Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
EDISON ENERGY GROUP 401(K) SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/2017

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)
EDISON ENERGY GROUP, INC

2 PARK PLAZA, SUITE 200
IRVINE, CA 92614

2b Employer Identification Number (EIN) 45-5489020

2c Plan Sponsor's telephone number 213-788-0443

2d Business code (see instructions) 541330

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2021	EVANGELINE ANDERSEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	

5 Total number of participants at the beginning of the plan year	**5**	206
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)**	136
a(2) Total number of active participants at the end of the plan year	**6a(2)**	148
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	86
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	234
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	234
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	217
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:

2E 2F 2G 2J 2K 2T 3D 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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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_____

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
EDISON ENERGY GROUP 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
EDISON ENERGY GROUP, INC

D Employer Identification Number (EIN)
45-5489020

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

1 Coverage Information:

(a) Name of insurance carrier
LINCOLN NATIONAL 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
35-0472300	65676	894739 087	17	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	

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

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(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	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	44543
c	Additions: (1) Contributions deposited during the year	7c(1)	43155		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	6856		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below)	7c(5)	453039		
	▶				
	(6) Total additions			7c(6)	503050
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	547593
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	90000		
	(2) Administration charge made by carrier	7e(2)	225		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below)	7e(4)	142807		
	▶				
	(5) Total deductions			7e(5)	233032
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	314561

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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
EDISON ENERGY GROUP 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
EDISON ENERGY GROUP, INC

D Employer Identification Number (EIN)
45-5489020

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

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

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	ADVISOR	7200	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIDELITY INVESTMENTS INSTITUTIONAL

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?
37 64 65	RECORDKEEPER	1644	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
EDISON ENERGY GROUP 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
EDISON ENERGY GROUP, INC

D Employer Identification Number (EIN)
45-5489020

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	47169	16756
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	289	247
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	96752	145938
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	14252242	17453709
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	44254	314318
(15) Other	1c(15)	0	0

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)	0	0
e	Buildings and other property used in plan operation	1e	0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f	14440706	17930968
	Liabilities			
g	Benefit claims payable	1g	0	0
h	Operating payables	1h	0	4
i	Acquisition indebtedness	1i	0	0
j	Other liabilities	1j	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	4
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	14440706	17930964

Part II Income and Expense Statement

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

	Income		**(a)** Amount	**(b)** Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	620248	
	(B) Participants	2a(1)(B)	1476765	
	(C) Others (including rollovers)	2a(1)(C)	1027009	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3124022
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	0	
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	7243	
	(F) Other	2b(1)(F)	6867	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		14110
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	549440	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		549440
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
	(B) Other	2b(5)(B)	0	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1632223
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		5319795
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1819405	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1819405
f Corrective distributions (see instructions)	2f		1288
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	7200	
(4) Other	2i(4)	1644	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		8844
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1829537
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3490258
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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)** [X] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: ANSTISS & CO., PC **(2)** EIN: 04-2917204

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:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

			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?	**4e**	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**		X	

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 _____.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

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
EDISON ENERGY GROUP 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
EDISON ENERGY GROUP, INC

D Employer Identification Number (EIN)
45-5489020

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**

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**

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_____

Edison Energy Group 401(k) Savings Plan

Financial Statements

December 31, 2020 and 2019

Table of Contents

	Page
Independent Auditor's Report	1-2
Statements of Net Assets Available For Benefits	3
Statement of Changes in Net Assets Available For Benefits	4
Notes to Financial Statements	5-13
Supplemental Schedules*	
Schedule I - Assets Held for Investment Purposes at End of Year	14

*Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

Independent Auditor's Report

To the Plan Administrator
Edison Energy Group 401(k) Savings Plan

Report on the Financial Statements
We were engaged to audit the accompanying financial statements of Edison Energy Group 401(k) Savings 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 of the Plan, except for comparing the 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 execute investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2020 and 2019, 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 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 the purpose 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 referred to above.

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.

Anstiss & Co., P.C.
Lowell, Massachusetts
October 12, 2021

Edison Energy Group 401(k) Savings Plan
Statements of Net Assets Available for Benefits
As of December 31, 2020 and 2019

	2020	2019
Assets		
Investments		
Investments, at fair value	$ 17,453,709	$ 14,252,242
Investment, at contract value	314,561	44,543
Total investments	17,768,270	14,296,785
Receivables		
Notes receivable from participants	145,938	96,752
Employer contribution receivables	16,756	47,169
Total receivables	162,694	143,921
Nets assets available for benefits	$ 17,930,964	$ 14,440,706

See accompanying notes to the financial statements.

Edison Energy Group 401(k) Savings Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2020

Additions	
Investment income	
Net appreciation in fair value of investments	$ 1,632,223
Interest and dividend income	556,307
Total investment income	2,188,530
Interest on notes receivable from participants	7,243
Contributions	
Participants	1,476,765
Employer	620,248
Rollovers	1,027,009
Total contributions	3,124,022
Total additions	5,319,795
Deductions	
Benefits paid directly to participants	1,820,693
Administrative expenses	8,844
Total deductions	1,829,537
Net increase	3,490,258
Net assets available for benefits:	
Beginning of year	14,440,706
End of year	$ 17,930,964

See accompanying notes to the financial statements.

