

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of 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)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>ONCOR THRIFT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2015</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>01/01/2015</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>01/01/2015</u>					
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) <u>ONCOR ELECTRIC DELIVERY COMPANY LLC</u> <u>1616 WOODALL RODGERS FREEWAY</u> <u>SUITE 7080</u> <u>DALLAS, TX 75202</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>75-2967830</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>214-486-3550</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>551112</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>75-2967830</u>	2c Plan Sponsor's telephone number <u>214-486-3550</u>	2d Business code (see instructions) <u>551112</u>	
2b Employer Identification Number (EIN) <u>75-2967830</u>					
2c Plan Sponsor's telephone number <u>214-486-3550</u>					
2d Business code (see instructions) <u>551112</u>					

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.	07/29/2021	DEBBIE DENNIS
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address ☒ 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: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	4893
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)	4216
a(2) Total number of active participants at the end of the plan year		6a(2)	4449
b Retired or separated participants receiving benefits.....		6b	9
c Other retired or separated participants entitled to future benefits		6c	675
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	5133
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	12
f Total. Add lines 6d and 6e		6f	5145
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	5041
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 Characteristics Codes in the instructions: 2A 2E 2F 2G 2J 2K 2R 2S 2T 3F 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>5</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 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 _____

<div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020	
A Name of plan ONCOR THRIFT PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 ONCOR ELECTRIC DELIVERY COMPANY LLC	D Employer Identification Number (EIN) 75-2967830

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.
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1 Coverage Information:

(a) Name of insurance carrier
AMERICAN GENERAL LIFE INSURANCE COMPANY

(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
25-0598210	60488	1689120	1128	01/01/2020	12/31/2020

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
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	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	11299979

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b	Balance at the end of the previous year	7b	0
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c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)		
	(4) Transferred from separate account.....	7c(4)		
	(5) Other (specify below)	7c(5)		
	▶			

(6) Total additions	7c(6)	0
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	0
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e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier.....	7e(2)		
	(3) Transferred to separate account.....	7e(3)		
	(4) Other (specify below)	7e(4)		
	▶			

(5) Total deductions	7e(5)	0
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0
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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. Specify nature of costs.	10b	

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. ▶

<div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020	
A Name of plan ONCOR THRIFT PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 ONCOR ELECTRIC DELIVERY COMPANY LLC	D Employer Identification Number (EIN) 75-2967830

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.
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1 Coverage Information:

(a) Name of insurance carrier
AMERICAN UNITED LIFE INSURANCE COMPANY

(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
35-0145825	60895	S00029	1128	01/01/2020	12/31/2020

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	

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	(c) Amount	(d) Purpose	

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	17454861

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

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. ▶

<div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020	
A Name of plan ONCOR THRIFT PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 ONCOR ELECTRIC DELIVERY COMPANY LLC	D Employer Identification Number (EIN) 75-2967830

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.
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1 Coverage Information:

(a) Name of insurance carrier
PRUDENTIAL FINANCIAL

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	063451	1128	01/01/2020	12/31/2020

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

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	(c) Amount	(d) Purpose	

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	23377210

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b	Balance at the end of the previous year	7b	0
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c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)		
	(4) Transferred from separate account.....	7c(4)		
	(5) Other (specify below)	7c(5)		
	▶			

(6) Total additions	7c(6)	0
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d Total of balance and additions (add lines 7b and 7c(6))	7d	0
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e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(2) Administration charge made by carrier.....	7e(2)		
(3) Transferred to separate account.....	7e(3)		
(4) Other (specify below)	7e(4)		
▶			

(5) Total deductions	7e(5)	0
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0
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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. Specify nature of costs.	10b	

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. ▶

<div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020	
A Name of plan ONCOR THRIFT PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 ONCOR ELECTRIC DELIVERY COMPANY LLC	D Employer Identification Number (EIN) 75-2967830

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.
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1 Coverage Information:

(a) Name of insurance carrier
VOYA FINANCIAL

(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
71-0294708	86509	060447	1128	01/01/2020	12/31/2020

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	17268977

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

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

b	Balance at the end of the previous year	7b	0
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c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)		
	(4) Transferred from separate account.....	7c(4)		
	(5) Other (specify below)	7c(5)		
	▶			

(6) Total additions	7c(6)	0
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	0
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e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier.....	7e(2)		
	(3) Transferred to separate account.....	7e(3)		
	(4) Other (specify below)	7e(4)		
	▶			

(5) Total deductions	7e(5)	0
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0
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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. Specify nature of costs.	10b	

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. ▶

<div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020	
A Name of plan ONCOR THRIFT PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 ONCOR ELECTRIC DELIVERY COMPANY LLC	D Employer Identification Number (EIN) 75-2967830

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.
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1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA PREMIER LIFE INSURANCE COMPANY

(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
52-0419790	66281	MDA01282TR	1128	01/01/2020	12/31/2020

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	17300339

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan ONCOR THRIFT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 ONCOR ELECTRIC DELIVERY COMPANY LLC	D Employer Identification Number (EIN) 75-2967830	

Part I	Service Provider Information (see instructions)
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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
FID INV INST OPS CO
04-2647786

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
NORTHERN TRUST
06-6275604

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FID INST ASSET MGMT TRUST CO
20-4659714

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

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

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

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

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

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

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

STRATEGIC ADVISORS, INC.

04-2654524

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	ADVISOR	344198	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FID INV INST OPS CO

04-2647786

(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?
15 37 50 64 65 71	RECORDKEEPER	219120	Yes ☒ No ☐	Yes ☒ No ☐	0	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 ☐

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)

(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 ☐

(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
FID INV INST OPS CO	60	0
(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.	
MULTIPLE MUTUAL FUND COMPANIES 04-2647786	SUB-TRANSFER AGENCY FEES; SEE ATTACHMENT TO LINE 2(H) FOR FORMULAS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection.
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan <u>ONCOR THRIFT PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ONCOR ELECTRIC DELIVERY COMPANY LLC</u>	D Employer Identification Number (EIN) <u>75-2967830</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM INDEX TARGET DATE INC COMM PL</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>		
c EIN-PN <u>20-4659714-074</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2075723</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM INDEX TARGET DATE 2005 COMM PL</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>		
c EIN-PN <u>20-4659714-075</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>216043</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM INDEX TARGET DATE 2010 COMM PL</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>		
c EIN-PN <u>20-4659714-076</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5359161</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM INDEX TARGET DATE 2015 COMM PL</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>		
c EIN-PN <u>20-4659714-077</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8034289</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM INDEX TARGET DATE 2020 COMM PL</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>		
c EIN-PN <u>20-4659714-078</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>82367235</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM INDEX TARGET DATE 2025 COMM PL</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>		
c EIN-PN <u>20-4659714-079</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>39924841</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM INDEX TARGET DATE 2030 COMM PL</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>		
c EIN-PN <u>20-4659714-080</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>68701605</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INDEX TARGET DATE 2035 COMM PL		
b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY		
c EIN-PN 20-4659714-081	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13177295
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INDEX TARGET DATE 2040 COMM PL		
b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY		
c EIN-PN 20-4659714-082	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 59597466
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INDEX TARGET DATE 2045 COMM PL		
b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY		
c EIN-PN 20-4659714-083	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20361929
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INDEX TARGET DATE 2050 COMM PL		
b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY		
c EIN-PN 20-4659714-084	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23483645
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INDEX TARGET DATE 2055 COMM PL		
b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY		
c EIN-PN 20-4659714-112	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27020017
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INDEX TARGET DATE 2060 COMM PL		
b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY		
c EIN-PN 20-4659714-146	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13431627
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INDEX TARGET DATE 2060 COMM PL		
b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY		
c EIN-PN 20-4659714-169	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 858491
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE S&P 500 INDEX FUND		
b Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENTS		
c EIN-PN 45-6138589-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 115445292
a Name of MTIA, CCT, PSA, or 103-12 IE: BOSTON PARTNERS LARGE CAP VAL EQ FD		
b Name of sponsor of entity listed in (a): BNY MELLON TRUST OF DELAWARE		
c EIN-PN 61-1603964-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40803921
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan ONCOR THRIFT PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 ONCOR ELECTRIC DELIVERY COMPANY LLC	D Employer Identification Number (EIN) 75-2967830	

