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
HOMESERVE USA 401(K) PLAN FOR UNION EMPLOYEES

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 10/01/2010

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)
HOMESERVE USA CORP.

45 GLOVER AVE. 6TH FLOOR
NORWALK, CT 06850

2b Employer Identification Number (EIN)
98-0381967

2c Plan Sponsor's telephone number
203-840-8117

2d Business code (see instructions)
811490

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	STEPHEN HADDEN
	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**	410
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)**	341
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	336
b	Retired or separated participants receiving benefits	**6b**	11
c	Other retired or separated participants entitled to future benefits	**6c**	46
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	393
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	393
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)**	332
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)**	311
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	15
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:

2E 2F 2G 2J 2K 2S 2T 3D 3H 2X

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)	[X] Insurance	**(1)**	[X] 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)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
HOMESERVE USA 401(K) PLAN FOR UNION EMPLOYEES

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
HOMESERVE USA CORP.

D Employer Identification Number (EIN)
98-0381967

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

1 Coverage Information:

(a) Name of insurance carrier
EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	375604-01	13	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	205754
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	702952
c	Additions: (1) Contributions deposited during the year	7c(1)	60432		
	(2) Dividends and credits	7c(2)	32		
	(3) Interest credited during the year	7c(3)	6060		
	(4) Transferred from separate account	7c(4)	101982		
	(5) Other (specify below)	7c(5)	11947		
	▶ LOAN REPAYMENT(S), FORFEITURE(S)				
	(6)Total additions			7c(6)	180453
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	883405
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	201516		
	(2) Administration charge made by carrier	7e(2)	445		
	(3) Transferred to separate account	7e(3)	475690		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	677651
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	205754

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE 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	**B** Three-digit plan number (PN) ▶	
HOMESERVE USA 401(K) PLAN FOR UNION EMPLOYEES		002
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
HOMESERVE USA CORP.	98-0381967	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

EMPOWER ANNUITY INSURANCE COMPANY O

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	70547	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

EMPOWER ADVISORY GROUP, LLC

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MGMT	2133	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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
HOMESERVE USA 401(K) PLAN FOR UNION EMPLOYEES

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
HOMESERVE USA CORP.

D Employer Identification Number (EIN)
98-0381967

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	884564	989521
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	33069038	38600243
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	702952	205789
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
1e Buildings and other property used in plan operation	1e	0	0
1f Total assets (add all amounts in lines 1a through 1e)	1f	34656554	39795553
Liabilities			
1g Benefit claims payable	1g	0	0
1h Operating payables	1h		
1i Acquisition indebtedness	1i	0	0
1j Other liabilities	1j	0	0
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	34656554	39795553

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)	1240494	
(B) Participants	2a(1)(B)	2024431	
(C) Others (including rollovers)	2a(1)(C)	105749	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3370674
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	72680	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		72680
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1737089	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1737089
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		3578453
c Other income	2c		185531
d Total income. Add all **income** amounts in column (b) and enter total	2d		8944427
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3697231	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		3697231
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		36585
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	71612	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	0	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		71612
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3805428
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		5138999
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: BDO USA, P.C. **(2)** EIN: 13-5381590

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		623
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**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... ☐ Yes ☐ No ☐ Not determined

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

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
HOMESERVE USA 401(K) PLAN FOR UNION EMPLOYEES

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
HOMESERVE USA CORP.

D Employer Identification Number (EIN)
98-0381967

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): 84-1455663

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

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 11 / 14 / 2022 (MM/DD/YYYY) and the Opinion Letter serial number Q702518A .

HomeServe USA 401(k) Plan for Union Employees

Financial Statements and
ERISA-Required Supplemental Schedules
Years Ended December 31, 2025 and 2024

The report accompanying these financial statements was issued by BDO USA, P.C., a Virginia professional corporation, and the U.S. member of BDO International Limited, a UK company limited by guarantee.

HomeServe USA 401(k) Plan for Union Employees

Financial Statements and ERISA-Required Supplemental Schedules

Years Ended December 31, 2025 and 2024

HomeServe USA 401(k) Plan for Union Employees

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ERISA-Required Supplemental Schedules*

Schedule H (Form 5500), Line 4(a) – Schedule of Delinquent Participant Contributions for the Years Ended December 31, 2025 20

Schedule H (Form 5500), Line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2025 21

Note: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA) have been omitted because they are not applicable.

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One International Place
Boston, MA 02110

Independent Auditor's Report

Plan Administrator
HomeServe USA 401(k) Plan for Union Employees
Norwalk, Connecticut

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

We have performed audits of the financial statements of HomeServe USA 401(k) 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). 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 Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). 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 (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from qualified institutions as of December 31, 2025 and 2024, and for the years then 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 the procedures performed as described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report:

- 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 (GAAP); and
- The certified investment information in the accompanying financial statements agrees to, or is derived from, in all material respects, the information prepared and certified by qualified institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

BDO USA, P.C., a Virginia professional corporation, is the U.S. member of BDO International Limited, a UK company limited by guarantee, and forms part of the international BDO network of independent member firms.

BDO is the brand name for the BDO network and for each of the BDO Member Firms.



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 for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, 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 within one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, 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 GAAP.

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 GAAP.

