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

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A This return/report is for:
- [X] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
EDISON PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1970

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)
BOARD OF TRUSTEES, EDISON PENSION TRUST

PO BOX 4148
PORTLAND, OR 97208

12029 NE GLENN WIDING ROAD
PORTLAND, OR 97220

2b Employer Identification Number (EIN) 93-6061681

2c Plan Sponsor's telephone number 503-282-5581

2d Business code (see instructions) 238210

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.	08/18/2022	GARTH BACHMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/09/2022	TIM GAUTHIER
	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**	7304
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)**	4167
a(2) Total number of active participants at the end of the plan year	**6a(2)**	4287
b Retired or separated participants receiving benefits	**6b**	1764
c Other retired or separated participants entitled to future benefits	**6c**	1174
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	7225
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	294
f Total. Add lines **6d** and **6e**	**6f**	7519
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	0
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**	162

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

1B

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) Insurance	[ ]	**(1)** Insurance	[ ]
(2) Code section 412(e)(3) insurance contracts	[ ]	**(2)** Code section 412(e)(3) insurance contracts	[ ]
(3) Trust	[X]	**(3)** Trust	[X]
(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)** [X] **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)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

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

A Name of plan
EDISON PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
BOARD OF TRUSTEES, EDISON PENSION TRUST

D Employer Identification Number (EIN)
93-6061681

E Type of plan: **(1)** [X] Multiemployer Defined Benefit **(2)** [ ] Money Purchase (see instructions)

1a Enter the valuation date: Month 01 Day 01 Year 2021

b	Assets		
(1)	Current value of assets	**1b(1)**	800872930
(2)	Actuarial value of assets for funding standard account	**1b(2)**	760206572
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	915260453
(2)	Information for plans using spread gain methods:		
(a)	Unfunded liability for methods with bases	**1c(2)(a)**	
(b)	Accrued liability under entry age normal method	**1c(2)(b)**	
(c)	Normal cost under entry age normal method	**1c(2)(c)**	
(3)	Accrued liability under unit credit cost method	**1c(3)**	915260453
d	Information on current liabilities of the plan:		
(1)	Amount excluded from current liability attributable to pre-participation service (see instructions)	**1d(1)**	
(2)	"RPA '94" information:		
(a)	Current liability	**1d(2)(a)**	1701454391
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	66372097
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	59483332
(3)	Expected plan disbursements for the plan year	**1d(3)**	59096820

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

	07/21/2022
Signature of actuary	Date
LADD E PREPPERNAU	20-06705
Type or print name of actuary	Most recent enrollment number
MILLIMAN, INC.	503-227-0634
Firm name	Telephone number (including area code)
1455 SW BROADWAY, PORTLAND, OR 97201	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	**2a**		800872930
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		2113	770399731
(2) For terminated vested participants		1108	217652436
(3) For active participants:			
(a) Non-vested benefits			39040182
(b) Vested benefits			674362042
(c) Total active		4167	713402224
(4) Total		7388	1701454391
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	**2c**		47.06 %

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**c)** Amount paid by employees
01/15/2021	487907	0	06/15/2021	4673268	0
02/15/2021	4186037	0	07/15/2021	4549675	0
03/15/2021	3728864	0	08/15/2021	5071404	0
04/15/2021	5372365	0	09/15/2021	4874030	0
05/15/2021	5297524	0	10/15/2021	5067948	0
			Totals ► **3(b)**	57131984	**3(c)** 0

(d) Total withdrawal liability amounts included in line 3(b) total	**3(d)**	0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	83.1 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	N

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No

d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? ☐ Yes ☐ No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	**4e**	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☐	**4f**	

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

a ☐ Attained age normal **b** ☐ Entry age normal **c** ☒ Accrued benefit (unit credit) **d** ☐ Aggregate

e ☐ Frozen initial liability **f** ☐ Individual level premium **g** ☐ Individual aggregate **h** ☐ Shortfall

i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method	**5j**	

k Has a change been made in funding method for this plan year? ☐ Yes ☒ No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☐ Yes ☐ No

m If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method	**5m**	

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment			
(2) For terminated vested participants			
(3) For active participants:			
(a) Non-vested benefits			
(b) Vested benefits			
(c) Total active			
(4) Total			
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	%

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**c)** Amount paid by employees
11/15/2021	5261021	0			
12/15/2021	4096238	0			
01/15/2022	4465703	0			
			Totals ► **3(b)**		**3(c)**
(d) Total withdrawal liability amounts included in line 3(b) total					**3(d)**

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	%
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No

d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? ☐ Yes ☐ No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	**4e**	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☐	**4f**	

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

a ☐ Attained age normal **b** ☐ Entry age normal **c** ☐ Accrued benefit (unit credit) **d** ☐ Aggregate

e ☐ Frozen initial liability **f** ☐ Individual level premium **g** ☐ Individual aggregate **h** ☐ Shortfall

i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method	**5j**	

k Has a change been made in funding method for this plan year? ☐ Yes ☐ No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☐ Yes ☐ No

m If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method	**5m**	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability				**6a**	2.08 %
		Pre-retirement		Post-retirement	
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A		☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:					
(1) Males	**6c(1)**	8P		8P	
(2) Females	**6c(2)**	8FP		8FP	
d Valuation liability interest rate	**6d**	6.75 %		6.75 %	
e Expense loading	**6e**	4.4 %	☐ N/A	%	☒ N/A
f Salary scale	**6f**	%	☒ N/A		
g Estimated investment return on actuarial value of assets for year ending on the valuation date			**6g**	9.1 %	
h Estimated investment return on current value of assets for year ending on the valuation date			**6h**	11.9 %	

7 New amortization bases established in the current plan year:

(1) Type of base	**(2)** Initial balance	**(3)** Amortization Charge/Credit
1	-16966600	-1717597
4	23888646	2418343

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval	**8a**	
b(1) Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule		☒ Yes ☐ No
b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a schedule		☒ Yes ☐ No
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?		☐ Yes ☒ No
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?		☐ Yes ☐ No
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended	**8d(2)**	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?		☐ Yes ☐ No
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	**8d(4)**	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	**8d(5)**	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?		☐ Yes ☐ No
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	**8e**	

