	2024
Additions		
Investment income:		
Net appreciation in fair value of investments	$ 790,009	$ 605,969
Dividends and interest	268,823	210,387
Total investment income	1,058,832	816,356
Employer contributions	-	69,000
Deductions		
Benefits paid to participants	(321,261)	(319,871)
Administrative expenses	(152,316)	(97,367)
Total deductions	(473,577)	(417,238)
Net increase	585,255	468,118
Net assets available for benefits, beginning of year	7,524,797	7,056,679
Net assets available for benefits, end of year	$ 8,110,052	$ 7,524,797

See accompanying notes to financial statements.

NOTE 1 – DESCRIPTION OF PLAN

The Pension Plan for Hourly Employees of TurboCare, Inc. (United Brotherhood of Carpenters and Joiners of America, Local Union Number 724) (TurboCare Plan) was originally established as of July 1, 1979. Effective July 1, 2009, the assets and liabilities of the TurboCare Plan. were transferred to the Siemens Pension Plan for Union Employees (Siemens Plan). The EthosEnergy Pension Plan for Union Employees (the "Plan") was established May 6, 2014 (Effective Date), and the assets and liabilities of the Siemens Plan representing the participation and benefits of those participants governed by the TurboCare Plan were transferred to the Plan. The Plan is frozen to new participation and the only participants eligible for participation in the Plan are those participants who were already participants under the Siemens Plan as of the Effective Date. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

The following description of the Plan provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

Administration: EthosEnergy GTS Holding (US), LLC (the Company) is the plan administrator of the Plan. The primary responsibility of the plan administrator is to administer the Plan for the exclusive benefit of the participants and their beneficiaries, subject to specific terms of the Plan.

Funding Policy: The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum requirement. The Company pays the entire cost of the Plan and provides the Plan with assets with which to pay pension benefits to participants. Plan participants do not contribute. Each year the Company contributes to the trust fund based on information supplied by an independent actuary. During 2025 and 2024, the Company made employer contributions of $-0- and $69,000, respectively. The Plan met the minimum funding requirements of ERISA for the years ended December 31, 2025 and 2024.

Vesting: The Plan generally provides 100% vesting to participants after 5 years of credited service, as defined. The Plan also allows for a Top-Heavy vesting schedule if the Plan ever becomes a Top-Heavy Plan. Participants should refer to the Plan document for a more complete description of the Plan's vesting provisions under Top-Heavy Plan years.

Pension Benefits: The amount of monthly retirement benefit to be provided for each participant who retires on the participant's normal retirement date (attained the age of 65 or the 5th anniversary of joining the Plan, if later) shall be equal to the participant's accrued benefit. A participant's accrued benefit is based on a retirement benefit formula equal to $42.00 per month for each Plan year of service, up to a maximum of 35 years, with the Company, if the participant's date of termination is as of January 1, 2012, or later. The retirement benefit formula ranges from $15.00 to $38.00 per month if the participant's date of termination was prior to June 4, 1997 to December 31, 2011. Refer to the Plan document for the complete table of benefit multipliers. As provided per the Plan document, a participant's accrued benefit and benefits under the Plan shall not be less than the participant's accrued benefit and benefits as of the Effective Date, as determined under the TurboCare Plan and the Siemens Plan.

A participant may elect to retire on an early retirement date (attained the age of 55 and completed at least 15 years of vesting service). In the event that a participant makes such an election, such participant shall be entitled to receive an early retirement benefit equal to the participant's accrued benefit payable at the participant's normal retirement date. Participants may remain employed past their normal retirement date and retire on a late retirement date. A participant's late retirement date is the first day of the month coinciding with or next following the date the participant chooses to retire after first having reached their normal retirement date. Participants are entitled to 100% of their accrued benefit upon their late retirement date.

(Continued)

NOTE 1 – DESCRIPTION OF PLAN (Continued)

Retirement benefits are payable upon termination of employment due to normal retirement, early retirement, or late retirement. Benefits are also payable in cases of termination of employment with at least five years of vesting service, as defined, or sooner, if the participant reaches the normal retirement age while still employed with the Company or death. Upon retirement, participants may elect to receive the value of their accumulated Plan benefits as one of various forms of annuities or as a lump-sum in the form of a cash payment, rollover to an IRA or other qualified plan.

The Plan allows for automatic distributions (small cash-outs) on behalf of terminated participants without their consent, if the value of their vested benefit is $5,000 or less. If the participant does not make their own election, for a benefit value of: (1) $1,000 or less, the Plan will automatically cash out and issue payment directly to the participant; or (2) more than $1,000 but less than or equal to $5,000, the Plan will automatically rollover and issue payment to an individual retirement account designated by the plan administrator.

Death and Disability Benefits: The death benefit provided under this Plan shall be the minimum spouse's death benefit provided per the Plan document. The beneficiary of the death benefit shall be the participant's spouse, who shall receive such benefit in the form of a pre-retirement survivor annuity, as defined in the Plan document. For purposes of this benefit, the spouse must have been legally married to the participant for at least one year prior to the participant's death. No disability benefits, other than those payable upon termination of employment, are provided by the Plan.

Subsequent Events: The Plan has evaluated subsequent events through October 12, 2026, the date the financial statements were available to be issued.

NOTE 2 – SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting: The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates: The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of Plan assets available for benefits and the actuarial present value of accumulated plan benefits as the date of the financial statements. Actual results could differ from those estimates. The Plan uses an actuary to determine the actuarial present value of accumulated plan benefits. A change in the actuarial assumptions used could significantly change the amount of the actuarial present value of accumulated plan benefits reported in the accompanying financial statements.