Edison Energy Group 401(k) Savings Plan
Notes to Financial Statements
December 31, 2020 and 2019

Note 1 – Description of the Plan

The following description of Edison Energy Group 401(k) Savings Plan ("the Plan") provides only general information. Participants should refer to the "Summary Plan Description" and the Plan document for a more complete description of the Plan's provisions. Copies are available from the Plan Administrator.

General
The Plan is a defined contribution plan covering all eligible employees of Edison Energy Group, Inc. (the Plan Sponsor") and its subsidiaries, including Edison Energy, LLC and Altenex, LLC (the "Participating Employers"). The amended Plan was established to provide a systematic savings plan for eligible employees (the "Participants"). The Plan is subject to the provisions of Employee Retirement Income Security Act of 1974 ("ERISA").

On January 1, 2019, Edison Energy, LLC and its' subsidiaries, ENERactive Solutions, LLC and Delta Energy Services, LLC were combined into one entity with the surviving company named Edison Energy, LLC. ENERactive Solutions, LLC and Delta Energy Services, LLC were participating employers in the Plan prior to the business combination and their employees were eligible participants.

The Plan Sponsor has appointed an investment trustee, Fidelity Management Trust Company, to execute investment transactions, hold certain the Plan's assets and administer the Participants accounts.

Eligibility
All full-time U.S. employees who have reached the age of 21 and are not part of any collective bargaining agreement become immediately eligible to participate in the Plan. Part-time, temporary, seasonal and intern employees become eligible to participate in the Plan upon both reaching the age of 21 and completing 1,000 hours of service during an eligibility computation period.

Contributions
The Plan provides for employee pre-tax and Roth deferral contributions. Participants may contribute up to 80% of their pre-tax eligible adjusted W-2 compensation, which includes pre-tax elective deferral contributions and does not include overtime, bonuses, commissions, severance pay, stock-based compensation and other wage adjustments.

Note 1 – Description of the Plan (continued)

Contributions (continued)
Pre-tax contributions are subject to limitations of the lesser of 80% of eligible compensation or $19,500 and $19,000 under Federal law for plan years ending December 31, 2020 and 2019, respectively. The Plan also accepts certain eligible rollover contributions from other qualified after-tax plans.

The Plan also provides that participants who are projected to be age 50 or older by the end of the calendar year and who are making deferral contributions to the Plan may also make a catch-up contribution of the lesser of 80% of eligible compensation or $6,500 and $6,000 for the plan years ending December 31, 2020 and 2019, respectively.

The Plan is a safe harbor 401(k) Plan, and under these provisions the employer must match 100% of each participant's elective deferrals up to 4% of the participant's eligible compensation. All non-discretionary matching contributions apply to both regular and catch-up contributions and is based on annual eligible compensation. A true-up is performed annually for any missed non-discretionary matching contributions.

Vesting
Participants are immediately vested 100% in their deferral and employer matching and other discretionary contributions plus actual earnings thereon.

Participant Accounts
Each participant's account is credited with the participant's contributions and allocations of Plan earnings and losses and charged with an allocation of administrative expenses, if any. Allocations are based on participant earnings or account balances as defined. The benefit to which a participant is entitled is that which can be provided from the participant's vested account.

Notes Receivable from Participants
Eligible participants may borrow from their Plan accounts in amounts attributable to the participant's vested balance, for a maximum term of five years. If the loan is for the purchase of a principal residence, the term of the loan may be extended to 10 years. A participant may borrow a maximum of 50% of their eligible balance up to $50,000, reduced by the excess of the highest outstanding loan amount during the immediate preceding twelve – month period over the total outstanding loan balance on the date of the new loan. The minimum loan is $1,000 and only two loans can be outstanding at any time. The loan balance is secured by the participant's account and the interest rate is fixed at the inception of the loan in an amount equal to the prevailing interest rates charged by persons in the business of lending money for loans under similar circumstance. The interest rate charged on loans outstanding as of December 31, 2020 is 4.25% to 6.50% per annum, and the loans mature on various dates through August 2025.

Note 1 – Description of the Plan (continued)

Plan Investments

The Plan's investments are held by Fidelity Management Trust Company, the trustee, in various mutual funds and a stable value contract. Participants have the option to allocate their individual accounts among various investment alternatives and to make transfers as specified in the Plan document.

Benefits and Withdrawals

On termination of services due to death, retirement at age 59 ½, or disability, the participants or their beneficiaries may elect distribution in an amount equal to the value of his or her vested account, either in a lump-sum distribution or in equal installments. If the participant's account balance is less than $1,000 the distribution will automatically be paid in a lump-sum. In-service withdrawals are only allowed when the participant reaches the age of 59 ½. Hardship withdrawals are allowed, with a minimum of $500, under the provisions of the Plan, and cannot exceed the amount required to meet the immediate financial need created by the hardship. Participants who take hardship withdrawals are suspended from making contributions for six months after the withdrawal.