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any		**9a**	0
b Employer's normal cost for plan year as of valuation date		**9b**	23679846
c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	**9c(1)**	356714667	44933478
(2) Funding waivers	**9c(2)**		
(3) Certain bases for which the amortization period has been extended	**9c(3)**		
d Interest as applicable on lines 9a, 9b, and 9c		**9d**	4631399
e Total charges. Add lines 9a through 9d		**9e**	73244723

Credits to funding standard account:

f	Prior year credit balance, if any		**9f**	125227168
g	Employer contributions. Total from column (b) of line 3		**9g**	57131984
		Outstanding balance		
h	Amortization credits as of valuation date	**9h** 76433618		23925673
i	Interest as applicable to end of plan year on lines 9f, 9g, and 9h		**9i**	11689360
j	Full funding limitation (FFL) and credits:			
	(1) ERISA FFL (accrued liability FFL)	**9j(1)** 324478256		
	(2) "RPA '94" override (90% current liability FFL)	**9j(2)** 821054365		
	(3) FFL credit		**9j(3)**	
k	**(1)** Waived funding deficiency		**9k(1)**	
	(2) Other credits		**9k(2)**	
l	Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)		**9l**	217974185
m	Credit balance: If line 9l is greater than line 9e, enter the difference		**9m**	144729462
n	Funding deficiency: If line 9e is greater than line 9l, enter the difference		**9n**	

9o	Current year's accumulated reconciliation account:		
	(1) Due to waived funding deficiency accumulated prior to the 2021 plan year	**9o(1)**	0
	(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
	(a) Reconciliation outstanding balance as of valuation date	**9o(2)(a)**	0
	(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	**9o(2)(b)**	0
	(3) Total as of valuation date	**9o(3)**	0
10	Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	**10**	
11	Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions		[X] Yes [ ] No

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.**	**2021** **This Form is Open to Public Inspection.**

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
EDISON PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES, EDISON PENSION TRUST

D Employer Identification Number (EIN)
93-6061681

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

BANK OF NEW YORK MELLON

52-6220193

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

BARINGS REAL ESTATE ADVISORS LLC

20-5578089

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

CHEVY CHASE TRUST COMPANY

52-2037618

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

FIDELITY INVESTMENTS

04-2647786

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

GI PARTNERS

188 THE EMBARCADERO, SUITE 700
SAN FRANCISCO, CA 94105

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

GMO LLC

45-3846785

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

GROSVENOR CAPITAL MANAGEMENT LP

36-3795985

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

GUGGENHEIM PARTNERS

80-0644053

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

MESIROW FINANCIAL

353 NORTH CLARK STREET
CHICAGO, IL 60654

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

MONARCH ALTERNATIVE CAPITAL

535 MADISON AVENUE
NEW YORK, NY 10022

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

PANTHEON VENTURES US LP

600 MONTGOMERY STREET, 23RD FLOOR
SAN FRANCISCO, CA 94111

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

T ROWE PRICE GROUP, INC

65-1218396

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

VANGUARD GROUP, INC

23-1999975

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

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

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

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

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

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

WILLIAM C. EARHART CO.

93-0509592

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 13 14 15 50	NONE	318414	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ASB CAPITAL MANAGEMENT

80-0618452

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	287700	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HARBOURVEST PARTNERS LP

74-3130888

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	141605	Yes [X] No [ ]	Yes [X] No [ ]	145097	Yes [ ] No [X]

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)

MFS HERITAGE TRUST COMPANY

57-1187281

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	276089	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PACIFIC INVESTMENT MANAGEMENT CO

33-0629048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	273607	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

ULLICO INVESTMENT ADVISORS, INC

52-6435649

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	245824	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

MILLIMAN USA

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	230047	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WASHINGTON CAPITAL MANAGEMENT INC

91-1042342

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	163323	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DODGE & COX

94-1441976

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 52 68	NONE	144915	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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)

U.S. BANK NATIONAL ASSOCIATION

31-0841368

(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?
19 50 62 68	NONE	110899	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

VOYA INVESTMENTS TRUST CO

06-1440627

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	100610	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

R.V. KUHNS & ASSOCIATES INC

93-0910651

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	94376	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

QUEST INVESTMENT MANAGEMENT INC

93-0880854

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 52 68	NONE	85662	Yes [X] No [ ]	Yes [X] No [ ]	4766	Yes [ ] No [X]

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

LOOMIS, SAYLES & COMPANY, LP

20-8080381

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	77209	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

STATE STREET GLOBAL ADVISORS

81-4017137

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	49634	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

OREGON-COLUMBIA CHAPTER, NECA

93-6023048

(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?
49 50	PLAN SPONSOR	36035	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CLIFTONLARSONALLEN LLP

41-0746749

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	31050	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MCMORGAN & COMPANY LLC

52-2334338

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	26752	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)

BROWNSTEIN, RASK & SWEENEY

93-0589000

(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?
29 50	NONE	25935	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

METROPRESORT

3506 NW 35TH AVE
PORTLAND, OR 97210

(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?
36 50	NONE	21778	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HARRISON ELECTRICAL WORKERS

93-6023048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	COMMON BOARD	13676	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)

CENVEO WORLDWIDE LIMITED

12760 SE HIGHWAY 212
CLACKAMAS, OR 97015

(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?
36 50	NONE	6776	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

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

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

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

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

(complete as many entries as needed)

a Name: PETER R. STURDIVAN
b EIN: 91-0675641
c Position: PRINCIPAL
d Address: 1455 SW BROADWAY
PORTLAND, OR 97201
e Telephone: 503-227-0634

Explanation: PETER R. STURDIVAN RETIRED FROM MILLIMAN, INC. AND HIS WORKLOAD WAS REASSIGNED TO OTHER MILLIMAN, INC. EMPLOYEES.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
EDISON PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES, EDISON PENSION TRUST