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 ERISA-required Supplemental Schedule H, line 4i- Schedule of Assets (Held at End of Year) as of December 31, 2025 and the ERISA-required Supplemental Schedule H, line 4a- Schedule of Delinquent Participant Contributions 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 DOL'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 DOL'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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The certified investment information in the supplemental schedules agrees to, or are derived from, in all material respects, the information prepared and certified by qualified institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

BDO USA, P.C.

October 14, 2026

Financial Statements

HomeServe USA 401(k) Plan for Union Employees

Statements of Net Assets Available for Benefits

December 31,	**2025**	2024
Assets		
Investments (Note 3)		
Investments at fair value (Note 4)	**$ 38,600,243**	$ 33,069,038
Investments at contract value (Note 5)	**205,789**	702,952
Total Investments	**38,806,032**	33,771,990
Notes Receivable from Participants (Note 3)	**989,521**	884,564
Net Assets Available for Benefits	**$ 39,795,553**	$ 34,656,554

See accompanying notes to financial statements.

HomeServe USA 401(k) Plan for Union Employees

Statements of Changes in Net Assets Available for Benefits

Year ended December 31,	**2025**	2024
Additions		
Investment Income (Note 2)		
Net appreciation in fair value of investments	**$ 3,578,455**	$ 2,052,745
Interest and dividend income	**1,737,089**	1,529,711
Total Investment Income	**5,315,544**	3,582,456
Interest Income, Notes Receivable from Participants (Note 2)	**72,679**	56,309
Contributions		
Participant	**2,024,431**	1,821,578
Employer	**1,240,494**	1,077,683
Rollover	**105,749**	218,934
Total Contributions	**3,370,674**	3,118,195
Other Additions	**185,530**	44,104
Total Additions	**8,944,427**	6,801,064
Deductions		
Payments of Benefits	**3,697,231**	2,414,330
Administrative Expenses	**71,612**	70,083
Other Deductions	**36,585**	76,278
Total Deductions	**3,805,428**	2,560,691
Net Increase	**5,138,999**	4,240,373
Net Assets Available for Benefits, beginning of year	**34,656,554**	30,416,181
Net Assets Available for Benefits, end of year	**$ 39,795,553**	$ 34,656,554

See accompanying notes to financial statements.

1. Description of Plan

The following description of the HomeServe USA 401(k) Plan for Union Employees (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan that was originally created October 1, 2010, as part of the acquisition of the service contract business of National Grid and provides eligible union employees of HomeServe USA Corp. and participating employers (collectively, the Company) with the opportunity to save for retirement on a tax-advantaged basis. The Plan covers substantially all union employees of the Company, with eligibility to participate in the Plan based on a combination of the Plan's general eligibly provisions as well as the applicable collective bargaining agreement with the union local of which the participant is a member. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The plan administrator oversees governance of the Plan, determines the appropriateness of the Plan's investment offerings, and monitors investment performance. Empower Trust Company, LLC and Empower Annuity Insurance Company of America serve as the Plan's trustee and custodian, respectively, and Empower Retirement serves as the recordkeeper. Empower Trust Company, LLC, Empower Annuity Insurance Company of America, and Empower Retirement are collectively referred to as Empower hereinafter.

Employee Contributions

Each year, participants may contribute a percentage or fixed amount of their eligible annual compensation, as defined by the Plan, and may designate all or a portion of their elective deferral as post-tax Roth contributions. Participants who have attained the age of 50 before the end of the plan year are eligible to make catch-up contributions. The Plan includes an auto-enrollment provision for employees of Local 3, 22, and 600, whereby newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their rate set at 3% of eligible compensation on a pre-tax basis with contributions invested in a designated fund until changed by the participant.

Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans, typically referred to as rollover contributions.

Contributions are subject to certain Internal Revenue Code (IRC) limitations.

Participants may direct the allocation of contributions into various investment options offered by the Plan.

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Employer Contributions

Matching Contributions

The Company provides employer matching contributions in accordance with the union local collective bargaining agreements as follows:

Union	Matching Rate
Local 3 and 101	75% of first $50 of employee deferrals each pay period.
Local 1049	
Hired/transferred before September 1, 2015	75% of first $50 of employee deferrals each pay period.
Hired/transferred on/after September 1, 2015	100% of employee deferrals on the first 3% of eligible compensation and 2% of employee deferrals on the next 50% of eligible compensation; maximum effective rate of 4%.
Local 9432	$0.65 for each dollar an employee contributes up to 6% of eligible compensation.
Local 76	50% of employee deferrals, up to 8% of eligible compensation.
Local 777 (formerly known as 22) and 600	60% of employee deferrals, up to 5% of eligible compensation. Effective June 2025, this increases to 80% of employee deferrals, up to 5% of eligible compensation.

Nonelective Contributions

The collective bargaining agreements with union Local 3, 101, 1049, and 9432 also require the Company to make nonelective contributions to eligible employees.

Local 9432

For employees of union Local 9432 hired before March 1, 2017, the Company makes a monthly nonelective contribution equal to $0.90 for each hour of base pay.

Local 3, 101, and 1049

Eligibility to receive nonelective contributions is restricted to the following employees:

- Employees of union Local 3 hired before June 1, 2013.
- Employees of union Local 101 hired before April 1, 2013.
- Employees of union Local 1049 hired before September 1, 2015.