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	5696	4002
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	727976	939639
(2) Participant contributions.....	1b(2)	1323436	1766092
(3) Other	1b(3)	809435	466587
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3934724	3255395
(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)	30317950	25573696
(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)	18771012	19898008
(9) Value of interest in common/collective trusts	1c(9)	467574923	520858579
(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)	263113085	317225493
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	76407186	86554075
(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)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	862985423 976541566
Liabilities			
g	Benefit claims payable	1g	27294 56366
h	Operating payables	1h	396678 179876
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	491201 96998
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	915173 333240
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	862070250 976208326

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	22328026
	(B) Participants	2a(1)(B)	42658794
	(C) Others (including rollovers).....	2a(1)(C)	3163141
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	68149961
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	18214
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	1175152
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	1193366
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	407811
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	9917431
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	10325242
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	19724834
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	23357224
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	-3632390
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	3233628
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	3233628

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		64626426
(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)		56083224
c Other income	2c		1356622
d Total income. Add all income amounts in column (b) and enter total.....	2d		201336079

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	86654242	
(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)		86654242
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		-14811
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	344198	
(4) Other.....	2i(4)	214374	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		558572
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		87198003

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		114138076
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) ☐ 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) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: CROWE LLP

(2) EIN: 35-0921680

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

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.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
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?	X		20000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?		X	
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?		X	
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.)	X		
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.)		X	
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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 ☒ 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 _____.

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan ONCOR THRIFT PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 ONCOR ELECTRIC DELIVERY COMPANY LLC		D Employer Identification Number (EIN) 75-2967830
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): 04-6568107		
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2020 v. 200204		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (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) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 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 _____

Oncor Thrift Plan

Financial Statements

As of December 31, 2020 and 2019 and for the Year Ended December 31, 2020

Supplemental Information – Schedule of Assets at December 31, 2020

Independent Auditor's Report

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Note:

The accompanying financial statements have been prepared for the purpose of filing with the Department of Labor’s Form 5500. Supplemental schedules required by 29 CFR 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, other than the schedules listed above, are omitted because of the absence of the conditions under which they are required.

INDEPENDENT AUDITOR'S REPORT

To the Oncor Thrift Plan Committee
and Participants of the Oncor Thrift Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Oncor Thrift Plan ("the Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company, the trustee, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certification from the trustee as of December 31, 2020 and 2019 and for the year ended December 31, 2020 that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

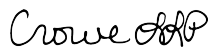
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2020 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for purposes of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.


Crowe LLP

Oak Brook, Illinois
July 28, 2021

ONCOR THRIFT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	At December 31,	
	2020	2019
ASSETS		
Investments - at fair value (Note 4)	\$ 866,903,221	\$ 764,677,994
Investments - at contract value (Notes 2, 3 and 5)	86,701,366	76,569,833
Notes receivable from participants (Note 3)	19,898,008	18,771,012
Participant contributions receivable	1,766,092	1,323,436
Employer match contributions receivable	939,639	727,976
Total assets	976,208,326	862,070,251
NET ASSETS AVAILABLE FOR BENEFITS	\$ 976,208,326	\$ 862,070,251

See Notes to Financial Statements.

ONCOR THRIFT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year Ended December 31, 2020
ADDITIONS:	
Net investment income:	
Interest and dividends on investments	\$ 10,343,456
Net appreciation in fair value of investments	121,682,319
Total net investment income	132,025,775
Contributions:	
Participating employees	42,658,794
Employer	22,328,027
Rollover	3,163,141
Total contributions	68,149,962
Interest on notes receivable from participants	1,175,152
Total additions	201,350,889
DEDUCTIONS:	
Distributions	86,654,242
Administrative fees	558,572
Total deductions	87,212,814
Net increase	114,138,075
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of year	862,070,251
End of year	\$ 976,208,326

See Notes to Financial Statements.

ONCOR THRIFT PLAN

NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF THE PLAN

The following description is provided for general information purposes only. Reference should be made to the Oncor Thrift Plan (Plan) document for more complete information.

General — The Plan is a defined contribution plan established January 1, 2015 by Oncor Electric Delivery Company, LLC (Oncor). The Oncor Thrift Plan Committee (Committee) manages the operation and administration of the Plan. Fidelity Management Trust Company is the trustee, custodian of the assets and record-keeper. Aon Hewitt Investment Consulting, Inc. acts as a co-fiduciary investment advisor to the Plan and the Committee. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The Plan is intended to be a participant-directed “individual account plan” under ERISA Section 404(c). As such, the fiduciaries of the Plan are not liable for any losses that are the direct result of participant investment decisions. Although the Plan has an automatic enrollment feature for new employees, continued participation in the Plan by employees is entirely voluntary.

Participant Accounts – Each participant’s account is credited with the participant’s contributions and an allocation of employer matching contributions and Plan earnings, and is charged with his or her withdrawals and administrative expenses related to participant directed activities. Allocations are based on participant contributions, eligible compensation, participant 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. Each participant directs the investment of his or her account to any of the investment options available under the Plan.

Eligibility, Participation and Employee Savings — All individuals who are characterized in the internal records of Oncor as employees are eligible to participate in the Plan upon employment except: (1) nonresident alien employees who receive no earned United States of America (US) sourced income, (2) leased employees, or (3) any individuals who are treated by or characterized in the internal records of Oncor as independent contractors, summer interns, loaned employees, staff augmentation personnel, or scope of work contractors, or who perform services for Oncor under a special contract for services arrangement, regardless of any determination by the US Internal Revenue Service (IRS), other governmental agency, or a court or other tribunal, that any such individual is, or was, a common law employee of Oncor for any period of time.

The Plan has an automatic enrollment feature whereby new employees are automatically enrolled in the Plan with a pretax contribution rate of a percentage of eligible compensation unless the new employee affirmatively makes an election not to participate or to participate at a different contribution rate. For employees hired prior to August 2018, that automatic enrollment pretax contribution rate was 3% of eligible compensation. Beginning in August 2018, the automatic contribution rate was increased from 3% to 6% of eligible compensation. If no change is made by the participant, the contribution rate will automatically increase in January of each year following the first full plan year of participation by 1% up to a maximum rate of 10%. Effective January 1, 2021, the automatic increase maximum rate is 15%. Such contributions initiated through this automatic enrollment feature are automatically invested in the age appropriate FIAM Index Target Date Comingled Pool for the participant unless the participant chooses a different investment option.

The Plan provides for automatic distributions of account balances that do not exceed \$1,000 to terminated participants without the participants' consent after required notification has been provided to the participant.

Under the Plan, except as limited by law, a participating employee may contribute a specified percentage of eligible compensation each payroll period to the Plan, either through pretax salary deferral, after-tax payroll deduction, or Roth payroll deduction. The total of a participant's pretax, after-tax and Roth salary deferral/payroll deductions is known as Employee Savings. The maximum amount of Employee Savings for participants is 75% of eligible compensation.

Federal law limits the amount a participant may contribute on a pretax basis (\$19,500 in 2020 and \$19,000 in 2019). However, a participant who is eligible to make pretax salary deferrals, and has attained age 50 before the close of the Plan year, may make an additional pretax catch-up contribution each year. This catch-up limit was \$6,500 in 2020 and \$6,000 in 2019 for participants who reached age 50 during the respective Plan year. The Plan year begins January 1 and ends December 31.

Subject to certain conditions, a participant may transfer or rollover to the Plan cash amounts distributed or distributable from an individual retirement account (IRA) or another qualified retirement plan.