D Employer Identification Number (EIN)
93-6061681

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

a Name of MTIA, CCT, PSA, or 103-12 IE:	QUEST GROUP TRUST I		
b Name of sponsor of entity listed in (a):	QUEST INVESTMENT MANAGEMENT LLC		
c EIN-PN	93-6195889-070	**d** Entity code	E
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4903955		

a Name of MTIA, CCT, PSA, or 103-12 IE:	QUEST GROUP TRUST II		
b Name of sponsor of entity listed in (a):	QUEST INVESTMENT MANAGEMENT LLC		
c EIN-PN	93-6195889-071	**d** Entity code	E
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	6532259		

a Name of MTIA, CCT, PSA, or 103-12 IE:	QUEST GROUP TRUST III		
b Name of sponsor of entity listed in (a):	QUEST INVESTMENT MANAGEMENT LLC		
c EIN-PN	93-6195889-072	**d** Entity code	E
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	11882976		

a Name of MTIA, CCT, PSA, or 103-12 IE:	QUEST GROUP TRUST IV		
b Name of sponsor of entity listed in (a):	QUEST INVESTMENT MANAGEMENT LLC		
c EIN-PN	93-6195889-073	**d** Entity code	E
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	9157763		

a Name of MTIA, CCT, PSA, or 103-12 IE:	QUEST GROUP TRUST V		
b Name of sponsor of entity listed in (a):	QUEST INVESTMENT MANAGEMENT LLC		
c EIN-PN	93-6195889-074	**d** Entity code	E
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	8759769		

a Name of MTIA, CCT, PSA, or 103-12 IE:	QUEST GROUP TRUST VI		
b Name of sponsor of entity listed in (a):	QUEST INVESTMENT MANAGEMENT LLC		
c EIN-PN	93-6195889-075	**d** Entity code	E
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3415971		

a Name of MTIA, CCT, PSA, or 103-12 IE:	QUEST GROUP TRUST VII		
b Name of sponsor of entity listed in (a):	QUEST INVESTMENT MANAGEMENT LLC		
c EIN-PN	93-6195889-076	**d** Entity code	E
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	15895508		

a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES CORE PLUS FIXED

b Name of sponsor of entity listed in (a): LOOMIS SALES TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
84-6391546-010	C	19231294

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA SMALL CAP CORE TRUST FUND

b Name of sponsor of entity listed in (a): VOYA INVESTMENTS TRUST CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
06-1440627-013	C	15248327

a Name of MTIA, CCT, PSA, or 103-12 IE: ASB ALLEGIANCE REAL ESTATE FUND

b Name of sponsor of entity listed in (a): CHEVY CHASE TRUST CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
52-6257033-006	C	30978003

a Name of MTIA, CCT, PSA, or 103-12 IE: HARBOURVEST PARTNERS VIII-CAYMAN MZ

b Name of sponsor of entity listed in (a): HARBOURVEST PARTNERS, LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
98-0494212-001	E	89901

a Name of MTIA, CCT, PSA, or 103-12 IE: MFS INTERNATIONAL GROWTH FUND

b Name of sponsor of entity listed in (a): MFS HERITAGE TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
57-1187281-001	C	43631322

a Name of MTIA, CCT, PSA, or 103-12 IE: WASHINGTON CAPITAL JT MASTER TRUST

b Name of sponsor of entity listed in (a): WASHINGTON CAPITAL MANAGEMENT, INC.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
91-1163419-001	E	24206773

a Name of MTIA, CCT, PSA, or 103-12 IE: HARBOURVEST INT'L PRIVATE EQUITY V

b Name of sponsor of entity listed in (a): HARBOURVEST PARTNERS, LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
05-0623924-001	E	168065

a Name of MTIA, CCT, PSA, or 103-12 IE: HARBOURVEST PARTNERS VIII-VENTURE

b Name of sponsor of entity listed in (a): HARBOURVEST PARTNERS, LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
34-2063502-001	E	1406802

a Name of MTIA, CCT, PSA, or 103-12 IE: HARBOURVEST PARTNERS VIII-BUYOUT

b Name of sponsor of entity listed in (a): HARBOURVEST PARTNERS, LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
34-2063501-001	E	979962

a Name of MTIA, CCT, PSA, or 103-12 IE: MSCI ACW EX USA NL FUND

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-159	C	42535862

a Name of MTIA, CCT, PSA, or 103-12 IE: ULLICO INFRASTRUCTURE FUND

b Name of sponsor of entity listed in (a): ULLICO INVESTMENT ADVISORS, INC.

c EIN-PN 90-0622302-001	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14979736

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs)**
(Complete as many entries as needed to report all participating plans)

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

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

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
EDISON PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES, EDISON PENSION TRUST

D Employer Identification Number (EIN)
93-6061681

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	5155364	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	5580556	5676898
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	2129423	1790351
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	20840830	27553590
(2) U.S. Government securities	1c(2)	2803	2132
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	102507959	80758584
(5) Partnership/joint venture interests	1c(5)	110501310	161033882
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	136499919	151624807
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	86665890	102379440
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	339457899	378835224
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	809341953	909654908
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	1952857	1727943
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	6516166	1996153
k	Total liabilities (add all amounts in lines 1g through1j)	1k	8469023	3724096
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	800872930	905930812

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)	57131984	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)	1500	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		57133484
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1555	
	(B) U.S. Government securities	2b(1)(B)	165	
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)	530819	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		532539
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	1298529	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	19058262	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		20356791
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	91850253	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	84664702	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		7185551
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	6627222	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		6627222

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		12985607
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		16885277
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		38181297
c Other income	2c		1617220
d Total income. Add all **income** amounts in column (b) and enter total	2d		161504988
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	53240965	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		53240965
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	323889	
(2) Contract administrator fees	2i(2)	332093	
(3) Investment advisory and management fees	2i(3)	2081146	
(4) Other	2i(4)	469013	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		3206141
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		56447106
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		105057882
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] 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: CLIFTONLARSONALLEN LLP **(2)** EIN: 41-0746749

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		163720131
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ 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 448521.