The amount of the nonelective contribution that the Company makes is based on a point system that takes into account the whole years of an employee's age and length of service as of January 1 of each calendar year. For employees of Local 3, the number of points is equal to the sum of the employee's age and years of service plus one point. For employees of Local 101 and 1049, the number of points is equal to the sum of the employee's age and years of service plus two points. At

the end of each month, employees are credited with a percentage of eligible compensation, as defined by the applicable collective bargaining agreement, according to the following schedule:

Points	Pay Credits Percentage (%)[1]
Under 35	2.50
35 to 44	3.00
45 to 54	4.00
55 to 64	5.00
65 to 74	6.00
75 or more	7.00

[1] For employees of union Local 3 and 101, if an employee has 30 or more years of service and 75 or more points as of the first day of the plan year, the pay credits percentage is reduced to 3.50%.

In addition to the above pay credits, the accounts of employees of union Local 101 are also credited with interest until benefits commence at retirement or termination of employment. At the end of each month, interest is calculated based on the nonelective portion of the participant's account value, multiplied by the interest rate in effect for the month. The applicable interest rate is based on the average 30-year Treasury bond rate for August of the preceding year.

Employer contributions are subject to certain IRC limitations.

Other Plan Transfer

In 2025, some participants moved from the Home Serve 401(K) plan for Non-Union employees to the Plan and account balance of $185,530 were transferred. This is reflected in the statement of changes in net assets available for benefits as other additions.

Participant Accounts

Each participant's account is credited with the participant's and the Company's contributions, as well as allocations of plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately 100% vested in their contributions and the Company's contributions, plus actual earnings thereon, except for employees of Local 76, who are 100% vested in the Company's matching contributions, plus actual earnings thereon, after 1 year of service.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their account balance. The Plan allows participants to have one loan outstanding at any given time, and the loan balance is secured by the balance in the participant's

account. Loans bear interest at a fixed rate equal to the Prime Rate published in the Wall Street Journal on the first business day of the month the loan is originated plus 1%. Loans must generally be fully repaid within five years, with principal and interest paid ratably through payroll deductions.

Payment of Benefits

On termination of service due to death, disability, or retirement, a participant may elect to receive either a lumpsum amount equal to the value of the participant's vested interest in his or her account or a number of installment payments if the participant's vested account balance exceeds $7,000 (increased from $5,000 effective January 1, 2024). For termination of service for other reasons, a participant may elect to maintain his or her current account or receive the value of the vested interest in his or her account as a lump sum distribution. The Plan provides for the direct rollover to an individual retirement account (IRA) for terminated participants with balances greater than $1,000 and not more than $7,000 (increased from $5,000 effective January 1, 2024), unless directed otherwise by the participant. In addition, the Plan allows the plan administrator to automatically distribute to terminated participants their entire vested balance which does not exceed $1,000. Participants who have attained the age of 59½ may elect to withdraw part or all of their vested account balance from the Plan without penalty. In addition, a participant may elect to withdraw all or part of the eligible portion of his or her account in the case of immediate and heavy financial need. Hardship withdrawals are subject to taxes. In general, participants must begin receiving required minimum distributions (RMDs) upon reaching a certain age, unless they are still employed. For individuals who reached age 70½ on or before December 31, 2019, that age is 70½. For individuals who reach age 70½ on or after January 1, 2020, in accordance with the Setting Every Community Up for Retirement Enhancement Act of 2019, that age is 72. For individuals who reach age 72 on or after January 1, 2023, in accordance with the SECURE 2.0 Act of 2022, that age is 73.

2. Summary of Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Use of Estimates

The preparation of financial statements in accordance with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities as of the date of the financial statements. Actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value, except for the fully benefit-responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The plan administrator determines the Plan's valuation policies utilizing information provided by Empower. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. Delinquent notes receivable are reclassified as distributions based upon the terms of the plan document.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to participant-specific transactions are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation or depreciation in fair value of investments.

Subsequent Events

The Plan has evaluated subsequent events October 14, 2026, which is the date the financial statements were available to be issued.

3. Certified Investment Information

The plan administrator has elected the method of compliance permitted by 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. Accordingly, Empower Trust Company, LLC and Empower Annuity Insurance Company of America (Empower Annuity), qualified institutions as defined by ERISA, have certified as to the completeness and accuracy of all the investments and notes receivable from participants reflected on the accompanying statements of net assets available for benefits as of December 31, 2025 and 2024, the supplemental schedule, Form 5500 - Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2025, and the related investment activity and interest on notes receivable from participants reflected on the statements of changes in net assets available for benefits for the years ended December 31, 2025 and 2024. The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

4. Fair Value Measurements

The Financial Accounting Standards Board Accounting Standards Codification (ASC) Topic 820, *Fair Value Measurement*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC Topic 820 are described 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 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets.
- Quoted prices for identical or similar assets or liabilities in inactive markets.
- Inputs other than quoted prices that are observable for the asset or liability.
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to 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.

The Plan's investments that are reported at fair value represent mutual funds, which are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded. The mutual funds held by the Plan are considered Level 1 assets within the fair value hierarchy. The preceding method described may produce a fair value calculation which may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

There have been no changes in the methodologies used at December 31, 2025, and 2024.