Investment Valuation and Income Recognition: The Plan's investments are reported at fair value. Fair value is the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability. See Note 4 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 and other income are recorded on an accrual basis. Net appreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the Plan year.

Benefits Paid: Benefit payments to participants are recorded upon distribution.

(Continued)

NOTE 2 – SUMMARY OF ACCOUNTING POLICIES (Continued)

Administrative Expenses: The Plan's expenses are paid either by the Plan or the Company, as provided by the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment-related expenses are included in net appreciation in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Risks and Uncertainties: The Plan holds various investments. Investments are exposed to various risks such as interest rate, market, liquidity, credit, and global event risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the fair values of investments will occur in the near term and that such changes could materially affect participants' account balances, and the amounts reported in the statements of net assets available for benefits.

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, 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 3 – CERTIFIED INVESTMENTS

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments held at December 31, 2025 and 2024, net appreciation in fair value of investments and interest and dividends for the years ended, was obtained by management and agreed to or derived from information certified as complete and accurate by Charles Schwab Trust Bank.

NOTE 4 – FAIR VALUE MEASUREMENTS

Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurements) and gives the lowest priority to unobservable inputs (Level 3 measurements). The three levels of inputs within the fair value hierarchy are defined as follows:

- *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* – Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

- *Level 3* – Inputs in the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

(Continued)

NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

Mutual Funds: The fair values of mutual fund investments are determined by obtaining quoted prices on nationally recognized securities exchanges.

Money Market Fund: Valued at the daily closing price as reported by the money market fund. The money market fund held by the Plan is an open-end fund that is registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and transact at that price, which approximates $1. The money market fund held by the Plan is deemed to be actively traded.

Exchange Traded Fund: Valued at fair value using quoted market prices on an exchange. Exchange traded fund ("ETF") market prices may be higher or lower than the NAV at any given point in time. NAV is calculated once per day. Market returns are based upon the closing price of the primary listing exchange and may not represent the returns if shares were traded at other times.

Corporate Bonds: Valued based upon recent bid prices or the average recent bid and asked prices when available and, if not available, they are valued through matrix pricing models developed by sources considered by management to be reliable. Matrix pricing, which is a mathematical technique commonly used to price debt securities that are not actively traded, values debt securities without relying exclusively on quoted prices for the specific securities but rather by relying on the securities' relationship to other benchmark quoted securities with similar credit risk.

Government Securities and Municipal Bonds: U.S. government and all government agency securities are valued based upon recent bid prices or the average of recent bid and asked prices when available and, if not available, they are valued through matrix pricing models developed by sources considered by management to be reliable. Matrix pricing, which is a mathematical technique commonly used to price debt securities that are not actively traded, values debt securities without relying exclusively on quoted prices for the specific securities but rather by relying on the securities' relationship to other benchmark quoted securities.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

	2025			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 4,354,133	$ -	$ -	$ 4,354,133
Money market fund	43,025	-	-	43,025
Exchange traded fund	279,651	-	-	279,651
Corporate bonds	-	2,866,483	-	2,866,483
Government securities	-	520,024	-	520,024
Municipal bonds	-	46,736	-	46,736
Total investments at fair value	$ 4,676,809	$ 3,433,243	$ -	$ 8,110,052

(Continued)

NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

	2024			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 4,037,921	$ -	$ -	$ 4,037,921
Money market fund	101,724	-	-	101,724
Exchange traded fund	257,703	-	-	257,703
Corporate bonds	-	2,890,399	-	2,890,399
Government securities	-	192,379	-	192,379
Municipal bonds	-	44,671	-	44,671
Total investments at fair value	$ 4,397,348	$ 3,127,449	$ -	$ 7,524,797

NOTE 5 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are accumulated based on employees' vested months of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that 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.

(Continued)

NOTE 5 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)

The significant actuarial assumptions used by the Plan's actuaries to arrive at the valuations of the Plan as of December 31, 2024 and 2023, are as follows:

	December 31, 2024	December 31, 2023
Mortality	Pri-2012 base mortality with MP-2021 projection scale.	Pri-2012 base mortality with MP-2021 projection scale.
Retirement Age	Rates of retirement are according to a table ranging from 5% for age 55 up to 100% at age 65 and above.	Rates of retirement are according to a table ranging from 5% for age 55 up to 100% at age 65 and above.
Termination	Probabilities that active participants will terminate are according to a table ranging from 15.20% for age 26 to 4% at age 50 and above.	Probabilities that active participants will terminate are according to a table ranging from 15.20% for age 26 to 4% at age 50 and above.
Discount Interest Rate	6% per annum, net of all expenses.	6% per annum, net of all expenses.
Cash Balance Interest Crediting Rate	4.15%	4.28%
Marriage Assumptions	80% married, with husbands 3 years older than wives.	80% married, with husbands 3 years older than wives.

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.

The accumulated plan benefit information as of December 31, 2024, is as follows:

Actuarial present value of accumulated plan benefits	
Vested benefits:	
Participants receiving benefits	$ 3,209,846
Participants with deferred benefits	2,791,062
Total vested accumulated benefits	6,000,908
Nonvested benefits	46,282
Total actuarial present value of accumulated plan benefits	$ 6,047,190

(Continued)

NOTE 5 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)

The changes in the actuarial present value of accumulated plan benefits for the year ended December 31, 2024, are as follows:

Actuarial present value of accumulated plan benefits at beginning of year	$ 6,282,666
Increase (decrease) during the year attributable to:	
Decrease in discount period	367,364
Benefits paid	(319,871)
Other changes	(282,969)
Net decrease	(235,476)
Actuarial present value of accumulated plan benefits at end of year	$ 6,047,190

NOTE 6 – PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under Department of Labor's regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. Some administrative expenses of the Plan are paid directly by the Company. Certain investments are managed by Charles Schwab Trust Bank and, therefore, these transactions and the Plan's payment of fees to Charles Schwab Trust Bank qualify as party-in-interest transactions.