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

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
EDISON PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES, EDISON PENSION TRUST

D Employer Identification Number (EIN)
93-6061681

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): _____ _____

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

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

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

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

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

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

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

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that 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 ON ELECTRIC GROUP INC

b EIN 93-0473216 **c** Dollar amount contributed by employer 17504171

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 12 Day 31 Year 2021

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 E C COMPANY

b EIN 93-0902566 **c** Dollar amount contributed by employer 6460808

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 12 Day 31 Year 2021

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 DYNALECTRIC-ORE

b EIN 52-0973205 **c** Dollar amount contributed by employer 4185246

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 12 Day 31 Year 2021

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 ROSENDIN ELECTRIC, INC

b EIN 94-1242813 **c** Dollar amount contributed by employer 3784719

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 12 Day 31 Year 2021

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 CHRISTENSON ELECTRIC INC

b EIN 93-0502175 **c** Dollar amount contributed by employer 3132956

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 12 Day 31 Year 2021

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: [X] last contributing employer [ ] alternative [ ] reasonable approximation (see instructions for required attachment)	**14a**	0
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**	0
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**	0

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**	1.03
b The corresponding number for the second preceding plan year	**15b**	1.06

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: 43.5 % Investment-Grade Debt: 21.8 % High-Yield Debt: 1.9 % Real Estate: 14.3 % Other: 18.5 %

b Provide the average duration of the combined investment-grade and high-yield debt:
[ ] 0-3 years [X] 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)?
[X] 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 PENSION PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION

YEARS ENDED DECEMBER 31, 2021 AND 2020



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INDEPENDENT AUDITORS' REPORT

Board of Trustees
Edison Pension Plan
Portland, Oregon

Report on the Audit of the Financial Statements

Opinion

We have audited the accompanying financial statements of Edison Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Edison Pension Plan as of December 31, 2021 and 2020, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Edison Pension Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Edison Pension Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

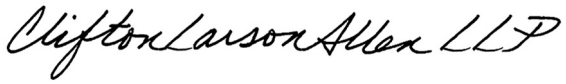
Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) and reportable transactions for the year ended December 31, 2021 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The schedules of administrative expenses and investment expenses, investments accounts, and changes in investment accounts are presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.



CliftonLarsonAllen LLP

Bellevue, Washington
August 1, 2022

EDISON PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2021 AND 2020

	2021	2020
ASSETS		
INVESTMENTS (at Fair Value)		
Interest Bearing Cash (Including Foreign Currency)	$ 12,016,934	$ 10,691,049
Short-Term Funds	15,077,173	14,660,885
U.S. Securities	2,132	2,803
Common Stock	80,758,584	102,507,959
Mutual Funds	378,835,224	339,457,899
Collective Funds	151,624,807	136,499,919
Limited Partnerships	125,426,810	75,186,150
Limited Liability Companies	35,648,591	33,035,721
103-12 Investment Entities	102,379,440	86,665,890
Total Investments	901,769,695	798,708,275
RECEIVABLES		
Employer Contributions	5,603,094	5,487,166
Reciprocal Contributions	73,804	93,390
Accrued Interest and Dividends	57,596	191,150
Security Transactions	-	610,600
Total Receivables	5,734,494	6,382,306
PREPAID EXPENSES	129,559	107,975
Total Assets	907,633,748	805,198,556
LIABILITIES		
ACCOUNTS PAYABLE	491,741	471,496
RECIPROCAL CONTRIBUTIONS PAYABLE	1,211,195	1,199,223
SECURITY TRANSACTIONS	-	2,654,907
Total Liabilities	1,702,936	4,325,626
NET ASSETS AVAILABLE FOR BENEFITS	$ 905,930,812	$ 800,872,930

See accompanying Notes to Financial Statements.

EDISON PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2021 AND 2020

	2021	2020
ADDITIONS:		
INVESTMENT INCOME		
Net Appreciation in Fair Value of Investments	$ 81,864,954	$ 75,099,895
Interest	1,720	15,901
Dividends	20,887,610	10,564,009
Quest Group Trust Distributions	1,610,842	1,651,219
Other	6,378	52,672
Total Investment Income	104,371,504	87,383,696
LESS: INVESTMENT EXPENSES		
Investment Manager Fees	(1,872,930)	(1,680,537)
Custodial and Service Fees	(113,840)	(115,066)
Investment Performance Fees	(94,376)	(90,000)
Total Investment Expenses	(2,081,146)	(1,885,603)
Net Investment Income	102,290,358	85,498,093
CONTRIBUTIONS		
Employer	56,654,562	50,939,054
Reciprocal	477,422	192,858
Total Contributions	57,131,984	51,131,912
OTHER INCOME	1,500	1,500
Total Additions	159,423,842	136,631,505
DEDUCTIONS:		
RETIREMENT AND DEATH BENEFITS	53,240,965	51,768,757
ADMINISTRATIVE EXPENSES	1,124,995	1,034,994
Total Deductions	54,365,960	52,803,751
NET INCREASE	105,057,882	83,827,754
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of Year	800,872,930	717,045,176
End of Year	$ 905,930,812	$ 800,872,930

See accompanying Notes to Financial Statements.

NOTE 1 DESCRIPTION OF PLAN

The following description of the Edison Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General

The Plan was formed in 1970, under an agreement between International Brotherhood of Electrical Workers Local 48 and the Oregon-Columbia Chapter, National Electrical Contractor Association. The Plan is a noncontributory defined benefit pension plan providing benefits for individuals who work as members of an eligible bargaining unit, for certain bargaining unit alumni, and for other groups of nonbargaining unit employees covered by participation agreements approved by the Board of Trustees of Edison Pension Plan. The Plan amendment effective January 1, 2011, adopted June 13, 2011, added a new benefit structure for new entrants on or after July 1, 2011. The Plan has been most recently restated effective January 1, 2015 and amended on February 23, 2021. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Pension Benefits

An employee is eligible for a normal retirement benefit when the participant attains age 65 and has accumulated at least five years of service or reached his/her fifth anniversary of beginning participation under the Plan. A participant is eligible for a reduced benefit if he/she meets the age requirement and is at least 50% vested. A participant may be eligible for early retirement upon attaining 55 years of age and completing 10 years of credited past and future service, with a minimum of two years being future service. Participants will receive a monthly benefit based on years of service, hours reported, and contributions made or required to be made to the Plan in accordance with the Plan provisions. For periods on or after January 1, 2011, failure to work 300 hours in a Plan year and 400 hours for periods after December 31, 1975, and prior to January 1, 2011, constitute a one-year break in service. If a participant who is not vested experiences consecutive one-year breaks, he/she shall suffer a permanent break and previous credited service for benefits and years of service for vesting shall be cancelled if the consecutive break years equal or exceed the total years of service for vesting in the period from 1976 – 1984 or, if after 1984, the consecutive break years equal or exceed the greater of five years or total years of service for vesting. A participant will not have a break in service if he/she has five years of credited future service.