5. Guaranteed Investment Contracts with Empower Annuity

The Plan previously entered into fully benefit-responsive guaranteed investment contracts with Empower Annuity that are invested in the Key Guaranteed Portfolio Fund. Empower Annuity maintains the contributions in a general account. The account is credited with participant contributions and earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting interest rate is based on a formula agreed upon with the issuer and is reviewed on a quarterly basis for resetting. The guaranteed investment contracts do not permit the insurance company to terminate the agreements prior to the scheduled maturity dates.

The guaranteed investment contracts meet the fully benefit-responsive investment contract criteria and therefore are reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Empower Annuity, represents contributions made under the contracts, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan's documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spinoffs of a subsidiary) that cause a significant withdrawal from the Plan, (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or (5) premature termination of the contracts. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuer and that also would limit the ability of the Plan to transact at contract value with the participants.

6. Party-in-Interest Transactions

The Plan's guaranteed investment contract is managed by Empower Annuity, and therefore, these transactions qualify as party-in-interest transactions. Notes receivable from participants also qualify as party-in-interest transactions.

Empower provides certain administrative services to the Plan pursuant to a Master Plan Services Agreement (MSA). Empower receives revenue from certain investment fund service providers for services Empower provides to the funds. This revenue is used to offset certain amounts owed to Empower for their administrative services to the Plan. If the revenue received by Empower from such investment fund service providers exceeds the amount owed under the MSA, Empower remits the excess to the Plan's trust monthly. Such amounts may be applied to pay plan administrative expenses or allocated to the accounts of the participants. During 2025 and 2024, there were no material excess amounts. The Plan or the Company may make a payment to Empower for administrative expenses not covered by revenue sharing.

Empower Advisory Group, LLC (EAG), a wholly owned subsidiary of Empower, provides managed investment services to certain participants.

The Plan made direct payments totaling $71,612 and $70,083 to Empower and EAG in 2025 and 2024, respectively, that were not covered by revenue sharing and are included in administrative expenses.

7. Plan Termination

Although it has not expressed any intention to do so, 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 of a plan termination, all participants would be fully vested in their accounts.

8. Tax Status

The Plan has adopted a pre-approved plan document sponsored by Empower, who has received a favorable opinion letter from the Internal Revenue Service (IRS) dated November 11, 2022, stating that the form of the pre-approved plan is qualified under Section 401(a) of the IRC, and therefore, the related trusts are tax exempt. Although there have been amendments to the Plan since the date of receiving the most recent opinion letter, the plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC, and therefore, believes that the Plan is qualified and was tax exempt as of the financial statement date. Accordingly, no provision for income taxes has been made in the financial statements.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2025, and 2024, there are no uncertain tax provisions 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.

9. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near-term and that such changes could materially affect participants' account balances and the amounts reported on the statements of net assets available for benefits.

10. Prohibited Transactions

ERISA Section 2510.3-102 requires the plan sponsor to segregate employee contributions to the Plan from its general assets as soon as practicable after amounts are withheld from wages. As a result of administrative oversights, contributions and loan repayments withheld from participants' paychecks totaling $623 during the 2022 plan year were not deposited to the Plan on a timely basis in accordance with ERISA requirements. Under ERISA regulation, late remittances of plan contributions are considered prohibited transactions. The late remittances were fully corrected, including lost

earnings, during 2025. The Company has reviewed its internal processes surrounding the remittance of employee contributions and believes that the processes in place will permit the Company to make deposits of employee contributions to the Plan in accordance with the ERISA requirements in the future.

ERISA-Required Supplemental Schedules

HomeServe USA 401(k) Plan for Union Employees

Schedule H (Form 5500), Line 4a - Schedule of Delinquent Participant Contributions

EIN: 98-0381967 **Plan No.: 002**

Year ended December 31, 2025

	Participant Contributions Transferred Late to Plan	Total That Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP* and PTE 2002-51
		Contributions Not Corrected	Contributions Corrected Outside VFCP*	Contributions Pending Correction in VFCP*	
Check here if late participant loan repayments are included: ☒					
2022	$ 623	$ -	$ 623[1]	$ -	$ -

* Voluntary Fiduciary Correction Program - VFCP (DOL)

** Prohibited Transaction Exemption - PTE (DOL)

[1] Fully corrected, including lost earnings, outside of VFCP effective May 12, 2025.

HomeServe USA 401(k) Plan for Union Employees

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)