NOTE 7 – TAX STATUS

The Plan has received a determination letter from the Internal Revenue Service dated November 02, 2016, stating that the Plan is qualified under section 401(k) of the Internal Revenue Code (the Code), and therefore, the related trust is exempt from taxation. Although the Plan has been amended since receiving the determination letter, the Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan as amended, is qualified and related trust is tax-exempt.

Accounting principles generally accepted in the United States of America requires plan management to evaluate tax positions taken by the Plan. 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. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2022.

(Continued)

NOTE 8 – PLAN TERMINATION

The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

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

2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.

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

4. All nonvested benefits

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

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Company and the level of benefits guaranteed by the PBGC.

SUPPLEMENTAL SCHEDULES

ETHOSENERGY PENSION PLAN FOR UNION EMPLOYEES
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

Name of Plan Sponsor: EthosEnergy GTS Holdings (US), LLC
Employee Identification Number: 76-0466008
Three-digit Plan Number: 002

(a) Party in Interest	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment including Rate of Interest, Maturity Date, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Charles Schwab	Money Market Fund	$ 43,025	$ 43,025
	U.S. Treasury	Stripped Principal Paymen	190,734	158,422
	U.S. Treasury Bond	2.875%; 5/15/43	230,966	225,475
	U.S. Treasury Note	4%; 1/31/31	102,484	101,195
	U.S. Treasury Note	4%; 2/15/34	35,385	34,932
	State of New Jersey	7.102%; 41	60,718	46,736
	Aon plc	4.45%; 05/24/43	35,466	34,185
	Aetna Inc.	6.625%; 06/15/36	56,848	43,975
	Aflac Incorporated	6.9%; 12/17/39	57,802	45,660
	Alabama Power Company	5.5%; 3/15/41	54,754	39,885
	The Allstate Corporation	4.5%; 6/15/43	45,818	34,883
	Altria Group, Inc.	9.95%; 11/10/38	53,140	41,237
	Amazon.com, Inc.	3.875%; 8/22/37	37,259	36,606
	American Express Company	4.05%; 12/03/42	41,290	34,439
	Amgen Inc.	5.65%; 6/15/42	50,204	40,661
	Anheuser-Busch InBev Worldwide Inc.	6.375%; 1/15/40	20,722	22,134
	Archer-Daniels-Midland Company	5.765%; 3/01/41	55,142	41,559
	AT&T Inc.	6.2%; 3/15/40	53,013	41,794
	AvalonBay Communities, Inc.	4.15%; 07/01/47	40,971	32,929
	Bank of America Corporation	VA 2/04/33	38,699	41,089
	Becton, Dickinson and Company	4.875%; 5/15/44	35,984	35,208
	Berkshire Hathaway Finance Corporation	4.3%; 5/15/43	44,938	35,481
	BP Capital Markets America Inc.	2.939%; 06/04/51	27,915	25,469
	Bristol-Myers Squibb Company	6.125%; 5/01/38	45,589	43,267
	Broadcom Inc.	3.5%; 2/15/41	41,483	40,753
	Burlington Northern Santa Fe, LLC	4.95%; 09/15/41	39,150	38,564
	Campbell Soup Company	3.125%; 04/24/50	21,792	19,602
	Chevron Corporation	6%; 3/01/41	33,090	32,842
	Chubb Corporation	6.5%; 5/15/38	59,043	45,403
	Citigroup Inc.	VA 0.0%; 01/25/33	38,812	41,273
	Colgate-Palmolive Company	4%; 8/15/45	39,450	33,807
	Comcast Corporation	6.5%; 11/15/35	50,931	44,385
	Commonwealth Edison Company	4.7%; 1/15/44	29,630	22,453
	Consolidated Edison Company of New York, In	3.95%; 3/01/43	34,735	32,936
	Diageo Investment Corporation	4.25%; 5/11/42	25,625	25,872
	Dover Corporation	6.6%; 3/15/38	47,450	44,858
	Duke Energy Carolinas, LLC	6.1%; 6/01/37	55,857	43,175
	Emerson Electric Co.	2.75%; 10/15/50	27,704	25,349

(Continued)

Name of Plan Sponsor: EthosEnergy GTS Holdings (US), LLC
Employee Identification Number: 76-0466008
Three-digit Plan Number: 002