Effective December 1, 2020 the Plan was amended to clarify the authority of Trustees to designate some or all contributions to count toward benefit accrual, and to similarly designate some or all contributions to not count toward benefit accrual, and instead be used solely to improve Plan funding.

Participants may elect to receive their benefit in the form of a life annuity, a life annuity with guaranteed payments of either 60 or 120 months, or a 100%, 75%, or 50% joint and survivor spouse option with or without an elective pop-up option.

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Death and Disability Benefits

If an active participant dies, is not vested, and has not had a permanent break in service or is vested and not married, the beneficiary will receive 60 monthly payments of his/her accrued benefit. If an active participant dies, is vested, and married, then the surviving spouse will receive a life annuity under the 50% joint and survivor spouse's benefit with payment starting at the date of death or, if later, the earliest age the participant could retire (age 55). An active participant who has been permanently disabled for five or more months, has accumulated 10 years of credited service of which two years must be credited future service, and has worked at least 300 covered hours in the calendar year immediately before becoming disabled, is eligible for a full disability retirement. The disability benefit will be payable as of the first day of the sixth month. For 2011 Structure participants, disability benefits are temporary, and are replaced with retirement benefits upon attaining normal retirement age.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Plan's financial statements have been prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's Board of Trustees to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Board of Trustees determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians, and insurance company. See Note 3 for discussion of fair value measurements.

Purchase and sales of securities are reflected on a trade-date basis. Dividend income is recorded on the ex-dividend date. Interest income is recorded as earned on an accrual basis. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Investment Valuation with Fair Values not Readily Determinable

The Plan has invested in a limited partnership, several 103-12 investment entities, and several collective funds that invest primarily in real estate, for which fair values have been estimated by fund management or trustees in the absence of readily determinable fair values.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment Valuation with Fair Values not Readily Determinable (Continued)

Real estate investments in the investment funds have been valued by fund management or trustees utilizing independent third-party appraisals. Fair value estimates for real estate are subjective estimates as values may be affected by availability of capital, capitalization rates, discount rates, occupancy rates, rental rates, interest, and inflation rates. Fund management and trustees believe the estimated market values of the real estate are reasonable approximations of market prices.

The net asset value (NAV) of the funds, as provided by the trustee or fund management, is based on the fair value of underlying real estate investments held by the funds less any liabilities. The Plan's Board of Trustees has relied on the NAV as provided by the investment managers. The Plan's Board of Trustees believes that the NAV is a reasonable basis for estimating the market value and that the fair value of the investment funds are fairly presented. See Note 3 for discussion of fair value measurements.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

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

Reciprocal Contributions

The Plan has entered into various reciprocal agreements with other union pension plans. In accordance with these agreements, the Plan is required to remit funds received, and is entitled to receive funds, from participating employers on behalf of temporary employees to and from the employee's participating local unions.

Reclassifications

Certain amounts in the 2020 financial statements have been reclassified to conform with the 2021 presentation. These reclassifications do not affect net assets available for benefits as previously reported.

Subsequent Events

The Plan has evaluated subsequent events through August 1, 2022, the date the financial statements were available to be issued.

NOTE 3 FAIR VALUE OF INVESTMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted market prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

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

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

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. There have been no changes in the valuation methodologies used at December 31, 2021 and 2020.

Mutual Funds (apart from PIMCO funds): Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Short-Term Funds: Valued based on the closing prices reported in the active market in which the individual securities are traded.

Foreign Currency: Traded in active markets on national and international securities exchanges are valued at closing prices on the last business day of each period presented.

Currency: Valued based on cost, which approximates fair value in a noninflationary economy and is protected by the Federal Deposit Insurance Corporation.

NOTE 3 FAIR VALUE OF INVESTMENTS (CONTINUED)

Common Stock: Valued at the closing price reported on the active market on which the individual securities are traded.

U.S. Securities: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar securities, the securities are valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar investments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks, or a broker quote is available.

Collective Fund, Limited Partnerships, Limited Liability Company, 103-12 Investment Entities and PIMCO mutual funds: Valued at the NAV of units (or equivalents). The NAV, as provided by the trustee or investment manager, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of underlying investments held by the funds, less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

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

	2021			
	Level 1	Level 2	Level 3	Total
Cash (Including Foreign Currency)	$ 12,016,934	$ -	$ -	$ 12,016,934
Short-Term Funds	15,077,173	-	-	15,077,173
U.S. Securities	-	2,132	-	2,132
Common Stock	80,758,584	-	-	80,758,584
Mutual Funds	257,137,013	-	-	257,137,013
Total Investments in the Fair Value Hierarchy	$ 364,989,704	$ 2,132	$ -	364,991,836
Investments Measured at Net Asset Value				536,777,859
Total Investment Assets at Fair Value				$ 901,769,695

	2020			
	Level 1	Level 2	Level 3	Total
Cash (Including Foreign Currency)	$ 10,691,049	$ -	$ -	$ 10,691,049
Short-Term Funds	14,660,885	-	-	14,660,885
U.S. Securities	-	2,803	-	2,803
Common Stock	102,507,959	-	-	102,507,959
Mutual Funds	216,264,989	-	-	216,264,989
Total Investments in the Fair Value Hierarchy	$ 344,124,882	$ 2,803	$ -	344,127,685
Investments Measured at Net Asset Value				454,580,590
Total Investment Assets at Fair Value				$ 798,708,275

NOTE 3 FAIR VALUE OF INVESTMENTS (CONTINUED)

