# 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.)
- ☒ 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:
- ☐ 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
ASSOCIATION FOR ENERGY AFFORDABILITY, 401(K)

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

**1c** Effective date of plan 01/01/1994

**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)
ASSOCIATION FOR ENERGY AFFORDABILITY, INC.

105 BRUCKNER BOULEVARD
BRONX, NY 10454

**2b** Employer Identification Number (EIN)
13-3374285

**2c** Plan Sponsor's telephone number
718-292-6733

**2d** Business code (see instructions)
541600

**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. | 10/20/2026 | PETER HOYLE |
| | **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** | 183 |
| **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)** | 125 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 127 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 53 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 180 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 180 |
| **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)** | 152 |
| **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)** | 154 |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. | **6h** | 0 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

2A 2E 3D 2G 2J 2K 2F 2T

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

| **9a** Plan funding arrangement (check all that apply) | | **9b** Plan benefit arrangement (check all that apply) | |
|---|---|---|---|
| **(1)** [ ] | Insurance | **(1)** [ ] | Insurance |
| **(2)** [ ] | Code section 412(e)(3) insurance contracts | **(2)** [ ] | Code section 412(e)(3) insurance contracts |
| **(3)** [X] | Trust | **(3)** [X] | Trust |
| **(4)** [ ] | General assets of the sponsor | **(4)** [ ] | General assets of the sponsor |

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

**a Pension Schedules**

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

**b General Schedules**

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached _____
- **(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 C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2025**<br>**This Form is Open to Public Inspection.** |

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

**A** Name of plan
ASSOCIATION FOR ENERGY AFFORDABILITY, 401(K)

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
ASSOCIATION FOR ENERGY AFFORDABILITY, INC.

**D** Employer Identification Number (EIN)
13-3374285

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

THE VANGUARD GROUP, INC.

23-1945930

**(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)

THE VANGUARD GROUP, INC.

23-1945930

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 64 37 99<br>15 60 52<br>68 50 | NONE | 7515 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

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

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

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

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

## Part I Service Provider Information (continued)

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

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

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

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

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

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

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

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

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

**A** Name of plan
ASSOCIATION FOR ENERGY AFFORDABILITY, 401(K)

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
ASSOCIATION FOR ENERGY AFFORDABILITY, INC.

**D** Employer Identification Number (EIN)
13-3374285

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 4590 | 247 |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 252310 | 307342 |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | 404974 | 388967 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 12147463 | 13982553 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | | |
| **(2)** Employer real property | 1d(2) | | |
| **1e** Buildings and other property used in plan operation | 1e | | |
| **1f** Total assets (add all amounts in lines 1a through 1e) | 1f | 12809337 | 14679109 |
| **Liabilities** | | | |
| **1g** Benefit claims payable | 1g | | |
| **1h** Operating payables | 1h | | |
| **1i** Acquisition indebtedness | 1i | | |
| **1j** Other liabilities | 1j | | |
| **1k** Total liabilities (add all amounts in lines 1g through1j) | 1k | | |
| **Net Assets** | | | |
| **1l** Net assets (subtract line 1k from line 1f) | 1l | 12809337 | 14679109 |

## 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) | 320848 | |
| **(B)** Participants | 2a(1)(B) | 793367 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 103068 | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 1217283 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 11763 | |
| **(B)** U.S. Government securities | 2b(1)(B) | | |
| **(C)** Corporate debt instruments | 2b(1)(C) | | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | 0 | |
| **(E)** Participant loans | 2b(1)(E) | 30943 | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 42706 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| **(B)** Common stock | 2b(2)(B) | | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 259752 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 259752 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 1910040 |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 3429781 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 1552494 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 1552494 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | 7515 | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | | |
| (7) Actuarial fees | 2i(7) | | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | | |
| (12) Total administrative expenses. Add lines **2i(1)** through **(11)** | 2i(12) | | 7515 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 1560009 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 1869772 |
| 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: CBIZ CPAS P.C. **(2)** EIN: 43-1947695

**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 | | 150789 |
| **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 | | 3000000 |
| **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
ASSOCIATION FOR ENERGY AFFORDABILITY, 401(K)

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
ASSOCIATION FOR ENERGY AFFORDABILITY, INC.