Oncor Matching Contributions — All eligible Plan participants receive Oncor matching contributions of 100% up to the first 6% of eligible compensation contributed to the Plan as Employee Savings, except for employees participating in the traditional retirement plan formula under the Oncor Retirement Plan who receive a 75% employer matching contribution on the first 6% of eligible compensation contributed to the Plan as Employee Savings.

Investment of Funds — All employer matching contributions are made in cash and invested among the various investment options available under the Plan according to the participant's investment election. Each participant may invest his/her Employee Savings, in 1% increments, among the various available investment options.

All assets of the Plan are held for the exclusive benefit of participants and their beneficiaries. Separate account records for each participant are maintained by the record-keeper. The record-keeper provides a summary of financial performance by investment fund directly to Plan participants.

A participant may diversify the investment of his account among the available investment funds under the Plan at any time by liquidating the investments attributable to such account and reinvesting such amounts in other investment options as may be available under the Plan.

Participants may also effectively diversify their employer matching contributions amount at any time by making a total withdrawal of such accounts. See below for information regarding withdrawals from the Plan.

Unit Values — Participants do not have beneficial ownership in specific securities or other assets in the Interest Income funds, but have an interest therein represented by units valued as of the close of each business day. Generally, contributions to and withdrawals from each fund are converted to units by dividing the amounts of such transactions by the unit value, and the appropriate account is charged or credited with the number of units properly attributable to the participant.

Withdrawals from the Plan — Withdrawals from the Plan are governed by applicable IRS regulations and provisions of ERISA. Penalties may apply in certain instances.

Participants are fully vested in all amounts in their accounts (i.e., pretax contributions, after-tax contributions, Oncor matching contributions, rollover contributions, Roth contributions and all earnings and dividends thereon).

A participant who terminates employment and has a balance of more than \$1,000 may retain the funds in the Plan or withdraw them at any time; however, the participant must begin withdrawals no later than April 1st following the later of: (1) the calendar year in which the participant attains age 70 ½ (which was increased pursuant to federal legislation to age 72 effective January 1, 2020 for participants who had not attained the age of 70 ½ as of December 31, 2019), or (2) the calendar year in which the participant retires. To avoid immediate taxation, an eligible rollover distribution made upon termination may be rolled into an IRA or a qualified retirement plan sponsored by another employer, provided that the other qualified retirement plan accepts rollovers. Participants who have terminated their employment and leave their account in the Plan are charged a quarterly administrative maintenance fee.

Participants may make partial or total withdrawals from their rollover and after-tax Employee Savings accounts (excluding Roth contributions) at any time and for any reason. Participants may make withdrawals from

pretax and Roth Employee Savings accounts upon termination of employment or attainment of age 59 ½. Participants may make total withdrawals of their employer matching contributions account at any time. Additionally, participants who meet certain qualifications defined by the IRS may make hardship withdrawals from their pretax Employee Savings account.

All distributions from the Plan are made in lump sum cash payments.

Notes Receivable From Participants — The Plan includes a loan feature allowing participants to borrow up to 50% of their pretax Employee Savings, after-tax Employee Savings, employer matching contributions and rollover contributions and repay the loan with after-tax payroll deductions. A participant may not have more than two outstanding loans at one time. The minimum amount of a Plan loan is \$1,000 and the maximum is the lesser of: (i) \$50,000 less the highest outstanding loan balance in the preceding 12 months, or (ii) one-half of the participant's vested account value. Participants may repay the loan into their account(s) over a period of up to five years for a general purpose loan, and the shorter of 15 years or their remaining mortgage term for a primary home loan. The rate of interest charged for a loan initiated in any given month is the prime lending rate published in the Wall Street Journal on the last business day of the prior month, plus 2.0%.

CARES Act — On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security (CARES) Act was passed by Congress. Among other things, the CARES Act provides immediate and temporary relief for retirement plan participants with respect to distributions and participant loans. As permitted by the CARES Act, the Plan opted in to implement the following provisions for qualified individuals, as defined by the CARES Act:

- Through December 30, 2020, qualified individuals are permitted to take a distribution in an amount up to \$100,000 from the Plan without an early distribution penalty. Participants who take a qualified distribution have the option to have the distribution taxed over a three-year period, with the ability to recontribute up to the full amount of the distribution within three years and not be subject to federal income tax as a result.
- Required minimum distributions for calendar year 2020 are waived for retired and retirement-aged individual.
- Through December 31, 2020, qualified individuals can suspend all Plan loan repayments. The suspension is available for both new loans and loans taken before the act became law. Repayments must resume in January 2021, and the Plan may extend the loan term by up to one year.
- Through September 22, 2020, qualified individuals who are eligible for a new loan from the Plan are permitted to request a loan of up to \$100,000 or 100% of the participant's vested account balance.

Tax Status — The Plan administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code of 1986, as amended (the Code). In April 2017, Oncor received an IRS determination letter that the Plan meets the requirements of Section 401(a) of the Code in form and that the Trust is exempt from federal income taxes under Section 501(a) of the Code. Although the Plan has been amended since receiving the determination letter, the Plan administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code of 1986, as amended (the Code). Employer contributions paid to the Trust under the Plan are allowable federal income tax deductions to Oncor subject to the conditions and limitations of Section 404 of the Code.

The Plan is subject to examinations by taxing jurisdictions; however, there are currently no examinations for any tax periods in progress. The Plan has recorded no uncertain tax positions.

Amendment, Modification, Suspension and Termination — It is currently the intention of Oncor to continue the Plan indefinitely; however, Oncor, by action of its Board of Directors, may amend, modify or suspend the Plan at any time, or from time to time, and may terminate the Plan at any time. Additionally, Oncor's executive team may amend the Plan for amendments that are ministerial or administrative in nature, or which do not result in a material change to the Plan's funding or costs (defined as an increase in excess of \$25 million), or are required to maintain the Plan's qualified status or are dictated by statute or regulation.

In the event of termination of the Plan, in whole or in part, each participant in the Plan affected by such termination shall receive a distribution of the entire balance in the participant's account, whether derived from Employee Savings, rollovers or employer matching contributions.

Party-in-Interest — Certain Plan investments are managed by Fidelity Institutional Asset Management Trust Company, Fidelity Management Research Company and Fidelity Brokerage Services LLC, all of which are subsidiaries of the Plan trustee. These transactions qualify as party-in-interest transactions allowable under ERISA regulations. Certain investments issued by the wrap providers (as discussed in Note 5) also qualify as party-in-interest investments.

Notes receivable from participants also qualify as party-in-interest transactions.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting — The financial statements of the Plan are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the US (GAAP). Benefit payments are recorded when paid.

Subsequent Events — Plan management has evaluated subsequent events for recognition through July 28, 2021, the date the financial statements were available to be issued.

Use of Estimates — The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

Risks and Uncertainties — The Plan utilizes various investment instruments. Investment instruments, in general, are exposed to various risks, such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment instruments, it is reasonably possible that changes in the values of investment instruments will occur in the near term, and such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Coronavirus — The COVID-19 outbreak was declared a pandemic by the World Health Organization on March 11, 2020. The ultimate impact of the coronavirus on the Plan will depend on future developments, which are highly uncertain and cannot be predicted, including new information which may emerge concerning the severity of the coronavirus, the impacts of the vaccine and other actions required to contain the coronavirus or treat its impact, among others. The impact of COVID-19 on the Plan and Oncor continues to evolve and its future effects on the Plan's net assets available for benefits and changes in net assets available for benefits resulting from market impacts cannot be predicted at this time.

Valuation of Investment Securities and Income Recognition — The Plan's investments are reported at fair value with the exception of fully benefit-responsive investment contracts (FBRICs), which are presented at contract value. Fair value is the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability. Contract value is the relevant measure for the Plan's FBRICs, because contract value is the amount Plan participants generally receive when executing transactions under the terms of the contract and Plan provisions. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses.