(a) Party in Interest	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment including Rate of Interest, Maturity Date, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Energy Transfer LP	6.2%; 4/01/55	$ 39,912	$ 39,214
	Enterprise Products Operating LLC	5.1%; 2/15/45	41,974	37,702
	Exxon Mobil Corporation	3.567%; 3/06/45	55,329	42,957
	Fiserv, Inc.	4.4%; 7/01/49	26,979	23,588
	Florida Power & Light Company	5.95%; 2/01/38	57,783	43,520
	General Dynamics Corporation	3.6%; 11/15/42	40,892	32,392
	General Mills, Inc.	4.15%; 02/15/43	35,704	33,313
	The Goldman Sachs Group, Inc.	4.411%; 4/23/39	49,508	36,868
	International Business Machines Corporation	4%; 6/20/42	34,919	33,461
	JBS USA LUX S.A.	6.5%; 12/01/52	26,335	25,656
	JPMorgan Chase & Co.	2.963%; 1/25/33	38,841	41,178
	Kimberly-Clark Corporation	6.625%; 08/01/37	59,507	46,122
	Lockheed Martin Corporation	4.85%; 9/15/41	48,436	37,491
	Lowe's Companies, Inc.	4.05%; 5/03/47	25,752	23,784
	Markel Corporation	5%; 3/30/43	39,840	31,838
	Mastercard Incorporated	3.8%; 11/21/46	30,323	27,906
	McDonald's Corporation	5.7%; 2/01/39	43,183	41,913
	McKesson Corporation	4.883%; 3/15/44	48,653	36,387
	MetLife, Inc.	6.5%; 12/15/32	56,435	44,670
	Mondelez International, Inc.	2.625%; 9/04/50	19,943	17,858
	Ohio Power Company	6.6000%; 02/15/33	44,883	43,834
	Oracle Corporation	3.6%; 4/01/50	21,096	18,818
	Parker-Hannifin Corporation	6.25%; 05/15/38	58,111	44,450
	Pfizer Inc.	7.2%; 03/15/39	62,507	47,705
	The PNC Financial Services Group, Inc.	6.037%; 10/28/33	39,667	43,186
	Prudential Financial, Inc.	5.7%; 12/14/36	30,297	31,829
	Public Service Electric and Gas Company	3.65%; 9/01/42	34,125	32,106
	QUALCOMM Incorporated	4.3%; 5/20/47	40,704	33,619
	RTX Corporation	4.2%; 12/15/44	33,422	33,052
	Shell International Finance B.V.	4.375%; 5/11/45	70,776	34,368
	Snap-on Incorporated	4.1%; 3/01/48	35,675	32,869
	Spectra Energy Partners, LP	5.95%; 9/25/43	24,008	20,271
	T-Mobile USA, Inc.	4.375%; 4/15/40	27,316	26,963
	Tampa Electric Company	6.55%; 5/15/36	33,412	33,074
	The Hartford Financial Services Group, Inc.	5.95%; 10/15/36	32,412	32,352
	The Home Depot, Inc.	3.3%; 4/15/40	23,129	24,468
	The Kroger Co.	3.875%; 10/15/46	25,109	23,314
	The Progressive Corporation	4.35%; 4/25/44	25,153	26,072

(Continued)

ETHOSENERGY PENSION PLAN FOR UNION EMPLOYEES
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

Name of Plan Sponsor: EthosEnergy GTS Holdings (US), LLC
Employee Identification Number: 76-0466008
Three-digit Plan Number: 002

(a) Party in Interest	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment including Rate of Interest, Maturity Date, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	The Travelers Companies, Inc.	5.35%; 11/01/2040	$ 29,561	$ 30,385
	The Walt Disney Company	6.65%; 11/15/2037	47,928	45,741
	Truist Financial Corporation	10/28/2033	39,275	43,221
	Union Pacific Corporation	4.15%; 01/15/2045	44,806	32,614
	United Parcel Service, Inc.	6.2%; 1/15/2038	58,466	46,276
	Verizon Communications Inc.	4.862%; 8/21/2046	46,308	44,377
	Virginia Electric and Power Company	4.625%; 5/15/52	21,971	21,085
	Wells Fargo & Company	5.375%; 11/02/2043	21,690	21,576
	Westlake Chemical Corporation	4.375%; 11/15/2047	26,610	23,017
	Wisconsin Electric Power Company	4.25%; 6/01/2044	39,788	29,547
	Wisconsin Power and Light Company	6.375%; 08/15/2037	45,145	43,899
	U.S. Bancorp	10/21/2033	38,853	42,844
	American Funds EuroPacific GF - Class R-6	Mutual Fund	343,240	350,341
	Fidelity 500 Index Fund	Mutual Fund	1,928,977	4,003,792
*	Schwab U.S. Mid-Cap ETF	Exchange Traded Fund	193,229	279,651
	Total assets held for investment		$ 6,411,515	$ 8,110,052

* Indicates a party in interest as defined by ERISA.

See independent auditor's report.

ETHOSENERGY PENSION PLAN FOR UNION EMPLOYEES
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2025

Name of Plan Sponsor: EthosEnergy GTS Holdings (US), LLC
Employee Identification Number: 76-0466008
Three-digit Plan Number: 002

(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Cost of Assets / Book Value	(f) Current Value on Transaction Date	(g) Net Gain (Loss)
Category (i) – Single Transactions by Issue in Excess of 5% of Plan Assets						
Fidelity	Fidelity 500 Index Fund	$ -	$ 399,955	$ 194,010	$ 399,955	$ 205,945
*Charles Schwab	Schwab Government Money Fund	$ 399,955	$ -	$ 399,955	$ 399,955	$ -
Category (ii) – Series of Transactions with Broker in Excess of 5% of Plan Assets						
*Charles Schwab & Co.	Series of transactions through Charles Schwab & Co.	$ 1,759,312	$ 1,930,781	$ 3,582,515	$ 3,690,093	$ 107,578
Category (iii) – Series of Individual Transactions by Issue in Excess of 5% of Plan Assets						
Fidelity	Fidelity 500 Index Fund	$ 47,599	$ 424,910	$ 256,062	$ 472,509	$ 216,446
*Charles Schwab	Schwab Government Money Fund	$ 799,386	$ 858,086	$ 1,657,472	$ 1,657,472	$ -
Category (iv) – Single Transactions with Broker in Excess of 5% of Plan Assets						
No Transactions Qualified						

* Indicates a party in interest as defined by ERISA.