Effective March 27, 2020, under the CARES Act, the Plan has elected to allow participants to take a Coronavirus-related distribution not to exceed $100,000 in a tax year.

Forfeitures

If a participant terminated employment, any unvested portion of their account was forfeited to the Plan. Remaining forfeited amounts will be used to either pay administrative expenses or reduce future Plan Sponsor contributions. The Plan had the following forfeitures activity for the Plan years ending December 31:

	2020	2019
Forfeitures – beginning of Plan year	$ -	$ 4,597
Additions (including earnings)	67	36
Amounts used to offset non-discretionary matching contributions	-	(4,633)
Forfeitures – end of Plan year	$ 67	$ -

Note 2 - Summary of Significant Accounting Policies

Basis of Presentation

The financial statements are prepared using the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America.

Note 2 - Summary of Significant Accounting Policies (continued)

Fair Value Measurements

FASB ASC 820-10, "*Fair Value Measurements,*" applies to reported balances that are required or permitted to be measured at fair value under an existing accounting pronouncement. ASC 820-10 emphasizes that fair value is a market-based measurement, not an entity-specific measurement. Therefore, a fair value measurement should be determined based on the assumptions that market participants would use in pricing the asset or liability and establishes a fair value hierarchy. The fair value hierarchy consists of three levels of inputs that may be used to measure fair value as follows:

> Level 1 – Inputs that utilize quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan has the ability to access.
>
> Level 2 – Inputs that include quoted prices for similar assets and liabilities in active markets and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument. Fair values for these instruments are estimated using pricing models, quoted prices of securities with similar characteristics, or discounted cash flows.
>
> Level 3 – Inputs that are unobservable for the asset or liability, which are typically based on an entity's own assumptions, as there is little, if any, related market activity.

In instances where the determination of the fair value measurement is based on inputs from different levels of the fair value hierarchy, the level in the fair value hierarchy within which the entire fair value measurement falls is based on the lowest level input that is significant to the fair value measurement in its entirety.

Mutual Funds are valued at the quoted net asset value for shares held by the Plan at year end. The stable value fund contract, backed by a diversified portfolio of fixed-income assets, held in the general account of the issuer, is stated at contract value and is based on the current interest rates credited to the contract, less any contingent deferred sales charges.

The preceding methods described 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.

Investment Valuation and Income Recognition

The stable value fund contract is stated at contract value. All other Plan investments are stated at fair value based on quoted redemption values on the last day of the Plan year. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Note 2 - Summary of Significant Accounting Policies (continued)

Investment Valuation and Income Recognition (continued)
Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants
Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2020 and 2019. If a participant ceases to make repayments and the Plan Administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Contributions
Contributions from the Plan Sponsor accrued, if applicable, is based upon the contribution formula. Participants' contributions are recorded in the period in which their payroll deductions are withheld.

Benefits Paid Directly to Participants
Benefits payments are recorded when paid.

Expenses
Certain administrative expenses of the Plan are paid by the Plan Sponsor. A total of $70,777 in consulting and recordkeeping costs were paid by the Plan Sponsor for the year ended December 31, 2020. All Participant related administrative expenses and fees for maintenance of individual loans and distributions are deducted from the Participants' respective accounts.

Estimates
The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the Plan Administrator to make estimates and assumptions that affect reported amounts and disclosures. Actual results may differ from those estimates.

Note 3 – Information Certified by the Plan's Trustees

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, in addition to the information contained in Note 4 – Fair Value of Investments, and in the Supplemental Schedule – Schedule of Assets Held at End of Year, the trustee has certified that the following data included in the accompanying financial statements and supplemental schedule as of December 31, 2020 and 2019, and for the year ended December 31, 2020, is complete and accurate:

Note 3 – Information Certified by the Plan's Trustees (continued)

	2020	2019
Investments, at fair value	$17,453,709	$14,252,242
Investments, at contract value	314,561	44,543
Notes receivable from participants	145,938	96,752
Investment income	2,188,530	
Administrative expenses	8,844	
Interest income on notes receivable	7,243	

The Plan's independent auditors did not perform auditing procedures with respect to this information other than comparing such information to the related information included in the financial statements and supplemental schedule.

Note 4 – Fair Value of Investments

The Plan uses fair value measurements to record fair value adjustments to certain assets and to determine fair value disclosures. The following table presents the Plan's fair value hierarchy for those assets measured at fair value on a recurring basis as of December 31, 2020 and 2019.