Net realized and unrealized gains or losses include the Plan's gains and losses on investments bought and sold as well as held during the year. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned on an accrual basis. Dividend income is recorded on the ex-dividend date.

Notes Receivable from Participants — Notes receivable from participants represent participant loans that are recorded at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned. No allowance for credit losses has been recorded as of

December 31, 2020 and 2019. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be a distribution, the participant loan balance is reduced, and a benefit payment is recorded.

Administrative and Investment Management Expenses — Certain Plan administration fees (e.g., recordkeeping, accounting, legal and trustee services) are paid by Oncor and are excluded from these financial statements. Investment fees are charged individually by each fund manager for asset management and administration of that fund. Investment fees are typically charged indirectly against individuals' accounts by being deducted from the investment return on each individual investment option. Individual service fees (e.g., short-term redemption fees, loan initiation fees, in-service withdrawal fees) are charged separately to the accounts of individuals who choose to utilize a particular plan feature, generally on a pro-rata basis against all investments and sources. Additionally, terminated participants pay a quarterly account maintenance fee, which is recorded as a reduction of administrative fees reported in the statement of changes in net assets available for benefits, if they leave their account in the Plan.

3. UNAUDITED INFORMATION – CERTIFIED INVESTMENTS AND NOTES RECEIVABLE FROM PARTICIPANTS

With the exception of the contract value of the synthetic investment contracts within the separately managed Interest Income Fund of \$86,701,366 (see Note 5) and related interest income of \$1,672,550, substantially all information pertaining to the Plan's investments and notes receivable from participants included in the financial statements, including associated investment income and interest earned on notes receivable from participants, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by Fidelity Management Trust Company. This certified information has not been audited by independent accountants.

4. FAIR VALUE MEASUREMENTS

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

The Plan categorizes its investments recorded at fair value based upon the following fair value hierarchy:

- Level 1 valuations use quoted prices in active markets for identical assets that are accessible at the measurement date. An active market is a market in which transactions for the asset occur with sufficient frequency and volume to provide pricing information on an ongoing basis. The Plan's Level 1 investments, including those held in the Plan's brokerage account, include equity and fixed income mutual funds that are valued using published market prices, such as those from the New York Stock Exchange.
- Level 2 valuations use inputs other than actively quoted market prices included in Level 1, which are observable for the asset, either directly or indirectly. Level 2 inputs include: (a) quoted prices for similar assets or liabilities in active markets, (b) quoted prices for identical or similar assets or liabilities in markets that are not active, (c) inputs other than quoted prices that are observable for the asset such as interest rates and yield curves observable at commonly quoted intervals and (d) inputs that are derived principally from or corroborated by observable market data by correlation or other mathematical means. None of the Plan's assets are classified as Level 2 assets.
- Level 3 valuations use unobservable inputs for the asset. Unobservable inputs are used to the extent observable inputs are not available, thereby allowing for situations in which there is little, if any, market activity for the asset at the measurement date. None of the Plan's assets are classified as Level 3 assets.

With respect to amounts presented in the following fair value hierarchy table, the fair value measurement of an asset (e.g. an investment) is required to fall in its entirety in one level, based on the lowest level input that is significant to the fair value measurement. Assessing the significance of a particular input to the fair value measurement in its entirety requires judgment, considering factors specific to the asset being measured.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth, by level within the fair value hierarchy, a summary of the Plan's investments measured at fair value on a recurring basis as of December 31, 2020 and 2019.

At December 31, 2020					
	Level 1	Level 2	Level 3	NAV (a)	Total
Mutual funds	\$ 309,816,213	\$ -	\$ -	\$ -	\$ 309,816,213
Other investments - brokerage	10,408,983	-	-	-	10,408,983
Investments measured at net asset value	-	-	-	546,678,025	546,678,025
Total investments	\$ 320,225,196	\$ -	\$ -	\$ 546,678,025	\$ 866,903,221

At December 31, 2019					
	Level 1	Level 2	Level 3	NAV (a)	Total
Mutual funds	\$ 259,114,755	\$ -	\$ -	\$ -	\$ 259,114,755
Other investments - brokerage	7,424,841	-	-	-	7,424,841
Investments measured at net asset value	-	-	-	498,138,398	498,138,398
Total investments	\$ 266,539,596	\$ -	\$ -	\$ 498,138,398	\$ 764,677,994

- a) These investments are measured at fair value using the net asset value (NAV) per share as a practical expedient as the investments did not have a readily determinable fair value and are not required to be classified in the fair value hierarchy. The fair value amounts presented in the table are intended to permit a reconciliation to the amounts presented in the Statement of Net Assets Available for Benefits.

Net Asset Value (NAV) Per Share

In accordance with Financial Accounting Standards Board Accounting Standards Update No. 2009-12, *Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*, the Plan discloses the category, fair value, redemption frequency, and redemption notice period for those assets whose fair value is estimated using the NAV per share or its equivalent for which the fair value is not readily determinable at December 31, 2020 and 2019. For the Plan, such assets include investments in commingled funds.

The following table sets forth a summary of the Plan's investments for which the fair value has been estimated using the NAV of the investments at December 31, 2020 and 2019.

Fair Value Estimated Using NAV per Share						
	Fair Value At December 31, 2020	Fair Value At December 31, 2019	Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
Boston Partners Large Cap Value Equity Fund	\$ 40,803,921	\$ 50,006,061	None	Daily	None	1 day
Integrity Small Cap Value (a)	25,819,445	30,563,474	None	Daily	None	1 day
Northern Trust S&P 500 Index	115,445,292	94,159,868	None	Daily	None	1 day
FIAM Index Target Date Pools	364,609,367	323,408,995	None	Daily	None	1 day
Total	<u>\$546,678,025</u>	<u>\$498,138,398</u>				

a) This investment fund is not a direct filing entity. Its general investment strategy is to achieve long-term capital growth by investing in stocks of smaller companies.

5. INTEREST INCOME FUND – FBRICs

The Interest Income Fund holds a portfolio of investments that includes synthetic investment contracts along with other investments. The investment contracts meet the FBRIC criteria and therefore are reported at contract value.

The following table reflects the total of the synthetic investment contracts held by the Interest Income Fund at December 31, 2020 and 2019.

	At December 31,	
	2020	2019
Synthetic investment contracts	\$ 86,701,366	\$ 76,569,833

The Interest Income Fund generally includes investment contracts as described below:

Synthetic Guaranteed Investment Contracts (SGICs) — General fixed maturity SGICs consist of an asset or collection of assets that are owned by the Plan and a benefit-responsive (as discussed in Note 2) book value wrap contract. The wrap contract assures that book value, benefit-responsive payments will be made for participant-directed withdrawals. The interest rate of the contract is set at the start of the contract and typically resets every quarter. Generally, fixed maturity SGICs are held to maturity. The initial interest rate is established based on the market interest rates at the time the initial asset is purchased, and it will have an interest rate not less than 0%.

Variable SGICs consist of an asset or collection of assets that are managed by the bank or insurance company and are held in a bankruptcy-remote vehicle for the benefit of the Plan. The contract is benefit-responsive and provides next day liquidity at book value. The crediting rate on this product resets every quarter based on the then current market index rates and an investment spread. The investment spread is established at the time of issuance and is guaranteed by the issuer for the life of the investment.

Constant duration SGICs consist of a portfolio of securities owned by the Plan and a benefit-responsive, book value wrap contract purchased for the portfolio. The wrap contract amortizes gains and losses of the underlying securities over the portfolio duration, and assures that book value, benefit-responsive payments will be made for participant-directed withdrawals. The crediting rate on a constant duration SGIC resets every quarter based on the book value of the contract and the market yield, the market value and the average duration of the underlying assets. The crediting rate aims at converging the book value of the contract and the market value of the underlying portfolio over the duration of the contract and therefore will be affected by movements in interest rates and/or changes in the

market value of the underlying portfolio. The initial crediting rate is based on the market interest rates at the time the underlying portfolio is initially established, and it will have an interest crediting rate of not less than 0%.