**D** Employer Identification Number (EIN)
13-3374285

## 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): 45-0404698

**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 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703678A .

# ASSOCIATION FOR ENERGY AFFORDABILITY, INC.
# 401(K) PLAN

## FINANCIAL STATEMENTS AND
## SUPPLEMENTAL SCHEDULES
## INCLUDING INDEPENDENT AUDITOR'S REPORT

For the Years Ended December 31, 2025 and 2024

**ASSOCIATION FOR ENERGY AFFORDABILITY, INC. 401(k) PLAN**

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CBIZ CPAs P.C.

730 Third Avenue
11th Floor
New York, NY 10017

P: 212.485.5500

# Independent Auditor's Report

The Board of Directors and Participants of
**Association for Energy Affordability, Inc. 401(k) Plan**

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

We have performed the audits of the financial statements of the Association for Energy Affordability, Inc. 401(k) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the 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. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

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 on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

***Basis for Opinion***

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

***Responsibilities of Management for the Financial Statements***

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

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

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

***Auditor's Responsibilities for the Audit of the Financial Statements***

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

In performing an audit in accordance with GAAS, we:

- exercise professional judgment and maintain professional skepticism throughout the audit.
- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

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

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

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

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

***Other Matter – Supplemental Schedules Required by ERISA***

The supplemental Schedule of Delinquent Participant Contributions for the year ended December 31, 2025 and Schedule of Assets (Held at End of Year) as of 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 which agrees with or is derived from the certified investment information, has been subjected to auditing procedures applied in the audit 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 agrees with 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 information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

CBIZ CPAs P.C.

New York, New York
October 15, 2026

**ASSOCIATION FOR ENERGY AFFORDABILITY, INC. 401(k) PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

December 31, 2025 and 2024

| | 2025 | 2024 |
|---|---|---|
| **Assets** | | |
| Investments, at fair value (Notes 2, 3 and 8) | $ 14,289,895 | $ 12,399,773 |
| **Receivables** | | |
| Employer contributions | -- | 4,590 |
| Notes receivable from participants (Notes 1, 2 and 3) | 387,141 | 403,801 |
| **Total Receivables** | 387,141 | 408,391 |
| **Net Assets Available For Benefits** | $ 14,677,036 | $ 12,808,164 |

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

**ASSOCIATION FOR ENERGY AFFORDABILITY, INC. 401(k) PLAN**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

For the Year Ended December 31, 2025

| | 2025 |
|---|---|
| **Additions** | |
| **Investment Income** (Notes 2 and 3) | |
| Net appreciation in fair value of investments | $ 1,910,052 |
| Interest | 11,763 |
| Dividends | 259,751 |
| **Total Investment Income** | 2,181,566 |
| **Interest on Notes Receivable From Participants** (Notes 1, 2 and 3) | 30,278 |
| **Contributions** (Note 1) | |
| Participants | 798,168 |
| Employer | 341,524 |
| Rollovers | 103,068 |
| **Total Contributions** | 1,242,760 |
| **Total Additions** | 3,454,604 |
| **Deductions** | |
| Benefits paid to participants (Notes 1 and 2) | 1,581,237 |
| Administrative expenses (Notes 2 and 4) | 4,495 |
| **Total Deductions** | 1,585,732 |
| **Net Increase** | 1,868,872 |
| **Net Assets Available for Benefits** | |
| **Beginning of Year** | 12,808,164 |
| **End of Year** | $ 14,677,036 |

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

## NOTE 1 – DESCRIPTION OF PLAN

The following description of Association for Energy Affordability, Inc. 401(k) Plan (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 401(k) plan covering essentially all employees of Association for Energy Affordability, Inc. (the "Employer" or "Sponsor"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") and subsequent amendments.

### *ELIGIBILITY*

All full-time employees, except for leased employees and employees of the affiliated employer, who are at least 21 years old are eligible to participate in the Plan upon completing at least two months of service.

### *PARTICIPANT CONTRIBUTIONS*

Each year, participants are permitted to defer up to 100% of compensation subject to Internal Revenue Code ("IRC") limits. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Employees may elect to make after-tax contributions to the Plan up to 10% of their annual compensation. A participant's Roth 401(k) and tax-deferred contributions are combined to apply the limits set forth by the IRC. The Plan does not include an auto-enrollment provision. Participants may also roll over amounts representing distributions from other qualified defined-benefit or defined-contribution plans.