See independent auditor's report.

ETHOSENERGY PENSION PLAN FOR UNION EMPLOYEES
EIN #76-0466008 / PN 002

SCHEDULE SB, PART V - STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Economic Assumptions

PPA Funding Target – After ARP	Segment with 4-month lookback
• First Segment Rate	5.07% per annum
• Second Segment Rate	5.31% per annum
• Third Segment Rate	5.50% per annum
• Effective Rate	5.36% per annum
Salary Scale	Not applicable
Cash Balance Interest Crediting Rate	4.15%

Demographic Assumptions

Mortality Rates

Separate static mortality tables for males and females as prescribed in §1.430(h)(3)-1 for the 2025 plan year.

Retirement Age:

➢ Actives

Percentage of employees retiring during the year of age shown.

Age	Rate
55	5.00%
56	5.00%
57	8.00%
58	8.00%
59	10.00%
60	10.00%
61	15.00%
62	30.00%
63	20.00%
64	10.00%
65	100.00%

➢ Vested Terminations

Age 65 benefit commencement (immediate for Cash Balance participants)

ETHOSENERGY PENSION PLAN FOR UNION EMPLOYEES
EIN #76-0466008 / PN 002

SCHEDULE SB, PART V - STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Turnover Rates: Percentage of employees terminating during the year of age shown.

Age	Rate
20	0.00%
21	19.20%
22	19.20%
23	18.00%
24	17.20%
25	16.00%
26	15.20%
27	14.40%
28	13.20%
29	12.40%
30	11.60%
31	11.20%
32	10.40%
33	9.60%
34	8.80%
35	8.40%
40	6.00%
41	5.60%
42	5.20%
43	4.80%
44	4.80%
45	4.40%
46	4.40%
47	4.00%
48	4.00%
49	4.00%
50+	4.00%

Disability Rates: None Assumed.

Marriage Assumptions: 80% married, with husbands 3 years older than wives.

ETHOSENERGY PENSION PLAN FOR UNION EMPLOYEES
EIN #76-0466008 / PN 002

SCHEDULE SB, PART V - STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Other Assumptions

Form of Payment	100% of cash balance participants are assumed to elect a lump sum payment. 100% of all other future retirees are assumed to elect a single life annuity.
Administrative Expenses	$75,300 expected for the 2025 plan year.
Maximum Benefit (Limited under IRC Sec. 415)	$280,000 for 2025.
Change in Funding Assumptions	The Cash Balance Interest Crediting Rate was updated from 4.28% to 4.15%. The segment rates and mortality assumption have been updated as prescribed in IRS regulations.

Methods

Asset Valuation Method	The value of plan assets is equal to the fair value. For the ERISA funding valuation, discounted receivable contributions are added to the fair value of assets.
Unit Credit Actuarial Cost Method	The Unit Credit Actuarial Cost Method is used to determine the Funding Target (FT) for PPA funding purpose. The normal cost for each employee is the present value of the benefit which accrues during that current year. The total normal cost is the sum of the normal costs for all active participants plus expected administrative expenses.
Change in Methods	No changes from the prior year.

ETHOSENERGY PENSION PLAN FOR UNION EMPLOYEES
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2025

Name of Plan Sponsor: EthosEnergy GTS Holdings (US), LLC
Employee Identification Number: 76-0466008
Three-digit Plan Number: 002

(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Cost of Assets / Book Value	(f) Current Value on Transaction Date	(g) Net Gain (Loss)
Category (i) – Single Transactions by Issue in Excess of 5% of Plan Assets						
Fidelity	Fidelity 500 Index Fund	$ -	$ 399,955	$ 194,010	$ 399,955	$ 205,945
*Charles Schwab	Schwab Government Money Fund	$ 399,955	$ -	$ 399,955	$ 399,955	$ -
Category (ii) – Series of Transactions with Broker in Excess of 5% of Plan Assets						
*Charles Schwab & Co.	Series of transactions through Charles Schwab & Co.	$ 1,759,312	$ 1,930,781	$ 3,582,515	$ 3,690,093	$ 107,578
Category (iii) – Series of Individual Transactions by Issue in Excess of 5% of Plan Assets						
Fidelity	Fidelity 500 Index Fund	$ 47,599	$ 424,910	$ 256,062	$ 472,509	$ 216,446
*Charles Schwab	Schwab Government Money Fund	$ 799,386	$ 858,086	$ 1,657,472	$ 1,657,472	$ -
Category (iv) – Single Transactions with Broker in Excess of 5% of Plan Assets						
No Transactions Qualified						

* Indicates a party in interest as defined by ERISA.

See independent auditor's report.