It is probable that withdrawals and transfers resulting from the events listed below, although no such events are considered probable, would limit the ability of the fund to transact at book or contract value. Instead, market value would likely be used in determining the payouts to the participants.

- Employer-initiated events — events within the control of the Plan or the plan sponsor that would have a material and adverse impact on the fund;
- Employer communications designed to induce participants to transfer from the fund;
- Competing fund transfer or violation of equity wash or equivalent rules in place; and
- Changes of qualification status of employer or Plan.

In general, issuers may terminate the contract and settle at other than contract value if the qualification status of Oncor or the Plan changes, if there is a breach of material obligations under the contract and misrepresentation by the contract holder, or failure of the underlying portfolio to conform to the pre-established investment guidelines.

ONCOR THRIFT PLAN — SUPPLEMENTAL INFORMATION
EIN 75-2967830 PN 002

FORM 5500, SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR),
DECEMBER 31, 2020¹

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Collateral, Rate of Interest, Maturity Date, Shares, Units, Par or Maturity Value	Fair Value
Interest Income Fund		
American General Life	Fixed Maturity Synthetic GIC Contract No. 1689120:	
	American General Life ² Cash Account	\$ 381,518
	AEP TEXAS CENTRAL TRANSITION F AEPTC 2019 1 A1	310,214
	APPALACHIAN CONSUMER RATE RELI AEPWV 2013 1 A1	246,445
	CNH EQUIPMENT TRUST CNH 2019 C A3	460,484
	COMM MORTGAGE TRUST COMM 2012 CR2 A4	569,103
	COMM MORTGAGE TRUST COMM 2014 CR14 A2	137,930
	CITIGROUP COMMERCIAL MORTGAGE CGCMT 2016 C2 A2	578,567
	DISCOVER CARD EXECUTION NOTE T DCENT 2018 A5 A5	409,351
	DISCOVER CARD EXECUTION NOTE T DCENT 2019 A1 A1	561,860
	DUKE ENERGY FL PROJ FIN SR SECURED 09/24 1.731	218,401
	FANNIE MAE FNR 2011 132 A	18,827
	FANNIE MAE FNR 2013 93 AV	272,707
	FANNIE MAE FNR 2015 85 AD	42,392
	FANNIE MAE FNR 2017 43 A	421,629
	FANNIE MAE FNR 2020 33 BG	415,375
	FREDDIE MAC FHR 3934 EL	3,416
	FREDDIE MAC FHR 3956 KA	9,462
	FREDDIE MAC FHR 4001 MH	124,872
	FREDDIE MAC FHR 4169 HM	438,876
	FREDDIE MAC FHR 4368 HG	99,347
	FREDDIE MAC FHR 4535 HE	193,127
	FREDDIE MAC FHR 4571 CA	508,091
	FREDDIE MAC FHR 4631 L	173,372
	FANNIE MAE FNR 2003 28 KG	37,980
	FANNIE MAE FNR 2011 18 LA	169,523
	GM FINANCIAL SECURITIZED TERM GMCAR 2018 4 A3	204,650
	GOVERNMENT NATIONAL MORTGAGE A GNR 2012 102 TA	154,998
	GOVERNMENT NATIONAL MORTGAGE A GNR 2010 33 PD	191,985
	GOVERNMENT NATIONAL MORTGAGE A GNR 2011 45 LG	10,978
	GOVERNMENT NATIONAL MORTGAGE A GNR 2012 12 GE	23,091
	GOVERNMENT NATIONAL MORTGAGE A GNR 2013 193 A	12,248
	GOVERNMENT NATIONAL MORTGAGE A GNR 2013 124 CP	65,015
	GOVERNMENT NATIONAL MORTGAGE A GNR 2014 170 E	33,808
	GOVERNMENT NATIONAL MORTGAGE A GNR 2020 78 HL	469,338
	GOVERNMENT NATIONAL MORTGAGE A GNR 2020 164 KP	502,887
	MERCEDES BENZ AUTO LEASE TRUST MBALT 2020 B A3	441,005

	UBS COMMERCIAL MORTGAGE TRUST UBSCM 2012 C1 A3	\$ 715,876
	USAA AUTO OWNER TRUST USAOT 2019 1 A3	345,955
	US TREASURY N/B 09/21 1.5	1,419,630
	Subtotal	11,394,333
American United Life	Constant Duration Synthetic GIC Contract No. S00029:	
	MFB NT CIT 1-10 Yr. Intermediate Govt Bond Index	1,344,488
	MFB NT CIT L-T Govt Bond Index	519,580
	MFB NTGI-QM CIT Daily 1-5 Yr CR Bond Index	181,426
	Northern Trust CIT S-T Govt Bond Index	1,348,825
	MFB NT CIT Asset-Backed Securities Bond Index	3,870,961
	MFB NT CIT Commercial Mortgage Backed Index	814,122
	MFB NT CIT Mortgage Backed Sec Index	3,877,508
	NT CIT 1-10 Yr Int Credit Bond Index	6,109,620
	Subtotal	18,066,530
Prudential	Constant Duration Synthetic GIC Contract GA 63451:	
	Prudential ² Core Conservative Intermediate Bond Collective Trust	24,429,158
Transamerica Premier Life	Constant Duration Synthetic GIC Contract MDA01282TR:	
	MFB NT CIT 1-10 Yr. Intermediate Govt Bond Index	1,178,132
	MFB NTGI-QM CIT Daily 1-5 Yr CR Bond Index	181,232
	Northern Trust CIT S-T Govt Bond Index	1,811,837
	MFB NT CIT Asset-Backed Securities Bond Index	3,443,081
	MFB NT CIT Commercial Mortgage Backed Index	1,042,323
	MFB NT CIT Mortgage Backed Sec Index	4,123,505
	NT COL 1-10 Yr. Int Credit Bond Index	6,074,550
	MFB NT CIT L-T Govt Bond Index	273,445
	Subtotal	18,128,105
Voya Ret. Ins. & Annuity Co.	Constant Duration Synthetic GIC Contract MCA-60447:	
	MFB NT CIT 1-10 Yr. Intermediate Govt Bond Index	1,174,457
	MFB NTGI-QM CIT Daily 1-5 Yr CR Bond Index	180,665
	NT CIT 1-10 Yr Int Credit Bond Index Tier J	6,055,593
	MFB NT CIT Asset-Backed Securities Bond Index	3,432,337
	MFB NT CIT Mortgage Backed Sec Index	4,110,638
	MFB NT CIT L-T Govt Bond Index	272,567
	MFB NT CIT Commercial Mortgage Backed Index	1,039,071
	Northern Trust CIT S-T Govt Bond Index	1,806,183
	Subtotal	18,071,511
Fidelity (STIF) ²		2,940,530
Adjustment from Fair Value to contract Value		(3,396,178)
Wrap Contracts ²		7,907

Total Interest Income Fund		\$ 89,641,896
Mutual Funds		
Vanguard	Total Bond Market Index I	41,065,090
Vanguard	Inflation-Protected Secs Adm	1,046,988
PIMCO	Total Return Institutional	27,096,551
T. Rowe Price	Institutional Large Cap Growth I	86,608,926
Fidelity ²	Extended Market Index	37,592,867
Fidelity ²	Global ex U.S. Index	11,755,618
Alliance Bernstein	Small Cap Growth I	52,968,191
Massachusetts Financial Services Company	Institutional International Equity	48,741,452
Total Mutual Funds		306,875,683
Collective Trusts		
Boston Partners Trust Company	Boston Partners Large Cap Value Equity Fund	40,803,921
Northern Trust Investments, Inc.	NT Collective S&P 500 Index Fund – DC NL	115,445,292
Victory Asset Management	Integrity Small Cap Value	25,819,445
FIAM ²	Index Target Date Income	2,075,723
FIAM ²	Index Target Date 2005	216,043
FIAM ²	Index Target Date 2010	5,359,161
FIAM ²	Index Target Date 2015	8,034,289
FIAM ²	Index Target Date 2020	82,367,235
FIAM ²	Index Target Date 2025	39,924,841
FIAM ²	Index Target Date 2030	68,701,605
FIAM ²	Index Target Date 2035	13,177,295
FIAM ²	Index Target Date 2040	59,597,466
FIAM ²	Index Target Date 2045	20,361,929
FIAM ²	Index Target Date 2050	23,483,645
FIAM ²	Index Target Date 2055	27,020,017
FIAM ²	Index Target Date 2060	13,431,627
FIAM ²	Index Target Date 2065	858,491
Total Collective Trusts		546,678,025
Fidelity ²	BrokerageLink Account	10,408,983
Subtotal Investments		953,604,587
Participant loans ²	5.25% - 7.50%, various maturity dates	19,898,008
Total Assets		\$ 973,502,595

1) See accompanying independent auditor's report.