### *EMPLOYER CONTRIBUTIONS*

Safe harbor employer matching contributions are made per pay period for eligible participants in an amount equal to 100% of the participant's matched employee contributions that are not in excess of 3% of the participant's compensation, and 50% of the amount of the participant's matched employee contributions that exceed 3% of the participant's compensation, but do not exceed 5% of the participant's compensation. In addition, the Plan provides for discretionary and profit-sharing contributions in accordance with the Plan document. Employer contributions are recorded in the year earned. An employer contribution receivable is recorded for amounts not remitted by the end of the Plan year. The Employer remits the employer contribution receivable before the end of the following year. All employer contributions are expected to be collected and no allowance is deemed necessary.

### *PARTICIPANT ACCOUNTS*

Each participant's account is credited with (a) the participant's voluntary contributions, (b) allocations Employer contribution if applicable, and (c) allocations of Plan earnings. Deductions to participant accounts are made for (a) benefit payments (b) administrative fees and (c) allocation of Plan losses. Allocations are based on participant earnings, account balances, or specific participant transactions, as provided by the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

## NOTE 1 – DESCRIPTION OF PLAN (CONTINUED)

### *VESTING*

Plan participants are immediately vested in their voluntary contributions plus allocation of earnings (net of investment fees) thereon. Employer discretionary contributions vest at 20% per year after two years of service and become fully vested after six years of service.

### *NOTES RECEIVABLE FROM PARTICIPANTS*

Participants may borrow a minimum of $100 against their vested account balances at any time. The loan cannot exceed $50,000 or 50% of their account balance reduced by the excess of the highest balance of loans from the Plan to the participant during the one-year period ending on the day before the date on which such loan is made, over the outstanding balance of loans from the Plan or 50% of the present value of the participant's balance on his/her accounts under the Plan. Loans shall bear interest at a fixed rate, established at the loan's inception, at 1% above the prime interest rate; and shall be adequately secured and provide for repayment over a reasonable period of time.

### *CONTRIBUTIONS*

Contributions from Plan participants and the matching contribution from the Employer are recorded in the year in which compensation is earned.

### *PAYMENT OF BENEFITS*

Upon termination of service, a participant will receive a lump-sum amount equal to the value of the participant's vested balance in his or her account. Participants may receive hardship distributions or borrow against their account if certain Plan provisions are met. For the year ended December 31, 2025, benefits paid to participants amounted to $1,581,237.

### *FORFEITURE ACCOUNTS*

There was no forfeiture balance as of December 31, 2025. As of December 31, 2024, forfeitures amounted to $1,118. Forfeited non-vested accounts may be used to either reduce future Employer contributions or Plan expenses.

### *REGULATORY COMPLIANCE AFFECTING RETIREMENT PLANS*

The Setting Every Community Up for Retirement Enhancement Act of 2019 ("SECURE 1.0") was enacted on December 20, 2019. Among other provisions, SECURE 1.0 increased the age at which certain participants are generally required to begin receiving required minimum distributions ("RMDs") from age 70½ to age 72 and expanded eligibility requirements for certain long-term, part-time employees.

The SECURE 2.0 Act of 2022 ("SECURE 2.0") was enacted in December 2022 and modified certain provisions of SECURE 1.0 while introducing additional provisions affecting qualified retirement plans. SECURE 2.0 increased the applicable RMD age from age 72 to age 73 for individuals who attain age 72 after December 31, 2022, and before January 1, 2033. The applicable RMD age increases to age 75 for individuals who attain age 74 after December 31, 2032.

## NOTE 1 – DESCRIPTION OF PLAN (CONTINUED)

### *REGULATORY COMPLIANCE AFFECTING RETIREMENT PLANS (CONTINUED)*

Effective for plan years beginning after December 31, 2024, SECURE 2.0 generally requires a 401(k) plan to permit an eligible long-term, part-time employee to make elective deferrals if the employee completes at least 500 hours of service during each of two consecutive 12-month periods and satisfies the applicable age requirement. SECURE 2.0 also increased the catch-up contribution limit for participants who attain ages 60 through 63 during the taxable year, effective for taxable years beginning after December 31, 2024.

SECURE 2.0 generally requires certain 401(k) plans established after December 29, 2022, to automatically enroll eligible employees for plan years beginning after December 31, 2024, subject to specified exceptions. Because the Plan was established before December 29, 2022, the automatic-enrollment requirement does not apply to the Plan. The Plan does not otherwise provide for automatic enrollment.