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
ETHOSENERGY PENSION PLAN FOR UNION EMPLOYEES

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
ETHOSENERGY, GTS HOLDINGS US, LLC

D Employer Identification Number (EIN)
76-0466008

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	7,524,797
b Actuarial value	**2b**	7,524,797

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	56	3,420,739	3,420,739
b For terminated vested participants	40	1,486,406	1,486,406
c For active participants	20	1,670,050	1,670,050
d Total	116	6,577,195	6,577,195

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**	27,983
b Expected plan-related expenses	**6b**	75,300
c Target normal cost	**6c**	103,283

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

DM

Signature of actuary

10/13/2026
Date

DANIEL G. MCCARTHY, ASA, EA
Type or print name of actuary

2608718
Most recent enrollment number

DEFINITI LLC
Firm name

281-286-1100
Telephone number (including area code)

525 Keisler Drive, Suite 102

Cary NC 27518
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)		
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 11.27%	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)		278
	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%		14
	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		292
	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	114.40%
15	Adjusted funding target attainment percentage	15	114.40%
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	100.62%
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:	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**: 61

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**	103,283
b Excess assets, if applicable, but not greater than line 31a	**31b**	103,283

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount — **33**:

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

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

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

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

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
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

ETHOSENERGY PENSION PLAN FOR UNION EMPLOYEES
EIN #76-0466008 / PN 002

SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

Effective Date	May 6, 2014
Coverage	Eligible union employees who were employed by TurboCare, Inc. prior to July 7, 2008.
Eligibility	No new entrants are eligible to participate in the plan.
Eligibility Service	All employees are eligible to participate upon attainment of age 21 and completion of one year of service.
Vesting Service	A year of service is credited for any 12 consecutive months in which 1,000 hours of service is worked, including service under the prior plan, calculated from date of hire.
Benefit Service	A year of service is credited for any 12 consecutive months in which 1,800 hours of service is worked, prorated for service over 1,000 hours and partial credit for less than 1,000 hours, calculated from date of hire. Service under the prior plan is included under the plan.
Retirement Dates:	
➢ Normal	The first day of the month coincident with or next following the later of the participant's 65th birthday, and the 5th anniversary of joining the Plan.
➢ Early	A participant may elect to retire early on the first day of any month after he has attained age 55 and completed 15 years of Vesting Service.
➢ Late	The first day of the month coincident with or next following the date the participant terminates employment, if such termination occurs after his Normal Retirement Date.

SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

Monthly Accrued Benefit

The amount of monthly retirement income for each year of Benefit Service, commencing on his normal retirement date. Multiplier was originally $15 and increased in the future per the schedule below:

Date of Termination	Benefit Multiplier
Prior to 06/04/97	$15.00
06/04/97 – 06/03/98	$15.50
06/04/98 – 06/03/99	$16.00
06/04/99 – 06/03/01	$24.00
06/04/01 – 06/03/02	$28.00
06/04/02 – 06/03/05	$30.00
06/04/05 – 06/03/08	$34.00
06/04/08 – 12/31/11	$38.00
01/01/12 and later	$42.00

Early Retirement Benefit

The actuarial equivalent of the Monthly Accrued Benefit as of the date of early retirement.

Late Retirement Benefit

The greater of the Monthly Accrued Benefit and the actuarial equivalent of the Monthly Accrued Benefit as of the Normal Retirement Date.

Benefit Upon Termination

If a participant terminates employment after completing at least five years of Vesting Service; he will be entitled to his full Accrued Benefit payable at age 65. If such participant is eligible and elects to receive his Accrued Benefit prior to age 65, the monthly benefit will be actuarially reduced.

Pre-Retirement Death Benefit:

- After Early Retirement Date

Upon the death of a participant, the surviving spouse is entitled to an immediate monthly life annuity equal to one-half of the Qualified Joint and Survivor Annuity which the participant had accrued to the date of his death (or, if earlier, the date of separation from service).

SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

➢ Before Early Retirement Date	Upon the death of a participant, the qualifying spouse is entitled to a monthly life annuity equal to one-half of the Qualified Joint and Survivor Annuity, which the participant had accrued at the date of his death (or, if earlier, the date of separation from service), payable at the participant's 55th birthday.
Cash Balance	
➢ Account Balance	The account is increased monthly with Interest Credits.
➢ Interest Credits	Based on 30-year Treasury rate for the August immediately preceding the plan year
Form of Pension	The Normal Form of Pension is a Life Annuity.
Contributions	The employer pays the entire cost of the retirement
Actuarial Equivalence	Applicable Mortality Table and the 417(e) segment rates for the prior November.
Lump Sum Cash Out	Benefit paid immediately to participant as a lump sum if the Actuarial Equivalent of the age 65 monthly retirement benefit payable as a Life Annuity is less than $5,000.
Optional Forms of Payment	The optional forms of payment are as follows: - Life Annuity - 10-Year Certain and Life Annuity - 50%, 66 2/3%, 75% or 100% Joint & Contingent Annuity - Lump Sum (Cash Balance Account only)
Prior Plan	Siemens Pension Plan for Union Employees
Change in Plan Provisions	There have been no changes since the prior plan year.

ETHOSENERGY PENSION PLAN FOR UNION EMPLOYEES
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

Name of Plan Sponsor: EthosEnergy GTS Holdings (US), LLC
Employee Identification Number: 76-0466008
Three-digit Plan Number: 002