2) Party-in-Interest.

INDEPENDENT AUDITOR'S REPORT

To the Oncor Thrift Plan Committee
and Participants of the Oncor Thrift Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Oncor Thrift Plan ("the Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company, the trustee, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certification from the trustee as of December 31, 2020 and 2019 and for the year ended December 31, 2020 that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2020 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for purposes of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.


Crowe LLP

Oak Brook, Illinois
July 28, 2021

Schedule C, Line 2(h) Formula Descriptions

Oncor Thrift Plan
EIN: 75-2967830, PN: 002
Plan Year Ending: December 31, 2020

Indirect compensation in the form of sub-transfer agency fees was paid to: Fidelity Investments Institutional Operations Company, EIN: 04-2647786

Payor Name	Street Address 1	Street Address 2	City	State	Zip	Compensation
AB SM CAP GRTH I	18, RUE EUGNE		RUPPERT	LX	LU L-245	0.15%
ADV PREFERRED GOLD BULLION STRAT	1445 RESEARCH BLVD.	SUITE 530	ROCKVILLE	MD	20850	0.40%
AKRE FOCUS FUND RETAIL	777 E. WISCONSIN AVE.	4TH FLOOR	MILWAUKEE	WI	53202	0.40%
ALGER SMALL CAP FOCUS CLASS A	600 PLAZA ONE	6TH FLOOR	JERSEY CITY	NJ	07311	0.40%
ALGER SMALL CAP GROWTH FUND A	600 PLAZA ONE	6TH FLOOR	JERSEY CITY	NJ	07311	0.40%
ALGER WEATHERBIE SPECIALIZED GR A	600 PLAZA ONE	6TH FLOOR	JERSEY CITY	NJ	07311	0.40%
ALTEGRIS AACA OPPORT RE CL N	1200 PROSPECT STREET	SUITE 400	LA JOLLA	CA	92037	0.40%
AMANA MUTUAL FUND TRUST GROWTH	1300 NORTH STATE STREET		BELLINGHAM	WA	98225	0.40%
AMANA MUTUAL FUND TRUST INCOME	1300 NORTH STATE STREET		BELLINGHAM	WA	98225	0.40%
AMERICAN BEACON ARK TRANS INN INV	220 EAST LAS COLINAS BLVD.	SUITE 1200	IRVING	TX	75039	0.40%
AMERICAN CENTURY EQUITY INC INV CL	4400 MAIN ST.	1ST FLOOR	KANSAS CITY	MO	64111	0.35%
AMG RIVER ROAD SMALL CAP VAL CL N	600 STEAMBOAT ROAD	SUITE 300	GREENWICH	CT	06830	0.40%
AMG YACKTMAN FOCUSED N	600 STEAMBOAT ROAD	SUITE 300	GREENWICH	CT	06830	0.40%
AXS THOMAS REUTERS VENTURE CAP	181 WESTCHESTER AVENUE	SUITE 402	PORT CHESTER	NY	10573	0.10%
AZZAD ETHICAL MID CAP FUND CL A	8000 TOWN CENTRE DR.	SUITE 400	BROADVIEW HEIGHTS	OH	44147-4031	0.40%
BARON FIFTH AVENUE GROWTH FUND	767 5TH AVENUE	49TH FLOOR	NEW YORK	NY	10153	0.40%
BARON FOCUSED GROWTH FUND	767 5TH AVENUE	49TH FLOOR	NEW YORK	NY	10153	0.40%
BARON GLOBAL ADVANTAGE FD RETAIL	767 5TH AVENUE	49TH FLOOR	NEW YORK	NY	10153	0.40%
BARON PARTNERS FUND	767 5TH AVENUE	49TH FLOOR	NEW YORK	NY	10153	0.40%
BARON PARTNERS FUND INSTL CLASS	767 5TH AVENUE	49TH FLOOR	NEW YORK	NY	10153	0.10%
BERKSHIRE FOCUS FUND	475 MILAN DRIVE	SUITE 103	SAN JOSE	CA	95134	0.40%
BLACKROCK TECH OPPORTUNITIES CL A	40 EAST 52ND STREET		NEW YORK	NY	10022	0.40%
CARILLON REAMS CORE PLUS BOND CL Y	PO BOX 33022		ST PETERSBURG	FL	33733-8022	0.40%
CENTRE AMERICAN SELECT EQUITY INV	1290 BROADWAY	SUITE 1100	DENVER	CO	80203	0.40%
CLEARBRIDGE SELECT FUND CL A	620 8TH AVENUE	49TH FLOOR	NEW YORK	NY	10018	0.40%
COLUMBIA BALANCED FUND CL A	225 FRANKLIN ST.	BX25 10320	BOSTON	MA	02110	0.40%
COLUMBIA GLOBAL TECH GROWTH CL A	225 FRANKLIN ST.	BX25 10320	BOSTON	MA	02110	0.40%
COLUMBIA SELIGMAN COM AND INFO CL A	225 FRANKLIN ST.	BX25 10320	BOSTON	MA	02110	0.40%
CULLEN HIGH DIVIDEND EQ FUND RETAIL	645 FIFTH AVENUE		NEW YORK	NY	10022	0.40%
DF DENT MIDCAP GROWTH FUND INVESTOR	2 EAST READ ST.	6TH FLOOR	BALTIMORE	MD	21202	0.12%
DIREXION MONTHLY NASDAQ100 BULL2X	155 SEAPORT BOULEVARD	SUITE P8	BOSTON	MA	02210	0.40%
DOMINI SUSTAINABLE SOLUTIONS INV	536 BROADWAY	7TH FLOOR	NEW YORK	NY	10012	0.40%
EUROPAC GOLD FUND CL I	LOTS 81-82	STREET C, SUITE 204	DORADO	PR	00646	0.10%
EVENTIDE HEALTH CARE AND LIFE SCI	80 ARKAY	SUITE 110	HAUPPAUGE	NY	11788	0.40%
FIRSTHAND ALTERNATIVE ENERGY	150 ALMADEN BLVD.	SUITE 1250	SAN JOSE	CA	95113	0.40%
FIRSTHAND TECHNOLOGY OPPS FUND	150 ALMADEN BLVD.	SUITE 1250	SAN JOSE	CA	95113	0.40%
FPA QUEENS ROAD VALUE FUND	11601 WILSHIRE BLVD	SUITE 1200	LOS ANGELES	CA	90025	0.40%
FRANKLIN DYNATECH FUND A	100 FOUNTAIN PARKWAY		ST. PETERSBURG	FL	33716	\$16.00
FRANKLIN MUTUAL EUROPEAN FUND CL A	100 FOUNTAIN PARKWAY		ST. PETERSBURG	FL	33716	\$16.00
GOLDMAN SACHS CLEAN ENERGY INCOME A	71 S. WACKER DRIVE	4TH FLOOR	CHICAGO	IL	60606	0.40%
GUGGENHEIM TOTAL RETURN BOND CL P	9601 BLACKWELL RD.	SUITE 500	ROCKVILLE	MD	20850	0.40%
GUINNESS ATKINSON ALT ENERGY	2220 E. ROUTE 66	SUITE 226	GLENDORA	CA	91740	0.40%
HENNESSY GAS UTILITY INVESTOR CL	7250 REDWOOD BLVD.	SUITE 200	NOVATO	CA	94945	0.40%
INVESCO DIVIDEND INCOME FUND A	11 GREENWAY PLAZA	SUITE 100	HOUSTON	TX	77046	0.40%
INVESCO OPPENHEIMER GLOBAL OPPORT A	11 GREENWAY PLAZA	SUITE 100	HOUSTON	TX	77046	0.40%
INVESCO OPPENHEIMER GOLD & SPEC A	11 GREENWAY PLAZA	SUITE 100	HOUSTON	TX	77046	0.40%
INVESCO STEELPATH MLP ALPHA PLUS A	11 GREENWAY PLAZA	SUITE 100	HOUSTON	TX	77046	0.40%
JACKSON SQUARE SMID CAP GR FD INV	101 CALIFORNIA ST.	SUITE 3750	SAN FRANCISCO	CA	94109	0.40%
JACOB INTERNET	727 2ND STREET	SUITE 106	HERMOSA BEACH	CA	90254	0.40%
JANUS HENDERSON BALANCED T	151 DETROIT ST.		DENVER	CO	80206	0.35%
JANUS HENDERSON CONTRARIAN T	151 DETROIT ST.		DENVER	CO	80206	0.35%
JANUS HENDERSON GLOBAL TECHNOLOGY T	151 DETROIT ST.		DENVER	CO	80206	0.35%
MATTHEWS CHINA SMALL COMPANIES INV	4 EMBARCADERO CENTER	SUITE 550	SAN FRANCISCO	CA	94111	0.40%
MATTHEWS KOREA FUND	4 EMBARCADERO CENTER	SUITE 550	SAN FRANCISCO	CA	94111	0.40%
MORGAN STANLEY GLOBAL OPPORTUNITY A	522 FIFTH AVENUE	4TH FLOOR	NEW YORK	NY	10036	0.40%
MORGAN STANLEY GROWTH PORTFOLIO A	522 FIFTH AVENUE	4TH FLOOR	NEW YORK	NY	10036	0.40%
MORGAN STANLEY MID CAP GRWTH CL I	522 FIFTH AVENUE	4TH FLOOR	NEW YORK	NY	10036	0.10%
MORGAN STANLEY MIDCAP GROWTH CL A	522 FIFTH AVENUE	4TH FLOOR	NEW YORK	NY	10036	0.40%
MORGAN STANLEY MULTICAP GROWTH TR	522 FIFTH AVENUE	4TH FLOOR	NEW YORK	NY	10036	0.40%
NEEDHAM SMALL CAP GROWTH	445 PARK AVE.	15TH FLOOR	NEW YORK	NY	10022	0.40%
NEUBERGER BERMAN REAL ESTATE TRUST	1290 AVENUE OF THE AMERICAS	22ND FLOOR	NEW YORK	NY	10104-0002	0.40%
NORTHERN STOCK INDEX	801 SOUTH CANAL	C-5S	CHICAGO	IL	60675	0.02%
OCM GOLD FUND ADVISOR CLASS SHARES	235 WEST GALENA STREET		MILWAUKEE	WI	53212	0.40%
OIL EQUIPMENT & SVC ULTRA PROFD INV	7501 WISCONSIN AVE.	SUITE 1000 EAST TOWER	BETHESDA	MD	20814	0.40%
PARNASSUS ENDEAVOR FUND	ONE MARKET STREET	STEUART TOWER, SUITE 1600	SAN FRANCISCO	CA	94105	0.40%
PARNASSUS MID CAP	ONE MARKET STREET	STEUART TOWER, SUITE 1600	SAN FRANCISCO	CA	94105	0.40%
PGIM JEN INTL OPPORTUNITIES CL Z	655 BROAD STREET		NEWARK	NJ	07102	0.15%
PIMCO LONG TERM US GOVT CLASS A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PUTNAM GLOBAL TECHNOLOGY FUND CL A	ONE POST OFFICE SQUARE	MAILZONE G3C	BOSTON	MA	02109	0.40%
QUEENS ROAD SMALL CAP VALUE FUND	1031 SOUTH CALDWELL ST.	SUITE 200	CHARLOTTE	NC	28203	0.40%
RIVERPARK LONG SHORT OPP RET	ONE FREEDOM VALLEY DRIVE		OAKS	PA	19456	0.40%
RYDEX MONTHLY REBAL NASDAQ 100 2X	9601 BLACKWELL RD.	SUITE 500	ROCKVILLE	MD	20850	0.07%
RYDEX NASDAQ 100 2X STRATEGY CL A	9601 BLACKWELL RD.	SUITE 500	ROCKVILLE	MD	20850	0.40%
SEMICONDUCTOR ULTRA SECTOR PRO FD	7501 WISCONSIN AVE.	SUITE 1000 EAST TOWER	BETHESDA	MD	20814	0.40%
SHELTON GREEN ALPHA FUND S CLASS	1050 17TH STREET		DENVER	CO	80265	0.40%
SMI 50 40 10 FUND	9700 PARK PLAZA AVE.	#203	LOUISVILLE	KY	40241-2287	0.10%
SPROTT GOLD EQUITY FUND INVESTOR	200 BAY STREET	SUITE 2600	TORONTO	CA	M5J 2J1	0.40%
T ROWE PRICE BLUE CHIP GROWTH INC	4515 PAINTERS MILL RD.		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE COMM & TECH INVESTOR	4515 PAINTERS MILL RD.		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE GLOBAL TECHNOLOGY	4515 PAINTERS MILL RD.		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE RET 2050 FD	4515 PAINTERS MILL RD.		OWINGS MILLS	MD	21117	0.15%