The Plan Sponsor continues to evaluate and implement the provisions of SECURE 1.0 and SECURE 2.0 applicable to the Plan, including the adoption of required amendments within the applicable remedial amendment period.

## NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

### *BASIS OF ACCOUNTING*

The financial statements of the Plan are prepared on the accrual basis of accounting. The Plan adheres to accounting principles generally accepted in the United States of America ("U.S. GAAP").

### *USE OF ESTIMATES*

The preparation of financial statements in conformity 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. Actual results could differ from those estimates.

### *INVESTMENT VALUATION AND INCOME RECOGNITION*

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 8 for a 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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

## NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

***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. No allowance for credit losses has been recorded as of December 31, 2025 and 2024. If a participant ceases to make loan repayments and the Sponsor deems the participant loan to be in default, the participant loan balance is reduced when a benefit payment is recorded. Deemed distributions included in benefit payments to participants amounted to $40,728 for the year ended December 31, 2025.

***PAYMENT OF BENEFITS***

Benefits are recorded when paid.

***EXPENSES***

Certain expenses of maintaining the Plan are paid directly by the Sponsor and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net appreciation in fair value of investments.

## NOTE 3 – INVESTMENTS – INFORMATION PREPARED AND CERTIFIED BY THE CUSTODIAN AS COMPLETE AND ACCURATE

As noted in the independent auditor's report, the Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the DOL's *Rules and Regulations for Reporting and* Disclosure *under ERISA*. Accordingly, as permitted under such election, the following information, and the information contained in the supplemental schedule of assets (held at end of year), was certified as complete and accurate by Ascensus, LLC as agent for Ascensus Trust Company, the Plan's custodian, and was not subjected to any auditing procedures performed by the independent auditors except for comparing such information to information included in the Plan's financial statements.

The Plan's custodian certified to the completeness and accuracy of the investments and notes receivable included in the financial statements as of December 31, 2025 and 2024, and for the period ended December 31, 2025.

As of December 31, 2025, the Plan's assets included investments as follows:

| | 2025 | 2024 |
|---|---|---|
| Mutual Funds, at fair value | $ 14,289,895 | $ 12,399,773 |

## NOTE 3 – INVESTMENTS – INFORMATION PREPARED AND CERTIFIED BY THE CUSTODIAN AS COMPLETE AND ACCURATE (CONTINUED)

The investment income included in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2025 is summarized as follows:

| | 2025 |
|---|---|
| Net appreciation in fair value of investments | $ 1,910,052 |
| Interest | 11,763 |
| Dividends | 259,751 |
| | $ 2,181,566 |

Notes receivable from participants of $387,141 and $403,801 as of December 31, 2025 and 2024, respectively, and interest income on notes receivable from participants of $30,278 for the year ended December 31, 2025 have also been certified by the custodian.

## NOTE 4 – RELATED-PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS

The Plan's investments include mutual funds managed by the custodian, as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Administrative fees incurred by the Plan amounted to $4,495 for the year ended December 31, 2025. Investment advisory fees paid to Vanguard of $7,515 are included in net appreciation of fair value of investments for the year ended December 31, 2025.

## NOTE 5 – TAX STATUS

The Plan Sponsor has adopted a pre-approved Plan document that has received an opinion letter from the Internal Revenue Service (IRS) dated June 30, 2020, stating that the form of the pre-approved Plan document was in compliance with the applicable requirements of the IRC.

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 Sponsor has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2025 and 2024, there were no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

## NOTE 6 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts. Any unallocated assets of the Plan shall be allocated to participant accounts and distributed in such a manner as the Sponsor may determine.

## NOTE 7 – 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 in the statements of net assets available for benefits.

## NOTE 8 – FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 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 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 measurements.

**NOTE 8 – FAIR VALUE MEASUREMENTS (CONTINUED)**

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

*Mutual funds*: Mutual funds 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 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 Plan's assets at fair value were all Level 1 as of December 31:

| | 2025 | 2024 |
|---|---|---|
| Mutual funds | $ 14,289,895 | $ 12,399,773 |

**NOTE 9 – RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500**

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 at December 31:

| | 2025 | 2024 |
|---|---|---|
| Net assets available for benefits per financial statements | $ 14,677,036 | $ 12,808,164 |
| Add: Accrued loan interest | 1,826 | 1,173 |
| Add: Accrued other interest | 247 | -- |
| Net assets available for benefits per Form 5500 | $ 14,679,109 | $ 12,809,337 |