(a) Party in Interest	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment including Rate of Interest, Maturity Date, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Charles Schwab	Money Market Fund	$ 43,025	$ 43,025
	U.S. Treasury	Stripped Principal Paymen	190,734	158,422
	U.S. Treasury Bond	2.875%; 5/15/43	230,966	225,475
	U.S. Treasury Note	4%; 1/31/31	102,484	101,195
	U.S. Treasury Note	4%; 2/15/34	35,385	34,932
	State of New Jersey	7.102%; 41	60,718	46,736
	Aon plc	4.45%; 05/24/43	35,466	34,185
	Aetna Inc.	6.625%; 06/15/36	56,848	43,975
	Aflac Incorporated	6.9%; 12/17/39	57,802	45,660
	Alabama Power Company	5.5%; 3/15/41	54,754	39,885
	The Allstate Corporation	4.5%; 6/15/43	45,818	34,883
	Altria Group, Inc.	9.95%; 11/10/38	53,140	41,237
	Amazon.com, Inc.	3.875%; 8/22/37	37,259	36,606
	American Express Company	4.05%; 12/03/42	41,290	34,439
	Amgen Inc.	5.65%; 6/15/42	50,204	40,661
	Anheuser-Busch InBev Worldwide Inc.	6.375%; 1/15/40	20,722	22,134
	Archer-Daniels-Midland Company	5.765%; 3/01/41	55,142	41,559
	AT&T Inc.	6.2%; 3/15/40	53,013	41,794
	AvalonBay Communities, Inc.	4.15%; 07/01/47	40,971	32,929
	Bank of America Corporation	VA 2/04/33	38,699	41,089
	Becton, Dickinson and Company	4.875%; 5/15/44	35,984	35,208
	Berkshire Hathaway Finance Corporation	4.3%; 5/15/43	44,938	35,481
	BP Capital Markets America Inc.	2.939%; 06/04/51	27,915	25,469
	Bristol-Myers Squibb Company	6.125%; 5/01/38	45,589	43,267
	Broadcom Inc.	3.5%; 2/15/41	41,483	40,753
	Burlington Northern Santa Fe, LLC	4.95%; 09/15/41	39,150	38,564
	Campbell Soup Company	3.125%; 04/24/50	21,792	19,602
	Chevron Corporation	6%; 3/01/41	33,090	32,842
	Chubb Corporation	6.5%; 5/15/38	59,043	45,403
	Citigroup Inc.	VA 0.0%; 01/25/33	38,812	41,273
	Colgate-Palmolive Company	4%; 8/15/45	39,450	33,807
	Comcast Corporation	6.5%; 11/15/35	50,931	44,385
	Commonwealth Edison Company	4.7%; 1/15/44	29,630	22,453
	Consolidated Edison Company of New York, In	3.95%; 3/01/43	34,735	32,936
	Diageo Investment Corporation	4.25%; 5/11/42	25,625	25,872
	Dover Corporation	6.6%; 3/15/38	47,450	44,858
	Duke Energy Carolinas, LLC	6.1%; 6/01/37	55,857	43,175
	Emerson Electric Co.	2.75%; 10/15/50	27,704	25,349

(Continued)

ETHOSENERGY PENSION PLAN FOR UNION EMPLOYEES
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

Name of Plan Sponsor: EthosEnergy GTS Holdings (US), LLC
Employee Identification Number: 76-0466008
Three-digit Plan Number: 002

(a) Party in Interest	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment including Rate of Interest, Maturity Date, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Energy Transfer LP	6.2%; 4/01/55	$ 39,912	$ 39,214
	Enterprise Products Operating LLC	5.1%; 2/15/45	41,974	37,702
	Exxon Mobil Corporation	3.567%; 3/06/45	55,329	42,957
	Fiserv, Inc.	4.4%; 7/01/49	26,979	23,588
	Florida Power & Light Company	5.95%; 2/01/38	57,783	43,520
	General Dynamics Corporation	3.6%; 11/15/42	40,892	32,392
	General Mills, Inc.	4.15%; 02/15/43	35,704	33,313
	The Goldman Sachs Group, Inc.	4.411%; 4/23/39	49,508	36,868
	International Business Machines Corporation	4%; 6/20/42	34,919	33,461
	JBS USA LUX S.A.	6.5%; 12/01/52	26,335	25,656
	JPMorgan Chase & Co.	2.963%; 1/25/33	38,841	41,178
	Kimberly-Clark Corporation	6.625%; 08/01/37	59,507	46,122
	Lockheed Martin Corporation	4.85%; 9/15/41	48,436	37,491
	Lowe's Companies, Inc.	4.05%; 5/03/47	25,752	23,784
	Markel Corporation	5%; 3/30/43	39,840	31,838
	Mastercard Incorporated	3.8%; 11/21/46	30,323	27,906
	McDonald's Corporation	5.7%; 2/01/39	43,183	41,913
	McKesson Corporation	4.883%; 3/15/44	48,653	36,387
	MetLife, Inc.	6.5%; 12/15/32	56,435	44,670
	Mondelez International, Inc.	2.625%; 9/04/50	19,943	17,858
	Ohio Power Company	6.6000%; 02/15/33	44,883	43,834
	Oracle Corporation	3.6%; 4/01/50	21,096	18,818
	Parker-Hannifin Corporation	6.25%; 05/15/38	58,111	44,450
	Pfizer Inc.	7.2%; 03/15/39	62,507	47,705
	The PNC Financial Services Group, Inc.	6.037%; 10/28/33	39,667	43,186
	Prudential Financial, Inc.	5.7%; 12/14/36	30,297	31,829
	Public Service Electric and Gas Company	3.65%; 9/01/42	34,125	32,106
	QUALCOMM Incorporated	4.3%; 5/20/47	40,704	33,619
	RTX Corporation	4.2%; 12/15/44	33,422	33,052
	Shell International Finance B.V.	4.375%; 5/11/45	70,776	34,368
	Snap-on Incorporated	4.1%; 3/01/48	35,675	32,869
	Spectra Energy Partners, LP	5.95%; 9/25/43	24,008	20,271
	T-Mobile USA, Inc.	4.375%; 4/15/40	27,316	26,963
	Tampa Electric Company	6.55%; 5/15/36	33,412	33,074
	The Hartford Financial Services Group, Inc.	5.95%; 10/15/36	32,412	32,352
	The Home Depot, Inc.	3.3%; 4/15/40	23,129	24,468
	The Kroger Co.	3.875%; 10/15/46	25,109	23,314
	The Progressive Corporation	4.35%; 4/25/44	25,153	26,072