The following tables summarize investments for which fair value is measured using the net asset per share practical expedient as of December 31:

	2021			
Investment Type	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Mutual Funds:				
Fixed Income	$ 121,698,211	$ -	Daily	1 Day
Collective Funds:				
Domestic Equity	15,248,327	-	Daily	1 Day
International Equity	86,167,183	-	Daily/Monthly	1 Day
Fixed Income	19,231,294	-	Daily	3 - 5 Days
Real Estate	30,978,003	-	Quarterly	1 Day
Limited Partnerships:				
Private Equity	29,215,894	-	Quarterly	70 Days
Private Equity	7,340,464	672,000	None	N/A****
Private Equity	17,162,792	3,014,313	None	N/A*****
Private Equity	7,441,749	148,000	None	N/A******
Private Equity	8,268,011	11,199,402	None	N/A
Private Equity	16,152,244	-	None	N/A
Private Equity	3,411,788	8,465,513	None	N/A
Private Equity	13,925,505	29,240,000	Annually	90 days**
Real Estate	22,508,363	-	Quarterly	60 Days
Limited Liability Company:				
Private Equity	3,446,738	-	None***	N/A***
Private Equity	12,790,765	3,893,053	None	N/A
Fixed Income	19,411,088	-	Monthly	30 Days
103-12 Investment Entities:				
Private Equity	2,644,730	427,730	None*	N/A*
Infrastructure	14,979,736	-	None*******	45 Days
Real Estate	84,754,974	-	N/A**/Monthly	1 Day/15 Days
Total	$ 536,777,859	$ 57,060,011		

* Transferrable upon written consent of the general partner with 10 days' notice. Scheduled to terminate June 30, 2022 and September 30, 2022.
** Until after the expiration of a two year lock-up period beginning on admission date.
*** Distributions expected to be completed as soon as administratively possible.
**** Scheduled to terminate by March 30, 2024.
***** Scheduled to terminate June 1, 2026 and August 1, 2028.
****** Scheduled to terminate February 6, 2028.
******* Until after the expiration of a four year lock-up period beginning on admission date.

NOTE 3 FAIR VALUE OF INVESTMENTS (CONTINUED)

	2020			
Investment Type	Fair Value	Unfunded Commitments	Redemption	Redemption Notice Period
Mutual Funds:				
Fixed Income	$ 123,192,910	$ -	Daily	1 Day
Collective Funds:				
Domestic Equity	13,345,675	-	Daily	1 Day
International Equity	76,477,897	-	Daily/Monthly	1 Day
Fixed Income	19,460,397	-	Daily	3 - 5 Days
Real Estate	27,215,950	-	Quarterly	1 Day
Limited Partnerships:				
Private Equity	24,577,808	-	Monthly	70 Days
Private Equity	7,938,740	742,000	None	N/A****
Private Equity	14,517,126	4,764,313	None	N/A*****
Private Equity	5,627,784	452,000	None	N/A******
Private Equity	2,454,453	16,129,624	None	N/A
Private Equity	9,152,664	-	None	N/A
Real Estate	10,917,575	-	Quarterly	60 Days
Limited Liability Company:				
Private Equity	6,912,988	-	None***	N/A***
Private Equity	6,689,575	5,510,142	None	N/A
Fixed Income	19,433,158	-	Monthly	1 Day
103-12 Investment Entities:				
Private Equity	3,201,737	433,870	None*	N/A*
Infrastructure	13,618,648	-	None*******	45 days
Real Estate	69,845,505	-	N/A**/Monthly	1 Day/15 Days
Total	$ 454,580,590	$ 28,031,949		

* Transferrable upon written consent of the general partner with 10 days' notice. Scheduled to terminate June 30, 2021 and September 30, 2022.
*** Distributions expected to be completed by January 1, 2022.
**** Scheduled to terminate by March 30, 2024.
***** Scheduled to terminate June 1, 2026 and August 1, 2028.
****** Scheduled to terminate February 6, 2028.
******* Until after the expiration of a four year lock-up period beginning on admission date.

Mutual Funds

The mutual funds focus on investment in foreign and domestic fixed income securities of varying maturities with an objective of maximizing total return consistent with prudent investment management.

NOTE 3 FAIR VALUE OF INVESTMENTS (CONTINUED)

Limited Partnerships

The objectives of the private equity focused limited partnerships are to achieve consistent long-term capital appreciation with low volatility and little correlation with the equity and bond markets through a portfolio having a diversified risk profile and investment in private investment portfolios focused on hedge funds implementing alternative and nontraditional investment strategies and buyout, venture capital, and mezzanine distressed debt partnerships and to achieve long-term capital appreciation through investment in a diversified portfolio of private equity investment partnerships operating primarily in the United States.

The real estate focused limited partnership focuses on investment in a diversified portfolio of real estate through investment in limited liability companies and limited partnerships established to act as real estate investment vehicles with an objective of providing capital appreciation over a full market cycle.

Limited Liability Company

The objective of the private equity limited liability company is to provide above-average returns through investment in the underlying Master Trust, which holds a portfolio of funds generally implementing a nontraditional or alternative investment strategy.

The objective of the fixed income limited liability company is to maximize total return through a combination of current income and capital appreciation by investing in a wide array of fixed income securities.

NOTE 4 PENSION PROTECTION ACT CERTIFICATION

As of January 1, 2021, the actuary reported that the Plan is not in endangered or critical status as identified under the Pension Protection Act of 2006.

NOTE 5 FUNDING POLICY

The collective bargaining agreements presently call for contributions by participating employers on covered employees. Contributions received by the Edison Pension Trust (Trust) are deposited in a trust account where they are invested on behalf of the Plan. Any benefits provided by the Plan are paid directly from net assets available for Plan benefits.

The contributions for 2021 and 2020 exceeded the minimum funding requirements of ERISA.

Although it has not expressed an intention to do so, the Board of Trustees has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to provisions set for in ERISA.