The following is a reconciliation of notes receivable from participants per the financial statements to Form 5500 at December 31:

| | 2025 | 2024 |
|---|---|---|
| Notes receivable from participants per financial statements | $ 387,141 | $ 403,801 |
| Add: Current year accrued interest | 1,826 | 1,173 |
| Notes receivable from participants per Form 5500 | $ 388,967 | $ 404,974 |

## NOTE 9 – RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500 (CONTINUED)

The following is a reconciliation of employer contributions per the financial statements to Form 5500 at December 31:

| | 2025 |
|---|---|
| Employer contributions per financial statements | $ 341,524 |
| Less: Forfeiture and suspense reduction | (20,676) |
| Employer contributions per Form 5500 | $ 320,848 |

The following is a reconciliation of loan interest per the financial statements to Form 5500 at December 31:

| | 2025 |
|---|---|
| Loan interest per financial statements | $ 30,278 |
| Less: Prior year accrued interest | (1,173) |
| Add: Current year accrued interest | 1,826 |
| Add: Other loan interest | 12 |
| Loan interest per Form 5500 | $ 30,943 |

The following is a reconciliation of benefits paid per the financial statements to Form 5500 at December 31:

| | 2025 |
|---|---|
| Benefits paid to participants per the financial statements | $ 1,581,237 |
| Less: Offset to prior deemed loans | (28,743) |
| Benefits paid to participants per Form 5500 | $ 1,552,494 |

## NOTE 10 – PARTICIPANT CONTRIBUTION ERRORS AND LATE REMITTANCES

During 2025 and 2024, participants' contributions and loan repayments for various payroll periods totaling $109,192 and $41,597, respectively, were remitted by the Sponsor to the Plan after the time required by DOL regulations. DOL regulations generally require participant contributions and loan repayments to be transmitted to the Plan as of the earliest date on which such amounts can reasonably be segregated from the Sponsor's general assets. The Sponsor is responsible for funding any lost earnings attributable to the delayed remittances. As of the date the financial statements were available to be issued, the Sponsor was in the process of calculating and remitting the applicable lost earnings.

## NOTE 11 – SUBSEQUENT EVENTS

The Plan has evaluated, for potential recognition and disclosure, events subsequent to the date of the statement of net assets available for benefits through October 15, 2026, the date the financial statements were available to be issued.

**ASSOCIATION FOR ENERGY AFFORDABILITY, INC. 401(k) PLAN**

**SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS**
**EIN: 13-3374285 PLAN 001**

For the Year Ended December 31, 2025

| Check Here If Late Participant Loan Repayments are Included | Plan Year | Contributions not Corrected | Contributions Corrected Outside VFCP | Contributions Pending Correction in VFCP | Corrected Under Voluntary Fiduciary Correction Program ("VFCP" and Prohibited Transition Exemption 2002-51 |
|---|---|---|---|---|---|
| ☑ | (2025) | $ 109,192 | $ -- | $ -- | $ -- |
| ☑ | (2024) | $ 41,597 | $ -- | $ -- | $ -- |