EIN: 98-0381967 **Plan Number: 002**

December 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost**	(e) Current Value
	Mutual Funds			
	Vanguard	Target Retirement 2020 Fund Investor Shares		$ 7,642,811
	Vanguard	Target Retirement 2040 Fund Investor Shares		3,617,244
	Vanguard	Target Retirement 2045 Fund Investor Shares		3,805,489
	Vanguard	Target Retirement 2030 Fund Investor Shares		4,403,734
	Vanguard	Target Retirement 2035 Fund Investor Shares		2,822,702
	Vanguard	500 Index Admiral Shares		2,903,142
	Vanguard	Target Retirement 2050 Fund Investor Shares		2,127,026
	Vanguard	Target Retirement Income Fund Investor Shares		1,749,111
	Vanguard	Target Retirement 2060 Fund Investor Shares		1,725,618
	Vanguard	Target Retirement 2025 Fund Investor Shares		1,108,902
	PGIM	Jennison Growth Fund Class Z		1,102,125
	JPMorgan	Equity Income Fund Class R6		923,795
	Fidelity	Total Bond Fund Class K6		840,800
	Vanguard	Target Retirement 2055 Fund Investor Shares		818,351
	Vanguard	Extended Market Index Fund Admiral Shares		725,849
	Vanguard	Total Bond Market Index Fund Admiral Shares		633,283
	Carillon	Eagle Mid Cap Growth Fund Class R6		166,082
	Vanguard	Explorer Fund Admiral Shares		326,350
	Harding Loevner	International Equity Fund Institutional Class		252,149
	Vanguard	Target Retirement 2065 Fund Investor Shares		267,613
	Victory	Integrity Small-Cap Value Fund Class R6		165,648
	American Funds	EuroPcific Growth Fund Class R6		172,009
	MFS	Mid Cap Value Fund Class R6		105,013
	Principal	Real Estate Securities Fund Institutional Class		74,046
	Vanguard	Total International Stock Index Fund Admiral Shares		75,449
	Driehaus	Emerging Markets Growth Fund		45,902
	Total Mutual Funds			38,600,243
	Guaranteed Investment Contract			
	Empower	Key Guaranteed Portfolio Fund		205,789
	Total Investments			38,806,032
	Notes Receivable from Participants	Interest rates between 4.25% - 9.50%, secured by participant account balances		989,521
	Total			$39,795,553

* A party-in-interest, as defined by ERISA.

** The cost of participant-directed investments is not required to be disclosed.

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

HomeServe 401(k) Plan for Union Employees Local 101

01-JAN-25 to 31-DEC-25

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1VTINX			730,984.43	748,605.84
1VTWNX			4,168,887.57	3,923,128.64
1VTTVX			1.85	2.08
1VTHRX			662,197.87	786,911.73
1VTTHX			326,331.84	403,858.24
1VFORX			398,942.51	512,458.33
1VTIVX			491,982.45	649,438.10
1VFIFX			338,761.00	488,816.38
1VFFVX			43,696.82	50,436.08
1VTTSX			132,339.66	172,830.27
1RERGX			38,856.02	42,386.47
1DREGX			7,765.84	10,497.89
1HLMIX			40,575.27	43,837.89
1PIREX			13,303.47	13,833.19
1MVSSX			62,481.10	59,290.64
1VEXRX			82,646.19	84,664.22
1HRAUX			4,955.10	4,645.74
1MVCKX			4,215.77	4,824.78
1VEXAX			297,039.51	455,837.53
1OIEJX			123,401.28	145,110.79
1PJFZX			197,160.64	245,216.89
1VFIAX			134,912.40	266,639.67
1FTKFX			153,562.82	155,672.56
1VBTLX			344,424.63	345,964.42
1KGPF		1.450	20,821.35	24,557.21
			8,820,247.39	**9,639,465.58**
PARTICIPANT LOANS	VARIOUS	4.250-9.500	245,471.28	245,833.60
FORFEITURES			84.47	85.04

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 98-0381967

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

HomeServe 401(k) Plan for Union Employees Local 101

01-JAN-25 to 31-DEC-25

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE

LEGEND

INVESTMENT OPTION:

1VTINX	Vanguard Target Retirement Income Inv
1VTTVX	Vanguard Target Retirement 2025 Inv
1VTTHX	Vanguard Target Retirement 2035 Inv
1VTIVX	Vanguard Target Retirement 2045 Inv
1VFFVX	Vanguard Target Retirement 2055 Inv
1RERGX	American Funds Eupac R6
1HLMIX	Harding Loevner International Eq Instl
1MVSSX	Victory Integrity Small-Cap Value R6
1HRAUX	Carillon Eagle Mid Cap Growth R6
1VEXAX	Vanguard Extended Market Idx Adm
1PJFZX	PGIM Jennison Growth Z
1FTKFX	Fidelity Total Bond K6
1KGPF	Key Guaranteed Portfolio Fund
1VTWNX	Vanguard Target Retirement 2020 Inv
1VTHRX	Vanguard Target Retirement 2030 Inv
1VFORX	Vanguard Target Retirement 2040 Inv
1VFIFX	Vanguard Target Retirement 2050 Inv
1VTTSX	Vanguard Target Retirement 2060 Inv
1DREGX	Driehaus Emerging Markets Growth
1PIREX	Principal Real Estate Securities Inst
1VEXRX	Vanguard Explorer Adm
1MVCKX	MFS Mid Cap Value R6
1OIEJX	JPMorgan Equity Income R6
1VFIAX	Vanguard 500 Index Admiral
1VBTLX	Vanguard Total Bond Market Index Admiral