NOTE 6 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

Assets invested in Grosvenor Institutional Partners LP, Grosvenor Opportunistic Credit Fund IV, Ltd., Grosvenor Opportunistic Credit Fund V, Ltd, PIMCO Private Offshore Feeder III, and Guggenheim Core Plus Fund, LLC qualify as Plan assets under regulation 29 CFR 2510.3 – 101 of ERISA, as qualified employee benefit plan ownership in the fund exceeds 25% of the total ownership. As a result, the Plan is required to allocate the underlying assets of the fund on schedule H of Form 5500. The following table provides a comparison of the disclosures as presented in the statements of net assets available for benefits and schedule H of Form 5500:

	2021		2020	
	Financial Statements	Form 5500	Financial Statements	Form 5500
Limited Partnerships	$ 43,141,399	$ -	$ 24,577,808	$ -
Limited Liability Company	35,648,591	-	33,035,721	-
Partnerships/Joint Ventures	-	78,748,471	-	59,892,968
Interest Bearing Cash	-	459,483	-	644,260
Receivable - Other	-	1,603,196	-	1,219,698
Operating Payables	-	(25,007)	-	(282,138)
Other Liabilities	-	(1,996,153)	-	(3,861,259)
Net Investment	$ 78,789,990	$ 78,789,990	$ 57,613,529	$ 57,613,529

NOTE 7 RISKS AND UNCERTAINTIES

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

Plan contributions are made and the actuarial present values of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

NOTE 8 PLAN TAX STATUS

The Plan obtained its latest determination letter on September 24, 2015, in which the Internal Revenue Service (IRS) states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Board of Trustees believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

NOTE 8 PLAN TAX STATUS (CONTINUED)

Accounting principles generally accepted in the United States of America require the Plan's Board of Trustees to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdiction; however, there are currently no audits for any tax periods in progress.

NOTE 9 PLAN TERMINATION

Upon the termination of the Plan, any monies remaining in the Trust after the payment of all expenses and obligations of the Plan shall be distributed according to the provisions of the Plan, the Trust Agreement, and ERISA. A more complete discussion of the priority order of participants' claims to the assets of the Trust upon termination and benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) is located in the Plan document. Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

NOTE 10 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments that are attributable, under the Plan's provisions, to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died, and (3) present employees or their beneficiaries.

Benefits under the Plan are based on vesting service, as defined in the Plan agreement, ending on the date of which the benefit information is presented (December 31, 2020). Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date. The actuarial present value of accumulated plan benefits is determined by the Plan's actuary, Milliman, and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

NOTE 10 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

The significant actuarial assumptions used in the valuations as of December 31, 2020 and 2019 were:

(1) life expectancy of participants (the Pri-2012 Employee/Retiree Mortality Tables for Males and Females projected generationally using the MP-2019 mortality improvement rates)

(2) retirement age assumptions (later of age 65 or five years of credited service)

(3) investment return (6.75% for 2020 and 7.00% for 2019)

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The following is a summary of actuarial present value of accumulated plan benefits as of December 31, 2020:

Actuarial Present Value of Accumulated Plan Benefits:	
Vested Benefits:	
Participants Currently Receiving Payments	$ 507,767,067
Other Participants	394,522,767
Total	902,289,834
Nonvested Benefits	12,970,619
Total Actuarial Present Value of Accumulated Plan Benefits	$ 915,260,453

The changes in the actuarial present value of accumulated plan benefits are summarized as follows for the periods December 31:

Actuarial Present Value of Accumulated Plan Benefits:	
Beginning of Year	$ 864,588,302
Increase (Decrease) During the Year Attributable to:	
Benefit Accumulated	21,567,548
Reduction in Discount Period	58,709,275
Benefits Paid	(51,768,757)
Actuarial (Gain)/Loss	(1,724,561)
Change in Actuarial Assumptions	23,888,646
Net Increase	50,672,151
Actuarial Present Value of Accumulated Plan Benefits - End of Year	$ 915,260,453

During 2020, the actuarial present value of accumulated plan benefits increased approximately $24 million due to a change in actuarial assumptions. The increase was attributable to a decrease in the rate of return from 7.00% to 6.75%.

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2021. Had the valuations been performed as of December 31, there would be no material differences.

NOTE 11 PARTY-IN-INTEREST TRANSACTIONS

The Plan pays expenses related to Plan operations and investment activity to various service providers. These transactions are party-in-interest transactions under ERISA.

EDISON PENSION PLAN
E.I.N. 93-6073069 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2021

(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
	Short-Term Funds				
	DREYFUS GOVERN CASH MGMT	VARIABLE RATE	15,077,173	$ 15,077,173	$ 15,077,173
	U.S. Securities				
	G N M A I I #002897	8.000% 3/20/30	1,637	1,637	1,905
	G N M A #422470	7.500% 3/15/26	225	225	227
	TOTAL U.S. SECURITIES			1,862	2,132
	Common Stock				
	ABBOTT LABORATORIES		2,674	267,895	376,339
	ACCENTURE PLC IRELAND SHS CLASS A		849	184,409	351,953
	ADOBE INC		456	195,605	258,579
	AEGON N V A D R		47,607	292,820	235,179
	ALNYLAM PHARMACEUTICALS INC		1,800	142,847	305,244
	ALPHABET INC CL A		100	78,262	289,704
	ALPHABET INC CL C		1,175	993,106	3,399,968
	AMAZON COM INC		424	849,079	1,413,760
	AMERICAN EXPRESS CO		3,400	262,900	556,240
	AMETEK INC		2,352	254,636	345,838
	AMPHENOL CORP CL A		3,032	162,669	265,179
	ANALOG DEVICES INC		1,478	188,879	259,788
	ANHEUSER BUSCH INBEV NV A D R		5,900	332,778	357,245
	APPLE INC		16,223	1,406,932	2,880,718
	APTIV PLC SHS		1,836	227,293	302,848
	ASML HOLDING NV NY REG SHS		329	278,179	261,930
	ATLASSIAN CORP PLC CLASS A		668	155,948	254,702
	BAKER HUGHES COMPANY		19,487	525,981	468,857
	BANK OF AMERICA CORP		26,200	434,646	1,165,638
	BANK OF NEW YORK MELLON CORP		23,200	770,694	1,347,456
	BIOMARIN PHARMACEUTICAL INC		5,100	385,656	450,585
	BOEING CO THE		1,670	336,158	336,204
	BOOKING HOLDINGS INC		225	364,119	539,827
	BRIGHTHOUSE FINL INC		3,100	140,490	160,580
	BRISTOL MYERS SQUIBB CO		10,900	606,924	679,615
	CAPITAL ONE FINL CORP		12,600	824,081	1,828,134
	CARRIER GLOBAL CORPORATION COM		7,400	150,970	401,376
	CELANESE CORP SER A		2,400	118,684	403,344
	CHARTER COMMUNICATIONS INC NEW		1,846	429,664	1,203,537
	CHIPOTLE MEXICAN GRILL INC		170	215,327	297,203
	CHUBB LIMITED COM		1,500	288,671	289,965
	CIGNA CORP		6,800	1,444,191	1,561,484
	CISCO SYSTEMS INC		18,600	702,658	1,178,682
	COGNIZANT TECH SOLUTIONS CL A		11,901	770,481	1,055,857
	COMCAST CORP CLASS A		29,290	764,807	1,474,166
	CONOCOPHILLIPS		8,798	423,351	635,040
	COSTAR GROUP INC		3,471	300,143	274,313
	COSTCO WHSL CORP		529	180,410	300,313
	CVS HEALTH CORP		5,800	424,602	598,328
	DANAHER CORP		1,161	203,440	381,981
	DELL TECHNOLOGIES C		11,800	372,743	662,806