***See independent auditor's report.***

**ASSOCIATION FOR ENERGY AFFORDABILITY, INC. 401(k) PLAN**

**SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS**
**(HELD AT END OF YEAR)**
**EIN: 13-3374285 PLAN 001**

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 |
|---|---|---|---|---|
| * | Vanguard Federal Money Market Inv | Mutual Fund | | $ 307,342 |
| * | Vanguard S&P 500 ETF | Mutual Fund | | 1,881,028 |
| * | Vanguard Windsor Adm | Mutual Fund | | 274 |
| * | Vanguard Core Bond Adm | Mutual Fund | | 94,801 |
| * | Vanguard Energy Index ETF | Mutual Fund | | 23,106 |
| * | Vanguard Growth Index ETF | Mutual Fund | | 1,258,946 |
| * | Vanguard Mid Cap Index ETF | Mutual Fund | | 240,755 |
| * | Vanguard Value Index Adm | Mutual Fund | | 115,630 |
| * | Vanguard Small Cap Index ETF | Mutual Fund | | 176,975 |
| * | Vanguard Mega Cap Growth ETF | Mutual Fund | | 98,735 |
| | American Funds New World R6 | Mutual Fund | | 3,802 |
| | T. Rowe Price Comm & Tech I | Mutual Fund | | 9,769 |
| * | Vanguard Balanced Index Adm | Mutual Fund | | 838,006 |
| * | Vanguard Financials Index ETF | Mutual Fund | | 3,763 |
| | T. Rowe Price Global Stock I | Mutual Fund | | 9,802 |
| * | Vanguard Health Care Index ETF | Mutual Fund | | 24,112 |
| * | Vanguard High Yield Corp Inv | Mutual Fund | | 10,575 |
| * | Vanguard Materials Index Adm | Mutual Fund | | 3,055 |
| | Fidelity Advisor Growth Opp Z | Mutual Fund | | 37,404 |
| * | Vanguard Strategic Equity Inv | Mutual Fund | | 96,719 |
| * | Vanguard Total Stock Market ETF | Mutual Fund | | 28,657 |
| * | Vanguard FTSE Social Index Adm | Mutual Fund | | 56,467 |
| * | Vanguard Real Estate Index Adm | Mutual Fund | | 20,748 |
| * | Vanguard Russell 1000 Growth ETF | Mutual Fund | | 76,079 |
| | American Funds American Mutual R6 | Mutual Fund | | 91,101 |
| * | Vanguard European Stock Index Adm | Mutual Fund | | 63,534 |
| * | Vanguard Information Tech Index ETF | Mutual Fund | | 91,972 |
| | American Funds Gr & Income Port R6 | Mutual Fund | | 173,872 |
| | Fidelity U.S. Sustainability Index | Mutual Fund | | 44,742 |
| | T. Rowe Price Blue Chip Growth Inv | Mutual Fund | | 120,196 |
| * | Vanguard Dividend Apprec Index Adm | Mutual Fund | | 52,724 |
| * | Vanguard ESG International Stock ETF | Mutual Fund | | 60,302 |
| * | Vanguard Target Retirement 2025 Fund | Mutual Fund | | 1,005,137 |
| * | Vanguard Target Retirement 2030 Fund | Mutual Fund | | 425,837 |
| * | Vanguard Target Retirement 2035 Fund | Mutual Fund | | 1,475,082 |
| * | Vanguard Target Retirement 2040 Fund | Mutual Fund | | 1,543,353 |
| * | Vanguard Target Retirement 2045 Fund | Mutual Fund | | 617,457 |
| * | Vanguard Target Retirement 2050 Fund | Mutual Fund | | 2,202,582 |
| * | Vanguard Target Retirement 2055 Fund | Mutual Fund | | 298,111 |
| * | Vanguard Target Retirement 2060 Fund | Mutual Fund | | 322,406 |
| * | Vanguard Target Retirement 2065 Fund | Mutual Fund | | 147,885 |

***See independent auditor's report.***

**ASSOCIATION FOR ENERGY AFFORDABILITY, INC. 401(k) PLAN**

**SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS**
**(HELD AT END OF YEAR) (CONTINUED)**
**EIN: 13-3374285 PLAN 001**

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 |
|---|---|---|---|---|
| * | Vanguard Total World Stock Index Adm | Mutual Fund | | $ 35,864 |
| | T. Rowe Price Ultra Short-Term Bond I | Mutual Fund | | 85,494 |
| | American Century Shrt Dur Strat Inc R6 | Mutual Fund | | 107 |
| * | Vanguard High Dividend Yield Index Adm | Mutual Fund | | 6,314 |
| * | Vanguard Target Retirement Income Fund | Mutual Fund | | 119 |
| | Impax Global Environmental Markets Instl | Mutual Fund | | 5,434 |
| * | Vanguard Emerging Mkts Stock Idx Adm Fund | Mutual Fund | | 3,720 |
| | Total Investments at Fair Value | | | $ 14,289,895 |
| * | Participant loans | Due at various dates through 2046 with interest rates of 4.25%-9.50% | $ -- | $ 387,141 |

* Indicates party-in-interest to the Plan.