Schedule C, Line 2(h) Formula Descriptions

Oncor Thrift Plan
EIN: 75-2967830, PN: 002
Plan Year Ending: December 31, 2020

Indirect compensation in the form of sub-transfer agency fees was paid to: Fidelity Investments Institutional Operations Company, EIN: 04-2647786

Payor Name	Street Address 1	Street Address 2	City	State	Zip	Compensation
T ROWE PRICE SCIENCE& TECHNOLOGY	4515 PAINTERS MILL RD.		OWINGS MILLS	MD	21117	0.15%
TEMPLETON GLOBAL BOND CLASS A	100 FOUNTAIN PARKWAY		ST. PETERSBURG	FL	33716	\$16.00
TEMPLETON GLOBAL BOND CLASS C	100 FOUNTAIN PARKWAY		ST. PETERSBURG	FL	33716	\$19.00
TRANSAMERICA CAPITAL GROWTH CL A	4333 EDGEWOOD RD. NE		CEDAR RAPIDS	IA	52499	0.40%
VALUE LINE PREMIER GROWTH INV FD	7 TIMES SQUARE	21ST FLOOR	NEW YORK	NY	10036	0.40%
VIRTUS KAR MID CAP GROWTH FUND CL A	101 MUNSON ST.	SUITE 3	GREENFIELD	MA	01301	0.40%
VIRTUS KAR MID CAP GROWTH FUND CL C	101 MUNSON ST.	SUITE 3	GREENFIELD	MA	01301	0.10%
VIRTUS ZEVENBERGEN INNOVATIVE GR	101 MUNSON ST.	SUITE 3	GREENFIELD	MA	01301	0.40%
WASATCH ULTRA GROWTH	505 WAKARA WAY	SUITE 300	SALT LAKE CITY	UT	84108	0.40%
WELLS FARGO SPECIALIZED TECH A	525 MARKET STREET	MAC #A0103-122	SAN FRANCISCO	CA	94105	0.40%

ONCOR THRIFT PLAN — SUPPLEMENTAL INFORMATION
EIN 75-2967830 PN 002

FORM 5500, SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR),
DECEMBER 31, 2020¹