December 31, 2020	Total	Quoted Prices in Active Markets for Identical Assets Level 1	Significant Other Observable Inputs Level 2	Significant Unobservable Inputs Level 3
Mutual Funds	$17,453,709	$17,453,709	$ -	$ -
Total	$17,453,709	$17,453,709	$ -	$ -

December 31, 2019	Total	Quoted Prices in Active Markets for Identical Assets Level 1	Significant Other Observable Inputs Level 2	Significant Unobservable Inputs Level 3
Mutual Funds	$14,252,242	$14,252,242	$ -	$ -
Total	$14,252,242	$14,252,242	$ -	$ -

During 2020, the Plan's investments (including gains and losses on investments bought and sold during the year) appreciated in value by $1,632,223.

Note 5 – Stable Value Fund Contract with Insurance Company

The Plan entered into a fully benefit-responsive stable value fund contract with Lincoln National Life Insurance Company ("Lincoln"). Lincoln maintains all investment contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The stable value fund contract issuer is contractually obligated to repay the principal and a specified rate that is guaranteed to the Plan.

Because the contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the contract. Contract value, as reported by Lincoln, represents contributions made under the contract, plus earnings, less participant withdrawals, administrative expenses and contingent deferred sales charges. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value of the investment contract at December 31, 2020 and 2019 was $314,561 and $44,543, respectively.

Certain events may limit the ability of the plan to transact at contract value with the issuer. Such events include (1) removal of a group of participants from plan coverage as a result of temporary absence, change in position or other occurrence qualifying as a temporary break in service under the plan, (2) transfer or other change of position resulting in employment by an entity controlling, controlled by, or under common control with the employer, (3) cessation of an employment relationship resulting from a reorganization, merger, layoff or the sale or discontinuance of all or any part of the plan sponsor's business, (4) removal from the plan of one or more groups or classifications of participants, (5) partial or complete plan and contract termination of the Contract; or (6) plan disqualification. The Plan Administrator believes that any events that would limit the Plan's ability to transact at contract value with participants are not probable of occurring.

Note 6 – Exempt Party-in-Interest Transactions

Certain Plan investments include shares of funds managed by Fidelity Management Trust Company (Fidelity). Fidelity was the investment trustee during the Plan year, as defined by the Plan, and, therefore, transactions executed by the trustee qualifies as party-in-interest transactions. Fees are also paid by the Plan and its sponsor for investment management fees and services.

Note 7 – Risks and Uncertainties

The Plan invests in various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Further, due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect participants' account balances and the amounts reported in the accompanying financial statements.

On March 11, 2020, the World Health Organization characterized an outbreak of a novel strain of coronavirus (COVID-19) as a pandemic. In addition, multiple jurisdictions in the U.S. have declared a state of emergency. It is anticipated that these impacts will continue for some time. Since December 31, 2020, major U.S. and foreign stock indices have continued to experience significant volatility due to the COVID-19 pandemic.

Note 8 – Tax Status

The Plan Sponsor has adopted a 401(k) prototype plan. The Plan Sponsor is not aware of any course of action or series of events that have occurred that might adversely affect the Plan's qualified status. Therefore, the Plan Sponsor is of the opinion that the Plan and related trust were tax exempt as of and for the year December 31, 2020.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2020, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2018.

Note 9 – Plan Termination

Although it has not expressed any intent to do so, the Plan Sponsor has the right to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100 percent vested in their employer contributions.

Note 10 – Subsequent Events

FASB ASC 855-10, *"Subsequent Events,"* defines further disclosure requirements for events that occur after the balance sheet date but before financial statements are issued. In accordance with ASC 855-10, the Plan's Sponsor has evaluated events subsequent to December 31, 2020 through October 12, 2021, which is the issuance date of this report.

There has been no other material event noted during this period that would either impact the results reflected in this report or the Plan's results going forward.

Edison Energy Group 401(k) Savings Plan
Schedule H, line 4i - Schedule of Assets Held at End of Year
December 31, 2020