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

HomeServe 401(K) Plan for Union Employees Local 1049

01-JAN-25 to 31-DEC-25

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1VTINX			697,128.50	751,506.14
1VTWNX			3,679,754.29	3,464,703.99
1VTTVX			230,366.27	242,236.46
1VTHRX			759,067.65	852,335.87
1VTTHX			1,374,275.20	1,619,266.70
1VFORX			852,479.26	1,123,754.38
1VTIVX			1,479,880.78	1,979,760.06
1VFIFX			784,084.60	1,017,930.47
1VFFVX			385,022.80	516,437.92
1VTTSX			878,062.56	1,246,493.55
1RERGX			38,654.49	42,697.77
1DREGX			13,837.96	19,382.77
1HLMIX			96,980.65	109,704.37
1PIREX			26,170.65	28,451.52
1MVSSX			68,537.53	63,554.93
1VEXRX			68,401.52	74,863.29
1HRAUX			28,702.06	28,234.28
1VEXAX			43,931.37	69,175.00
1OIEJX			166,456.14	203,585.35
1PJFZX			324,680.75	406,711.53
1VFIAX			353,681.26	698,728.40
1FTKFX			574,220.31	585,335.89
1VBTLX			214,198.29	218,802.46
1KGPF		1.450	123,361.53	128,323.88
			13,261,936.42	**15,491,976.98**
PARTICIPANT LOANS	VARIOUS	4.250-9.500	386,892.39	387,561.59
FORFEITURES			1,956.85	2,042.68

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SCHEDULE OF ASSETS (HELD AT END OF YEAR)

HomeServe 401(K) Plan for Union Employees Local 1049

01-JAN-25 to 31-DEC-25

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE

LEGEND

INVESTMENT OPTION:

1VTINX	Vanguard Target Retirement Income Inv	1VTWNX	Vanguard Target Retirement 2020 Inv
1VTTVX	Vanguard Target Retirement 2025 Inv	1VTHRX	Vanguard Target Retirement 2030 Inv
1VTTHX	Vanguard Target Retirement 2035 Inv	1VFORX	Vanguard Target Retirement 2040 Inv
1VTIVX	Vanguard Target Retirement 2045 Inv	1VFIFX	Vanguard Target Retirement 2050 Inv
1VFFVX	Vanguard Target Retirement 2055 Inv	1VTTSX	Vanguard Target Retirement 2060 Inv
1RERGX	American Funds Eupac R6	1DREGX	Driehaus Emerging Markets Growth
1HLMIX	Harding Loevner International Eq Instl	1PIREX	Principal Real Estate Securities Inst
1MVSSX	Victory Integrity Small-Cap Value R6	1VEXRX	Vanguard Explorer Adm
1HRAUX	Carillon Eagle Mid Cap Growth R6	1VEXAX	Vanguard Extended Market Idx Adm
1OIEJX	JPMorgan Equity Income R6	1PJFZX	PGIM Jennison Growth Z
1VFIAX	Vanguard 500 Index Admiral	1FTKFX	Fidelity Total Bond K6
1VBTLX	Vanguard Total Bond Market Index Admiral	1KGPF	Key Guaranteed Portfolio Fund

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

HomeServe 401(k) Plan for Union Employees Local 9432

01-JAN-25 to 31-DEC-25

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1VTINX			1,631.62	1,769.17
1VTWNX			48,942.72	46,497.09
1VTTVX			727,947.82	781,957.84
1VTHRX			1,492,861.40	1,718,641.88
1VTTHX			323,671.49	407,424.05
1VFORX			412,476.72	512,033.42
1VTIVX			633,133.89	875,204.05
1VFIFX			186,053.81	225,608.14
1VFFVX			77,817.48	106,541.09
1VTTSX			36,514.53	42,656.75
1RERGX			61,606.93	69,380.80
1DREGX			8,331.52	11,335.53
1HLMIX			90,456.42	98,607.15
1VTIAX			14,642.94	18,230.05
1PIREX			24,698.65	25,042.51
1MVSSX			39,244.63	37,645.31
1VEXRX			62,630.85	65,455.72
1HRAUX			109,317.64	102,932.13
1MVCKX			80,677.47	84,341.04
1VEXAX			32,472.62	48,932.00
1OIEJX			420,841.54	527,417.75
1PJFZX			205,988.73	290,480.35
1VFIAX			889,671.32	1,483,731.47
1FTKFX			82,588.97	84,057.32
1VBTLX			28,037.47	28,685.75
1KGPF		1.450	19,088.75	25,020.28
			6,111,347.93	**7,719,628.64**
PARTICIPANT LOANS	VARIOUS	4.250-9.500	161,076.34	161,279.69
FORFEITURES			2,452.49	2,480.87

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SCHEDULE OF ASSETS (HELD AT END OF YEAR)

HomeServe 401(k) Plan for Union Employees Local 9432

01-JAN-25 to 31-DEC-25

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE

LEGEND

INVESTMENT OPTION:

1VTINX	Vanguard Target Retirement Income Inv	1VTWNX	Vanguard Target Retirement 2020 Inv
1VTTVX	Vanguard Target Retirement 2025 Inv	1VTHRX	Vanguard Target Retirement 2030 Inv
1VTTHX	Vanguard Target Retirement 2035 Inv	1VFORX	Vanguard Target Retirement 2040 Inv
1VTIVX	Vanguard Target Retirement 2045 Inv	1VFIFX	Vanguard Target Retirement 2050 Inv
1VFFVX	Vanguard Target Retirement 2055 Inv	1VTTSX	Vanguard Target Retirement 2060 Inv
1RERGX	American Funds Eupac R6	1DREGX	Driehaus Emerging Markets Growth
1HLMIX	Harding Loevner International Eq Instl	1VTIAX	Vanguard Total Intl Stock Index Admiral
1PIREX	Principal Real Estate Securities Inst	1MVSSX	Victory Integrity Small-Cap Value R6
1VEXRX	Vanguard Explorer Adm	1HRAUX	Carillon Eagle Mid Cap Growth R6
1MVCKX	MFS Mid Cap Value R6	1VEXAX	Vanguard Extended Market Idx Adm
1OIEJX	JPMorgan Equity Income R6	1PJFZX	PGIM Jennison Growth Z
1VFIAX	Vanguard 500 Index Admiral	1FTKFX	Fidelity Total Bond K6
1VBTLX	Vanguard Total Bond Market Index Admiral	1KGPF	Key Guaranteed Portfolio Fund