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Collateral, Rate of Interest, Maturity Date, Shares, Units, Par or Maturity Value	Fair Value
Interest Income Fund		
American General Life	Fixed Maturity Synthetic GIC Contract No. 1689120:	
	American General Life ² Cash Account	\$ 381,518
	AEP TEXAS CENTRAL TRANSITION F AEPTC 2019 1 A1	310,214
	APPALACHIAN CONSUMER RATE RELI AEPWV 2013 1 A1	246,445
	CNH EQUIPMENT TRUST CNH 2019 C A3	460,484
	COMM MORTGAGE TRUST COMM 2012 CR2 A4	569,103
	COMM MORTGAGE TRUST COMM 2014 CR14 A2	137,930
	CITIGROUP COMMERCIAL MORTGAGE CGCMT 2016 C2 A2	578,567
	DISCOVER CARD EXECUTION NOTE T DCENT 2018 A5 A5	409,351
	DISCOVER CARD EXECUTION NOTE T DCENT 2019 A1 A1	561,860
	DUKE ENERGY FL PROJ FIN SR SECURED 09/24 1.731	218,401
	FANNIE MAE FNR 2011 132 A	18,827
	FANNIE MAE FNR 2013 93 AV	272,707
	FANNIE MAE FNR 2015 85 AD	42,392
	FANNIE MAE FNR 2017 43 A	421,629
	FANNIE MAE FNR 2020 33 BG	415,375
	FREDDIE MAC FHR 3934 EL	3,416
	FREDDIE MAC FHR 3956 KA	9,462
	FREDDIE MAC FHR 4001 MH	124,872
	FREDDIE MAC FHR 4169 HM	438,876
	FREDDIE MAC FHR 4368 HG	99,347
	FREDDIE MAC FHR 4535 HE	193,127
	FREDDIE MAC FHR 4571 CA	508,091
	FREDDIE MAC FHR 4631 L	173,372
	FANNIE MAE FNR 2003 28 KG	37,980
	FANNIE MAE FNR 2011 18 LA	169,523
	GM FINANCIAL SECURITIZED TERM GMCAR 2018 4 A3	204,650
	GOVERNMENT NATIONAL MORTGAGE A GNR 2012 102 TA	154,998
	GOVERNMENT NATIONAL MORTGAGE A GNR 2010 33 PD	191,985
	GOVERNMENT NATIONAL MORTGAGE A GNR 2011 45 LG	10,978
	GOVERNMENT NATIONAL MORTGAGE A GNR 2012 12 GE	23,091
	GOVERNMENT NATIONAL MORTGAGE A GNR 2013 193 A	12,248
	GOVERNMENT NATIONAL MORTGAGE A GNR 2013 124 CP	65,015
	GOVERNMENT NATIONAL MORTGAGE A GNR 2014 170 E	33,808
	GOVERNMENT NATIONAL MORTGAGE A GNR 2020 78 HL	469,338
	GOVERNMENT NATIONAL MORTGAGE A GNR 2020 164 KP	502,887
	MERCEDES BENZ AUTO LEASE TRUST MBALT 2020 B A3	441,005

	UBS COMMERCIAL MORTGAGE TRUST UBSCM 2012 C1 A3	\$ 715,876
	USAA AUTO OWNER TRUST USAOT 2019 1 A3	345,955
	US TREASURY N/B 09/21 1.5	1,419,630
	Subtotal	11,394,333
American United Life	Constant Duration Synthetic GIC Contract No. S00029:	
	MFB NT CIT 1-10 Yr. Intermediate Govt Bond Index	1,344,488
	MFB NT CIT L-T Govt Bond Index	519,580
	MFB NTGI-QM CIT Daily 1-5 Yr CR Bond Index	181,426
	Northern Trust CIT S-T Govt Bond Index	1,348,825
	MFB NT CIT Asset-Backed Securities Bond Index	3,870,961
	MFB NT CIT Commercial Mortgage Backed Index	814,122
	MFB NT CIT Mortgage Backed Sec Index	3,877,508
	NT CIT 1-10 Yr Int Credit Bond Index	6,109,620
	Subtotal	18,066,530
Prudential	Constant Duration Synthetic GIC Contract GA 63451:	
	Prudential ² Core Conservative Intermediate Bond Collective Trust	24,429,158
Transamerica Premier Life	Constant Duration Synthetic GIC Contract MDA01282TR:	
	MFB NT CIT 1-10 Yr. Intermediate Govt Bond Index	1,178,132
	MFB NTGI-QM CIT Daily 1-5 Yr CR Bond Index	181,232
	Northern Trust CIT S-T Govt Bond Index	1,811,837
	MFB NT CIT Asset-Backed Securities Bond Index	3,443,081
	MFB NT CIT Commercial Mortgage Backed Index	1,042,323
	MFB NT CIT Mortgage Backed Sec Index	4,123,505
	NT COL 1-10 Yr. Int Credit Bond Index	6,074,550
	MFB NT CIT L-T Govt Bond Index	273,445
	Subtotal	18,128,105
Voya Ret. Ins. & Annuity Co.	Constant Duration Synthetic GIC Contract MCA-60447:	
	MFB NT CIT 1-10 Yr. Intermediate Govt Bond Index	1,174,457
	MFB NTGI-QM CIT Daily 1-5 Yr CR Bond Index	180,665
	NT CIT 1-10 Yr Int Credit Bond Index Tier J	6,055,593
	MFB NT CIT Asset-Backed Securities Bond Index	3,432,337
	MFB NT CIT Mortgage Backed Sec Index	4,110,638
	MFB NT CIT L-T Govt Bond Index	272,567
	MFB NT CIT Commercial Mortgage Backed Index	1,039,071
	Northern Trust CIT S-T Govt Bond Index	1,806,183
	Subtotal	18,071,511
Fidelity (STIF) ²		2,940,530
Adjustment from Fair Value to contract Value		(3,396,178)
Wrap Contracts ²		7,907

Total Interest Income Fund		\$ 89,641,896
Mutual Funds		
Vanguard	Total Bond Market Index I	41,065,090
Vanguard	Inflation-Protected Secs Adm	1,046,988
PIMCO	Total Return Institutional	27,096,551
T. Rowe Price	Institutional Large Cap Growth I	86,608,926
Fidelity ²	Extended Market Index	37,592,867
Fidelity ²	Global ex U.S. Index	11,755,618
Alliance Bernstein	Small Cap Growth I	52,968,191
Massachusetts Financial Services Company	Institutional International Equity	48,741,452
Total Mutual Funds		306,875,683
Collective Trusts		
Boston Partners Trust Company	Boston Partners Large Cap Value Equity Fund	40,803,921
Northern Trust Investments, Inc.	NT Collective S&P 500 Index Fund – DC NL	115,445,292
Victory Asset Management	Integrity Small Cap Value	25,819,445
FIAM ²	Index Target Date Income	2,075,723
FIAM ²	Index Target Date 2005	216,043
FIAM ²	Index Target Date 2010	5,359,161
FIAM ²	Index Target Date 2015	8,034,289
FIAM ²	Index Target Date 2020	82,367,235
FIAM ²	Index Target Date 2025	39,924,841
FIAM ²	Index Target Date 2030	68,701,605
FIAM ²	Index Target Date 2035	13,177,295
FIAM ²	Index Target Date 2040	59,597,466
FIAM ²	Index Target Date 2045	20,361,929
FIAM ²	Index Target Date 2050	23,483,645
FIAM ²	Index Target Date 2055	27,020,017
FIAM ²	Index Target Date 2060	13,431,627
FIAM ²	Index Target Date 2065	858,491
Total Collective Trusts		546,678,025
Fidelity ²	BrokerageLink Account	10,408,983
Subtotal Investments		953,604,587
Participant loans ²	5.25% - 7.50%, various maturity dates	19,898,008
Total Assets		\$ 973,502,595

1) See accompanying independent auditor's report.

2) Party-in-Interest.