EIN# 45-5489020
Plan 002

(a)	(b) Identity of Issue Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	FID 500 INDEX	Mutual Fund	**	$ 2,351,810
	AMERICAN FUNDS TRGT DATE 2050 R6	Mutual Fund	**	2,262,567
	AMERICAN FUNDS TRGT DATE 2035 R6	Mutual Fund	**	1,843,557
	AMERICAN FUNDS TRGT DATE 2040 R6	Mutual Fund	**	1,715,894
	AMERICAN FUNDS TRGT DATE 2055 R6	Mutual Fund	**	1,217,962
	AMERICAN FUNDS TRGT DATE 2030 R6	Mutual Fund	**	1,115,872
	AMERICAN FUNDS TRGT DATE 2045 R6	Mutual Fund	**	899,194
*	FID MID CAP IDX	Mutual Fund	**	773,143
*	FID SM CAP IDX	Mutual Fund	**	614,236
	METWEST TOT RTN BD P	Mutual Fund	**	590,353
	AMERICAN FUNDS TRGT DATE 2025 R6	Mutual Fund	**	529,941
*	FID INTL INDEX	Mutual Fund	**	514,865
	PIONEER FNDML GRTH K	Mutual Fund	**	414,549
	WELLS FARGO SPL MID CP VAL R6	Mutual Fund	**	362,770
	AMERICAN FUNDS TRGT DATE 2060 R6	Mutual Fund	**	317,250
	LINCOLN FIXED ACCT	Stable Value Fund	**	314,561
	AMERICAN FUNDS EURPAC GROWTH R6	Mutual Fund	**	285,674
	INVESCO DIVRS DIV R6	Mutual Fund	**	272,591
	JANSUS HENDERSON ENTERPRISE N	Mutual Fund	**	241,312
*	FID REAL ESTATE IDX	Mutual Fund	**	189,893
	EATON VANCE INC FND BOSTON R6	Mutual Fund	**	188,268
	T. ROW PRICE QM US SMCP GR I	Mutual Fund	**	183,850
	INVESCO EMERGING MARKETS ALL CAP R6	Mutual Fund	**	169,982
	DELAWARE SM CAP VAL R6	Mutual Fund	**	125,847
	AB GLOBAL BOND Z	Mutual Fund	**	106,638
	AMERICAN FUNDS BALANCED R6	Mutual Fund	**	105,169
	AMERICAN FUNDS TRGT DATE 2020 R6	Mutual Fund	**	60,522
*	Participant loans	Loan rate at 4.25% to 6.50%	-0-	145,938
				$ 17,914,208

* Represents party in interest
** Costs omitted for participant directed investments.

The accompanying notes are an integral part of this schedule.

The above information has been certified by Fidelity Management Trust Company, the trustee, as complete and accurate.

Edison Energy Group 401(k) Savings Plan

Financial Statements

December 31, 2020 and 2019

Table of Contents

	Page
Independent Auditor's Report	1-2
Statements of Net Assets Available For Benefits	3
Statement of Changes in Net Assets Available For Benefits	4
Notes to Financial Statements	5-13
Supplemental Schedules*	
Schedule I - Assets Held for Investment Purposes at End of Year	14

*Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

Independent Auditor's Report

To the Plan Administrator
Edison Energy Group 401(k) Savings Plan

Report on the Financial Statements
We were engaged to audit the accompanying financial statements of Edison Energy Group 401(k) Savings 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 of the Plan, except for comparing the 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 execute investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2020 and 2019, 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 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 the purpose 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 referred to above.

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.

Anstiss & Co., P.C.
Lowell, Massachusetts
October 12, 2021

Edison Energy Group 401(k) Savings Plan
Statements of Net Assets Available for Benefits
As of December 31, 2020 and 2019

	2020	2019
Assets		
Investments		
Investments, at fair value	$ 17,453,709	$ 14,252,242
Investment, at contract value	314,561	44,543
Total investments	17,768,270	14,296,785
Receivables		
Notes receivable from participants	145,938	96,752
Employer contribution receivables	16,756	47,169
Total receivables	162,694	143,921
Nets assets available for benefits	$ 17,930,964	$ 14,440,706

See accompanying notes to the financial statements.

Edison Energy Group 401(k) Savings Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2020

Additions	
Investment income	
Net appreciation in fair value of investments	$ 1,632,223
Interest and dividend income	556,307
Total investment income	2,188,530
Interest on notes receivable from participants	7,243
Contributions	
Participants	1,476,765
Employer	620,248
Rollovers	1,027,009
Total contributions	3,124,022
Total additions	5,319,795
Deductions	
Benefits paid directly to participants	1,820,693
Administrative expenses	8,844
Total deductions	1,829,537
Net increase	3,490,258
Net assets available for benefits:	
Beginning of year	14,440,706
End of year	$ 17,930,964

See accompanying notes to the financial statements.

Edison Energy Group 401(k) Savings Plan
Notes to Financial Statements
December 31, 2020 and 2019

Note 1 – Description of the Plan

The following description of Edison Energy Group 401(k) Savings Plan ("the Plan") provides only general information. Participants should refer to the "Summary Plan Description" and the Plan document for a more complete description of the Plan's provisions. Copies are available from the Plan Administrator.

General
The Plan is a defined contribution plan covering all eligible employees of Edison Energy Group, Inc. (the Plan Sponsor") and its subsidiaries, including Edison Energy, LLC and Altenex, LLC (the "Participating Employers"). The amended Plan was established to provide a systematic savings plan for eligible employees (the "Participants"). The Plan is subject to the provisions of Employee Retirement Income Security Act of 1974 ("ERISA").

On January 1, 2019, Edison Energy, LLC and its' subsidiaries, ENERactive Solutions, LLC and Delta Energy Services, LLC were combined into one entity with the surviving company named Edison Energy, LLC. ENERactive Solutions, LLC and Delta Energy Services, LLC were participating employers in the Plan prior to the business combination and their employees were eligible participants.

The Plan Sponsor has appointed an investment trustee, Fidelity Management Trust Company, to execute investment transactions, hold certain the Plan's assets and administer the Participants accounts.