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

HomeServe USA 401(k) Plan for Union Employees-Local 76

01-JAN-25 to 31-DEC-25

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1VTTVX			13,800.21	14,501.52
1VTHRX			323,786.41	370,030.13
1VTTHX			117,155.43	139,791.98
1VFORX			386,790.06	464,539.28
1VTIVX			71,765.36	88,860.28
1VFIFX			152,737.41	194,771.43
1VFFVX			87.08	138.06
1VTTSX			102,811.16	142,055.17
1VLXVX			18,893.24	21,579.78
1VEXRX			45,762.67	49,422.31
1VFIAX			85,422.56	137,351.52
			1,319,011.59	**1,623,041.46**
PARTICIPANT LOANS	VARIOUS	8.000-9.500	101,871.19	106,526.01
FORFEITURES			88.26	91.81

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LEGEND

INVESTMENT OPTION:

1VTTVX	Vanguard Target Retirement 2025 Inv	1VTHRX	Vanguard Target Retirement 2030 Inv
1VTTHX	Vanguard Target Retirement 2035 Inv	1VFORX	Vanguard Target Retirement 2040 Inv
1VTIVX	Vanguard Target Retirement 2045 Inv	1VFIFX	Vanguard Target Retirement 2050 Inv
1VFFVX	Vanguard Target Retirement 2055 Inv	1VTTSX	Vanguard Target Retirement 2060 Inv
1VLXVX	Vanguard Target Retirement 2065 Inv	1VEXRX	Vanguard Explorer Adm
1VFIAX	Vanguard 500 Index Admiral		

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

HomeServe USA 401(k) plan for Union Employees Local 777 OF THE I.B.E.W.

01-JAN-25 to 31-DEC-25

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1VTTVX			28,132.40	29,289.87
1VTHRX			230,666.64	262,177.98
1VTTHX			64,707.11	73,071.64
1VFORX			81,749.12	97,326.40
1VTIVX			43,253.71	53,412.13
1VFIFX			27,180.69	34,533.51
1VFFVX			46,121.03	60,708.58
1VTTSX			47,649.32	61,203.11
1VLXVX			123,428.38	144,712.91
1RERGX			14,288.12	14,749.66
1DREGX			3,670.07	3,981.66
1VTIAX			36,217.95	43,957.02
1PIREX			5,337.99	5,387.43
1MVSSX			4,410.63	4,465.16
1VEXRX			7,359.72	7,669.35
1HRAUX			5,615.16	5,124.94
1MVCKX			6,696.38	6,692.17
1VEXAX			26,156.87	32,237.32
1OIEJX			15,122.07	15,168.76
1PJFZX			7,041.49	7,088.15
1VFIAX			85,805.67	115,448.46
1FTKFX			9,568.84	9,566.62
1VBTLX			21,772.43	21,959.16
1KGPGW		1.450	16,269.36	17,039.60
			958,221.15	**1,126,971.59**
PARTICIPANT LOANS	VARIOUS	8.000-9.500	30,134.17	30,224.11
FORFEITURES			17.14	17.18

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SCHEDULE OF ASSETS (HELD AT END OF YEAR)

HomeServe USA 401(k) plan for Union Employees Local 777 OF THE I.B.E.W.

01-JAN-25 to 31-DEC-25

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE

LEGEND

INVESTMENT OPTION:

1VTTVX	Vanguard Target Retirement 2025 Inv	1VTHRX	Vanguard Target Retirement 2030 Inv
1VTTHX	Vanguard Target Retirement 2035 Inv	1VFORX	Vanguard Target Retirement 2040 Inv
1VTIVX	Vanguard Target Retirement 2045 Inv	1VFIFX	Vanguard Target Retirement 2050 Inv
1VFFVX	Vanguard Target Retirement 2055 Inv	1VTTSX	Vanguard Target Retirement 2060 Inv
1VLXVX	Vanguard Target Retirement 2065 Inv	1RERGX	American Funds Eupac R6
1DREGX	Driehaus Emerging Markets Growth	1VTIAX	Vanguard Total Intl Stock Index Admiral
1PIREX	Principal Real Estate Securities Inst	1MVSSX	Victory Integrity Small-Cap Value R6
1VEXRX	Vanguard Explorer Adm	1HRAUX	Carillon Eagle Mid Cap Growth R6
1MVCKX	MFS Mid Cap Value R6	1VEXAX	Vanguard Extended Market Idx Adm
1OIEJX	JPMorgan Equity Income R6	1PJFZX	PGIM Jennison Growth Z
1VFIAX	Vanguard 500 Index Admiral	1FTKFX	Fidelity Total Bond K6
1VBTLX	Vanguard Total Bond Market Index Admiral	1KGPGW	Key Guaranteed Portfolio Fund