(Continued)

ETHOSENERGY PENSION PLAN FOR UNION EMPLOYEES
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

Name of Plan Sponsor: EthosEnergy GTS Holdings (US), LLC
Employee Identification Number: 76-0466008
Three-digit Plan Number: 002

(a) Party in Interest	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment including Rate of Interest, Maturity Date, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	The Travelers Companies, Inc.	5.35%; 11/01/2040	$ 29,561	$ 30,385
	The Walt Disney Company	6.65%; 11/15/2037	47,928	45,741
	Truist Financial Corporation	10/28/2033	39,275	43,221
	Union Pacific Corporation	4.15%; 01/15/2045	44,806	32,614
	United Parcel Service, Inc.	6.2%; 1/15/2038	58,466	46,276
	Verizon Communications Inc.	4.862%; 8/21/2046	46,308	44,377
	Virginia Electric and Power Company	4.625%; 5/15/52	21,971	21,085
	Wells Fargo & Company	5.375%; 11/02/2043	21,690	21,576
	Westlake Chemical Corporation	4.375%; 11/15/2047	26,610	23,017
	Wisconsin Electric Power Company	4.25%; 6/01/2044	39,788	29,547
	Wisconsin Power and Light Company	6.375%; 08/15/2037	45,145	43,899
	U.S. Bancorp	10/21/2033	38,853	42,844
	American Funds EuroPacific GF - Class R-6	Mutual Fund	343,240	350,341
	Fidelity 500 Index Fund	Mutual Fund	1,928,977	4,003,792
*	Schwab U.S. Mid-Cap ETF	Exchange Traded Fund	193,229	279,651
	Total assets held for investment		$ 6,411,515	$ 8,110,052

* Indicates a party in interest as defined by ERISA.

See independent auditor's report.

ETHOSENERGY PENSION PLAN FOR UNION EMPLOYEES
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2025

Name of Plan Sponsor: EthosEnergy GTS Holdings (US), LLC
Employee Identification Number: 76-0466008
Three-digit Plan Number: 002

(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Cost of Assets / Book Value	(f) Current Value on Transaction Date	(g) Net Gain (Loss)
Category (i) – Single Transactions by Issue in Excess of 5% of Plan Assets						
Fidelity	Fidelity 500 Index Fund	$ -	$ 399,955	$ 194,010	$ 399,955	$ 205,945
*Charles Schwab	Schwab Government Money Fund	$ 399,955	$ -	$ 399,955	$ 399,955	$ -
Category (ii) – Series of Transactions with Broker in Excess of 5% of Plan Assets						
*Charles Schwab & Co.	Series of transactions through Charles Schwab & Co.	$ 1,759,312	$ 1,930,781	$ 3,582,515	$ 3,690,093	$ 107,578
Category (iii) – Series of Individual Transactions by Issue in Excess of 5% of Plan Assets						
Fidelity	Fidelity 500 Index Fund	$ 47,599	$ 424,910	$ 256,062	$ 472,509	$ 216,446
*Charles Schwab	Schwab Government Money Fund	$ 799,386	$ 858,086	$ 1,657,472	$ 1,657,472	$ -
Category (iv) – Single Transactions with Broker in Excess of 5% of Plan Assets						
No Transactions Qualified						

* Indicates a party in interest as defined by ERISA.

See independent auditor's report.

ETHOSENERGY PENSION PLAN FOR UNION EMPLOYEES
EIN #76-0466008 / PN 002

SCHEDULE SB, LINE 32 – SCHEDULE OF AMORTIZATION BASES

	Shortfall Base Exemption Percentage	Shortfall Amortization Base [1,2]	Remaining Amortization Period	Shortfall Amortization Factor	Shortfall Amortization Installment
2025 Plan Year	114.4%	$0	15.0000	10.7249	$0
2024 Plan Year	100.6%	$0	14.0000	10.2403	$0
2023 Plan Year	90.0%	$0	13.0000	9.7299	$0
2022 Plan Year	123.1%	$0	12.0000	9.1924	$0
2021 Plan Year	118.7%	$0	11.0000	8.6264	$0
2020 Plan Year	103.3%	$0	10.0000	8.0303	$0
2019 Plan Year	90.3%	$0	9.0000	7.4026	$0
2018 Plan Year	107.6%	$0	8.0000	6.7415	$0
2017 Plan Year	100.7%	$0	7.0000	6.0453	$0
2016 Plan Year	102.8%	$0	6.0000	5.3122	$0
2015 Plan Year	125.5%	$0	5.0000	4.5401	$0
2014 Plan Year	N/A	$0	4.0000	3.7196	$0
2013 Plan Year	N/A	$0	3.0000	2.8575	$0
2012 Plan Year	N/A	$0	2.0000	1.9517	$0
2011 Plan Year	N/A	$0	1.0000	1.0000	$0
Funding Shortfall		$0			
Shortfall Amortization Charge					$0

Notes:

1. If the Shortfall Base Exemption Percentage is at least 100% then no amortization base is required to be established for the current plan year.
2. When there is no Funding Shortfall, all prior Shortfall Amortization Bases are eliminated.

ETHOSENERGY PENSION PLAN FOR UNION EMPLOYEES
EIN #76-0466008 / PN 002

SCHEDULE SB, LINE 24 – CHANGE IN ACTUARIAL ASSUMPTIONS

The cash balance interest crediting rate was updated from 4.28% to 4.15% to reflect the August 2024 30-year Treasury rate.