Eligibility
All full-time U.S. employees who have reached the age of 21 and are not part of any collective bargaining agreement become immediately eligible to participate in the Plan. Part-time, temporary, seasonal and intern employees become eligible to participate in the Plan upon both reaching the age of 21 and completing 1,000 hours of service during an eligibility computation period.

Contributions
The Plan provides for employee pre-tax and Roth deferral contributions. Participants may contribute up to 80% of their pre-tax eligible adjusted W-2 compensation, which includes pre-tax elective deferral contributions and does not include overtime, bonuses, commissions, severance pay, stock-based compensation and other wage adjustments.

Note 1 – Description of the Plan (continued)

Contributions (continued)
Pre-tax contributions are subject to limitations of the lesser of 80% of eligible compensation or $19,500 and $19,000 under Federal law for plan years ending December 31, 2020 and 2019, respectively. The Plan also accepts certain eligible rollover contributions from other qualified after-tax plans.

The Plan also provides that participants who are projected to be age 50 or older by the end of the calendar year and who are making deferral contributions to the Plan may also make a catch-up contribution of the lesser of 80% of eligible compensation or $6,500 and $6,000 for the plan years ending December 31, 2020 and 2019, respectively.

The Plan is a safe harbor 401(k) Plan, and under these provisions the employer must match 100% of each participant's elective deferrals up to 4% of the participant's eligible compensation. All non-discretionary matching contributions apply to both regular and catch-up contributions and is based on annual eligible compensation. A true-up is performed annually for any missed non-discretionary matching contributions.

Vesting
Participants are immediately vested 100% in their deferral and employer matching and other discretionary contributions plus actual earnings thereon.

Participant Accounts
Each participant's account is credited with the participant's contributions and allocations of Plan earnings and losses and charged with an allocation of administrative expenses, if any. Allocations are based on participant earnings or account balances as defined. The benefit to which a participant is entitled is that which can be provided from the participant's vested account.

Notes Receivable from Participants
Eligible participants may borrow from their Plan accounts in amounts attributable to the participant's vested balance, for a maximum term of five years. If the loan is for the purchase of a principal residence, the term of the loan may be extended to 10 years. A participant may borrow a maximum of 50% of their eligible balance up to $50,000, reduced by the excess of the highest outstanding loan amount during the immediate preceding twelve – month period over the total outstanding loan balance on the date of the new loan. The minimum loan is $1,000 and only two loans can be outstanding at any time. The loan balance is secured by the participant's account and the interest rate is fixed at the inception of the loan in an amount equal to the prevailing interest rates charged by persons in the business of lending money for loans under similar circumstance. The interest rate charged on loans outstanding as of December 31, 2020 is 4.25% to 6.50% per annum, and the loans mature on various dates through August 2025.

Note 1 – Description of the Plan (continued)

Plan Investments

The Plan's investments are held by Fidelity Management Trust Company, the trustee, in various mutual funds and a stable value contract. Participants have the option to allocate their individual accounts among various investment alternatives and to make transfers as specified in the Plan document.

Benefits and Withdrawals

On termination of services due to death, retirement at age 59 ½, or disability, the participants or their beneficiaries may elect distribution in an amount equal to the value of his or her vested account, either in a lump-sum distribution or in equal installments. If the participant's account balance is less than $1,000 the distribution will automatically be paid in a lump-sum. In-service withdrawals are only allowed when the participant reaches the age of 59 ½. Hardship withdrawals are allowed, with a minimum of $500, under the provisions of the Plan, and cannot exceed the amount required to meet the immediate financial need created by the hardship. Participants who take hardship withdrawals are suspended from making contributions for six months after the withdrawal.

Effective March 27, 2020, under the CARES Act, the Plan has elected to allow participants to take a Coronavirus-related distribution not to exceed $100,000 in a tax year.

Forfeitures

If a participant terminated employment, any unvested portion of their account was forfeited to the Plan. Remaining forfeited amounts will be used to either pay administrative expenses or reduce future Plan Sponsor contributions. The Plan had the following forfeitures activity for the Plan years ending December 31:

	2020	2019
Forfeitures – beginning of Plan year	$ -	$ 4,597
Additions (including earnings)	67	36
Amounts used to offset non-discretionary matching contributions	-	(4,633)
Forfeitures – end of Plan year	$ 67	$ -

Note 2 - Summary of Significant Accounting Policies

Basis of Presentation

The financial statements are prepared using the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America.

Note 2 - Summary of Significant Accounting Policies (continued)

Fair Value Measurements

FASB ASC 820-10, "*Fair Value Measurements,*" applies to reported balances that are required or permitted to be measured at fair value under an existing accounting pronouncement. ASC 820-10 emphasizes that fair value is a market-based measurement, not an entity-specific measurement. Therefore, a fair value measurement should be determined based on the assumptions that market participants would use in pricing the asset or liability and establishes a fair value hierarchy. The fair value hierarchy consists of three levels of inputs that may be used to measure fair value as follows:

> Level 1 – Inputs that utilize quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan has the ability to access.
>
> Level 2 – Inputs that include quoted prices for similar assets and liabilities in active markets and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument. Fair values for these instruments are estimated using pricing models, quoted prices of securities with similar characteristics, or discounted cash flows.
>
> Level 3 – Inputs that are unobservable for the asset or liability, which are typically based on an entity's own assumptions, as there is little, if any, related market activity.