** Cost information omitted with respect to participant or beneficiary-directed transactions.

***See independent auditor's report.***

**Attachment to 2025 Form 5500**

**Assets Held at Year End**

**Plan Name** ASSOCIATION FOR ENERGY AFFORDABILITY, 401(K)
**Plan Sponsor Name** Association for Energy Affordability, Inc.
**EIN** 13-3374285
**PN** 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | Vanguard | Vanguard Target Retirement 2065 Fund | 0 | 147,885 |
| | Vanguard | Vanguard Target Retirement 2060 Fund | 0 | 322,406 |
| | Vanguard | Vanguard Target Retirement 2055 Fund | 0 | 298,111 |
| | Vanguard | Vanguard Target Retirement 2050 Fund | 0 | 2,202,582 |
| | Vanguard | Vanguard Target Retirement 2045 Fund | 0 | 617,457 |
| | Vanguard | Vanguard Target Retirement 2040 Fund | 0 | 1,543,353 |
| | Vanguard | Vanguard Target Retirement 2035 Fund | 0 | 1,475,082 |
| | Vanguard | Vanguard Target Retirement 2030 Fund | 0 | 425,837 |
| | Vanguard | Vanguard Target Retirement 2025 Fund | 0 | 1,005,137 |
| | Vanguard | Vanguard Target Retirement Income Fund | 0 | 119 |
| | Vanguard | Vanguard Dividend Apprec Index Adm | 0 | 52,724 |
| | Vanguard | Vanguard Emerging Mkts Stock Idx Adm | 0 | 3,720 |
| | Vanguard | Vanguard European Stock Index Adm | 0 | 63,534 |
| | Vanguard | Vanguard FTSE Social Index Adm | 0 | 56,467 |
| | Vanguard | Vanguard High Dividend Yield Index Adm | 0 | 6,314 |
| | Vanguard | Vanguard Materials Index Adm | 0 | 3,055 |
| | Vanguard | Vanguard Real Estate Index Adm | 0 | 20,748 |
| | Vanguard | Vanguard Strategic Equity Inv | 0 | 96,719 |
| | Vanguard | Vanguard Value Index Adm | 0 | 115,630 |
| | Vanguard | Vanguard Windsor Adm | 0 | 274 |
| | Vanguard | Vanguard Balanced Index Adm | 0 | 838,006 |
| | Vanguard | Vanguard Total World Stock Index Adm | 0 | 35,864 |
| | Vanguard | Vanguard High Yield Corp Inv | 0 | 10,575 |
| | Vanguard | Vanguard Core Bond Adm | 0 | 94,801 |
| | Vanguard | Vanguard Federal Money Market Inv | 0 | 307,342 |
| | Vanguard | Vanguard Energy Index ETF | 0 | 23,106 |
| | Vanguard | Vanguard ESG International Stock ETF | 0 | 60,302 |
| | Vanguard | Vanguard Financials Index ETF | 0 | 3,763 |
| | Vanguard | Vanguard Growth Index ETF | 0 | 1,258,946 |
| | Vanguard | Vanguard Health Care Index ETF | 0 | 24,112 |
| | Vanguard | Vanguard Information Tech Index ETF | 0 | 91,972 |
| | Vanguard | Vanguard Mega Cap Growth ETF | 0 | 98,735 |
| | Vanguard | Vanguard Mid Cap Index ETF | 0 | 240,755 |
| | Vanguard | Vanguard S&P 500 ETF | 0 | 1,881,028 |
| | Vanguard | Vanguard Small Cap Index ETF | 0 | 176,975 |
| | Vanguard | Vanguard Total Stock Market ETF | 0 | 28,657 |

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | Vanguard | Vanguard Russell 1000 Growth ETF | 0 | 76,079 |
| | American Funds | American Funds Gr & Income Port R6 | 0 | 173,872 |
| | American Funds | American Funds American Mutual R6 | 0 | 91,101 |
| | American Funds | American Funds New World R6 | 0 | 3,802 |
| | Fidelity | Fidelity Advisor Growth Opp Z | 0 | 37,404 |
| | T. Rowe Price | T. Rowe Price Blue Chip Growth Inv | 0 | 120,196 |
| | T. Rowe Price | T. Rowe Price Global Stock I | 0 | 9,802 |
| | American Century | American Century Shrt Dur Strat Inc R6 | 0 | 107 |
| | T. Rowe Price | T. Rowe Price Ultra Short-Term Bond I | 0 | 85,494 |
| | T. Rowe Price | T. Rowe Price Comm & Tech I | 0 | 9,769 |
| | Fidelity | Fidelity U.S. Sustainability Index | 0 | 44,742 |
| | Impax | Impax Global Environmental Markets Instl | 0 | 5,434 |
| | Participant's Loan Account | Various Rates and Maturities | 0 | 388,967 |