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

HomeServe USA 401(k) Plan for Union Employees Local 600

01-JAN-25 to 31-DEC-25

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1VTTVX			39,763.41	40,913.75
1VTHRX			28,580.73	33,201.99
1VTTHX			111,372.74	129,108.68
1VFORX			53,986.35	64,268.83
1VTIVX			33,964.94	40,870.61
1VFFVX			53,494.55	62,545.83
1VTTSX			5,169.78	5,807.18
1VLXVX			83,013.59	101,319.95
1RERGX			2,647.57	2,793.89
1DREGX			682.71	703.69
1VTIAX			10,505.56	13,261.74
1PIREX			1,330.02	1,331.78
1MVSSX			709.95	691.50
1VEXRX			10,326.62	10,937.99
1HRAUX			9,628.97	8,854.54
1MVCKX			9,380.53	9,154.66
1VEXAX			1,633.02	1,996.85
1OIEJX			1,359.67	1,389.81
1PJFZX			20,216.49	22,540.27
1VFIAX			31,216.17	42,184.15
1FTKFX			5,991.25	6,060.27
1VBTLX			17,958.33	17,870.90
1KGPGW		1.450	5,871.07	6,057.17
			538,804.02	**623,866.03**
PARTICIPANT LOANS	VARIOUS	4.250-8.000	12,132.87	12,805.22
FORFEITURES			24.52	24.57

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SCHEDULE OF ASSETS (HELD AT END OF YEAR)

HomeServe USA 401(k) Plan for Union Employees Local 600

01-JAN-25 to 31-DEC-25

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE

LEGEND

INVESTMENT OPTION:

1VTTVX	Vanguard Target Retirement 2025 Inv
1VTTHX	Vanguard Target Retirement 2035 Inv
1VTIVX	Vanguard Target Retirement 2045 Inv
1VTTSX	Vanguard Target Retirement 2060 Inv
1RERGX	American Funds Eupac R6
1VTIAX	Vanguard Total Intl Stock Index Admiral
1MVSSX	Victory Integrity Small-Cap Value R6
1HRAUX	Carillon Eagle Mid Cap Growth R6
1VEXAX	Vanguard Extended Market Idx Adm
1PJFZX	PGIM Jennison Growth Z
1FTKFX	Fidelity Total Bond K6
1KGPGW	Key Guaranteed Portfolio Fund
1VTHRX	Vanguard Target Retirement 2030 Inv
1VFORX	Vanguard Target Retirement 2040 Inv
1VFFVX	Vanguard Target Retirement 2055 Inv
1VLXVX	Vanguard Target Retirement 2065 Inv
1DREGX	Driehaus Emerging Markets Growth
1PIREX	Principal Real Estate Securities Inst
1VEXRX	Vanguard Explorer Adm
1MVCKX	MFS Mid Cap Value R6
1OIEJX	JPMorgan Equity Income R6
1VFIAX	Vanguard 500 Index Admiral
1VBTLX	Vanguard Total Bond Market Index Admiral

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

HomeServe USA 401(k) Plan For Union Employees Local 3

01-JAN-25 to 31-DEC-25

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1VTINX			240,957.85	247,230.11
1VTWNX			210,312.01	208,481.02
1VTHRX			325,629.76	380,434.69
1VTTHX			43,421.85	50,181.08
1VFORX			640,994.13	842,863.00
1VTIVX			93,500.02	117,943.34
1VFIFX			129,934.70	165,365.83
1VFFVX			17,300.87	21,543.80
1VTTSX			44,923.46	54,571.73
1VEXRX			29,712.59	33,336.81
1HRAUX			17,372.14	16,290.65
1VEXAX			69,425.55	117,670.00
1OIEJX			27,571.15	31,122.32
1PJFZX			97,628.07	130,087.94
1VFIAX			79,535.41	159,058.41
1FTKFX			106.06	106.93
			2,068,325.62	**2,576,287.66**
PARTICIPANT LOANS	VARIOUS	4.250-9.500	89,499.02	89,668.29
FORFEITURES			13.97	14.00

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LEGEND

INVESTMENT OPTION:

1VTINX	Vanguard Target Retirement Income Inv	1VTWNX	Vanguard Target Retirement 2020 Inv
1VTHRX	Vanguard Target Retirement 2030 Inv	1VTTHX	Vanguard Target Retirement 2035 Inv
1VFORX	Vanguard Target Retirement 2040 Inv	1VTIVX	Vanguard Target Retirement 2045 Inv
1VFIFX	Vanguard Target Retirement 2050 Inv	1VFFVX	Vanguard Target Retirement 2055 Inv
1VTTSX	Vanguard Target Retirement 2060 Inv	1VEXRX	Vanguard Explorer Adm
1HRAUX	Carillon Eagle Mid Cap Growth R6	1VEXAX	Vanguard Extended Market Idx Adm
1OIEJX	JPMorgan Equity Income R6	1PJFZX	PGIM Jennison Growth Z
1VFIAX	Vanguard 500 Index Admiral	1FTKFX	Fidelity Total Bond K6

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year