In instances where the determination of the fair value measurement is based on inputs from different levels of the fair value hierarchy, the level in the fair value hierarchy within which the entire fair value measurement falls is based on the lowest level input that is significant to the fair value measurement in its entirety.

Mutual Funds are valued at the quoted net asset value for shares held by the Plan at year end. The stable value fund contract, backed by a diversified portfolio of fixed-income assets, held in the general account of the issuer, is stated at contract value and is based on the current interest rates credited to the contract, less any contingent deferred sales charges.

The preceding methods described 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.

Investment Valuation and Income Recognition

The stable value fund contract is stated at contract value. All other Plan investments are stated at fair value based on quoted redemption values on the last day of the Plan year. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Note 2 - Summary of Significant Accounting Policies (continued)

Investment Valuation and Income Recognition (continued)
Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants
Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2020 and 2019. If a participant ceases to make repayments and the Plan Administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Contributions
Contributions from the Plan Sponsor accrued, if applicable, is based upon the contribution formula. Participants' contributions are recorded in the period in which their payroll deductions are withheld.

Benefits Paid Directly to Participants
Benefits payments are recorded when paid.

Expenses
Certain administrative expenses of the Plan are paid by the Plan Sponsor. A total of $70,777 in consulting and recordkeeping costs were paid by the Plan Sponsor for the year ended December 31, 2020. All Participant related administrative expenses and fees for maintenance of individual loans and distributions are deducted from the Participants' respective accounts.

Estimates
The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the Plan Administrator to make estimates and assumptions that affect reported amounts and disclosures. Actual results may differ from those estimates.

Note 3 – Information Certified by the Plan's Trustees

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, in addition to the information contained in Note 4 – Fair Value of Investments, and in the Supplemental Schedule – Schedule of Assets Held at End of Year, the trustee has certified that the following data included in the accompanying financial statements and supplemental schedule as of December 31, 2020 and 2019, and for the year ended December 31, 2020, is complete and accurate:

Note 3 – Information Certified by the Plan's Trustees (continued)

	2020	2019
Investments, at fair value	$17,453,709	$14,252,242
Investments, at contract value	314,561	44,543
Notes receivable from participants	145,938	96,752
Investment income	2,188,530	
Administrative expenses	8,844	
Interest income on notes receivable	7,243	

The Plan's independent auditors did not perform auditing procedures with respect to this information other than comparing such information to the related information included in the financial statements and supplemental schedule.

Note 4 – Fair Value of Investments

The Plan uses fair value measurements to record fair value adjustments to certain assets and to determine fair value disclosures. The following table presents the Plan's fair value hierarchy for those assets measured at fair value on a recurring basis as of December 31, 2020 and 2019.

December 31, 2020	Total	Quoted Prices in Active Markets for Identical Assets Level 1	Significant Other Observable Inputs Level 2	Significant Unobservable Inputs Level 3
Mutual Funds	$17,453,709	$17,453,709	$ -	$ -
Total	$17,453,709	$17,453,709	$ -	$ -

December 31, 2019	Total	Quoted Prices in Active Markets for Identical Assets Level 1	Significant Other Observable Inputs Level 2	Significant Unobservable Inputs Level 3
Mutual Funds	$14,252,242	$14,252,242	$ -	$ -
Total	$14,252,242	$14,252,242	$ -	$ -

During 2020, the Plan's investments (including gains and losses on investments bought and sold during the year) appreciated in value by $1,632,223.

Note 5 – Stable Value Fund Contract with Insurance Company

The Plan entered into a fully benefit-responsive stable value fund contract with Lincoln National Life Insurance Company ("Lincoln"). Lincoln maintains all investment contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The stable value fund contract issuer is contractually obligated to repay the principal and a specified rate that is guaranteed to the Plan.

Because the contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the contract. Contract value, as reported by Lincoln, represents contributions made under the contract, plus earnings, less participant withdrawals, administrative expenses and contingent deferred sales charges. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value of the investment contract at December 31, 2020 and 2019 was $314,561 and $44,543, respectively.

Certain events may limit the ability of the plan to transact at contract value with the issuer. Such events include (1) removal of a group of participants from plan coverage as a result of temporary absence, change in position or other occurrence qualifying as a temporary break in service under the plan, (2) transfer or other change of position resulting in employment by an entity controlling, controlled by, or under common control with the employer, (3) cessation of an employment relationship resulting from a reorganization, merger, layoff or the sale or discontinuance of all or any part of the plan sponsor's business, (4) removal from the plan of one or more groups or classifications of participants, (5) partial or complete plan and contract termination of the Contract; or (6) plan disqualification. The Plan Administrator believes that any events that would limit the Plan's ability to transact at contract value with participants are not probable of occurring.

Note 6 – Exempt Party-in-Interest Transactions

Certain Plan investments include shares of funds managed by Fidelity Management Trust Company (Fidelity). Fidelity was the investment trustee during the Plan year, as defined by the Plan, and, therefore, transactions executed by the trustee qualifies as party-in-interest transactions. Fees are also paid by the Plan and its sponsor for investment management fees and services.

Note 7 – Risks and Uncertainties

The Plan invests in various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Further, due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect participants' account balances and the amounts reported in the accompanying financial statements.

On March 11, 2020, the World Health Organization characterized an outbreak of a novel strain of coronavirus (COVID-19) as a pandemic. In addition, multiple jurisdictions in the U.S. have declared a state of emergency. It is anticipated that these impacts will continue for some time. Since December 31, 2020, major U.S. and foreign stock indices have continued to experience significant volatility due to the COVID-19 pandemic.

Note 8 – Tax Status

The Plan Sponsor has adopted a 401(k) prototype plan. The Plan Sponsor is not aware of any course of action or series of events that have occurred that might adversely affect the Plan's qualified status. Therefore, the Plan Sponsor is of the opinion that the Plan and related trust were tax exempt as of and for the year December 31, 2020.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2020, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2018.

Note 9 – Plan Termination

Although it has not expressed any intent to do so, the Plan Sponsor has the right to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100 percent vested in their employer contributions.

Note 10 – Subsequent Events

FASB ASC 855-10, *"Subsequent Events,"* defines further disclosure requirements for events that occur after the balance sheet date but before financial statements are issued. In accordance with ASC 855-10, the Plan's Sponsor has evaluated events subsequent to December 31, 2020 through October 12, 2021, which is the issuance date of this report.

There has been no other material event noted during this period that would either impact the results reflected in this report or the Plan's results going forward.

Edison Energy Group 401(k) Savings Plan
Schedule H, line 4i - Schedule of Assets Held at End of Year
December 31, 2020

EIN# 45-5489020
Plan 002

(a)	(b) Identity of Issue Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	FID 500 INDEX	Mutual Fund	**	$ 2,351,810
	AMERICAN FUNDS TRGT DATE 2050 R6	Mutual Fund	**	2,262,567
	AMERICAN FUNDS TRGT DATE 2035 R6	Mutual Fund	**	1,843,557
	AMERICAN FUNDS TRGT DATE 2040 R6	Mutual Fund	**	1,715,894
	AMERICAN FUNDS TRGT DATE 2055 R6	Mutual Fund	**	1,217,962
	AMERICAN FUNDS TRGT DATE 2030 R6	Mutual Fund	**	1,115,872
	AMERICAN FUNDS TRGT DATE 2045 R6	Mutual Fund	**	899,194
*	FID MID CAP IDX	Mutual Fund	**	773,143
*	FID SM CAP IDX	Mutual Fund	**	614,236
	METWEST TOT RTN BD P	Mutual Fund	**	590,353
	AMERICAN FUNDS TRGT DATE 2025 R6	Mutual Fund	**	529,941
*	FID INTL INDEX	Mutual Fund	**	514,865
	PIONEER FNDML GRTH K	Mutual Fund	**	414,549
	WELLS FARGO SPL MID CP VAL R6	Mutual Fund	**	362,770
	AMERICAN FUNDS TRGT DATE 2060 R6	Mutual Fund	**	317,250
	LINCOLN FIXED ACCT	Stable Value Fund	**	314,561
	AMERICAN FUNDS EURPAC GROWTH R6	Mutual Fund	**	285,674
	INVESCO DIVRS DIV R6	Mutual Fund	**	272,591
	JANSUS HENDERSON ENTERPRISE N	Mutual Fund	**	241,312
*	FID REAL ESTATE IDX	Mutual Fund	**	189,893
	EATON VANCE INC FND BOSTON R6	Mutual Fund	**	188,268
	T. ROW PRICE QM US SMCP GR I	Mutual Fund	**	183,850
	INVESCO EMERGING MARKETS ALL CAP R6	Mutual Fund	**	169,982
	DELAWARE SM CAP VAL R6	Mutual Fund	**	125,847
	AB GLOBAL BOND Z	Mutual Fund	**	106,638
	AMERICAN FUNDS BALANCED R6	Mutual Fund	**	105,169
	AMERICAN FUNDS TRGT DATE 2020 R6	Mutual Fund	**	60,522
*	Participant loans	Loan rate at 4.25% to 6.50%	-0-	145,938
				$ 17,914,208

* Represents party in interest
** Costs omitted for participant directed investments.

The accompanying notes are an integral part of this schedule.

The above information has been certified by Fidelity Management Trust Company, the trustee, as complete and accurate.