EDISON PENSION PLAN
E.I.N. 93-6073069 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2021

(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
	Common Stock (Continued)			
	DISH NETWORK CORP CL A	13,500	$ 458,201	$ 437,940
	DOCUSIGN INC	1,706	349,520	259,841
	ELANCO ANIMAL HEALTH INC	8,400	273,645	238,392
	FED EX CORP	5,800	960,145	1,500,112
	FISERV INC	13,100	1,397,768	1,359,649
	FOX CORP CLASS A W I	16,366	557,938	603,905
	FOX CORP CLASS B	7,500	269,955	257,025
	GILEAD SCIENCES INC	16,000	1,094,389	1,161,760
	GLAXO SMITHKLINE P L C A D R	39,500	1,473,962	1,741,950
	GOLDMAN SACHS GROUP INC	2,850	425,367	1,090,268
	HALLIBURTON CO	3,000	84,777	68,610
	HESS CORP	3,900	192,273	288,717
	HEWLETT PACKARD ENTERPRIS CO	44,325	600,479	699,005
	HOME DEPOT INC	735	184,971	305,032
	HONDA MOTOR CO LTD A D R	18,100	539,849	514,945
	HONEYWELL INTERNATIONAL INC	1,685	367,494	351,339
	HP INC	41,225	702,783	1,552,946
	HUBSPOT INC	390	263,097	257,069
	IDEXX LABS INC	577	201,300	379,931
	II-VI INC	1,400	84,477	95,662
	INCYTE CORP	5,300	414,358	389,020
	INTUIT INC	410	130,820	263,720
	IQVIA HOLDINGS INC	1,339	213,812	377,785
	J P MORGAN CHASE CO	1,869	313,186	295,956
	JOHNSON CTLS INTL PLC SHS	19,200	733,445	1,561,152
	JOHNSON JOHNSON	2,195	332,049	375,499
	JUNIPER NETWORKS INC	14,000	383,352	499,940
	LINCOLN NATIONAL CORP	2,400	108,676	163,824
	LYONDELLBASELL INDUSTRIES N V SHS A	798	42,538	73,600
	MASTERCARD INC	951	280,396	341,713
	MEDTRONIC PLC SHS	1,800	159,929	186,210
	META PLATFORMS INC	4,990	1,166,970	1,678,387
	METLIFE INC	23,300	993,525	1,456,017
	MICRO FOCUS INTL SPN A D R	10,489	78,350	58,424
	MICROCHIP TECHNOLOGY INC	11,600	477,266	1,009,896
	MICROSOFT CORP	11,012	1,122,582	3,703,556
	MOLSON COORS BEVERAGE COMPANY	10,500	553,649	486,675
	NETFLIX COM INC	489	227,064	294,593
	NEWS CORP NEW CL A W	5,825	68,183	129,956
	NIKE INC	1,794	207,640	299,006
	NOVARTIS AG A D R	11,900	816,407	1,040,893
	NVIDIA CORP	2,444	367,693	718,805
	OCCIDENTAL PETROLEUM CORP WT 8/03/27	4,575	22,646	57,691
	OCCIDENTAL PETROLEUM CORPORATION	43,000	1,753,177	1,246,570
	OTIS WORLDWIDE CORP	2,500	164,919	217,675
	PALO ALTO NETWORKS INC	460	215,830	256,110
	PAYPAL HOLDINGS INC	1,764	332,551	332,655
	QURATE RETAIL INC SERIES A	15,950	170,262	121,220
	RAYTHEON TECHNOLOGIES CORP COM	14,600	976,248	1,256,476

EDISON PENSION PLAN
E.I.N. 93-6073069 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2021

(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
	Common Stock (Continued)			
	REGENERON PHARMACEUTICALS INC	100	$ 60,644	$ 63,152
	ROCHE HOLDINGS LTD SPON A D R	14,400	566,821	744,336
	S P GLOBAL INC	625	198,241	294,956
	SALESFORCE COM INC	1,007	200,332	255,909
	SANOFI A D R	39,776	1,823,482	1,992,778
	SCHLUMBERGER LTD	19,000	747,273	569,050
	SCHWAB CHARLES CORP	28,800	739,258	2,422,080
	SERVICENOW INC	398	197,411	258,346
	SHOPIFY INC A	109	150,623	150,136
	STATE STR CORP	9,600	653,415	892,800
	T MOBILE US INC	6,200	730,579	719,076
	TE CONNECTIVITY LTD SHS	5,200	251,306	838,968
	TESLA INC	811	452,725	857,049
	TEXAS INSTRUMENTS INC	1,306	172,804	246,142
	THE GAP INC	10,500	243,191	185,325
	THERMO FISHER SCIENTIFIC INC	573	180,793	382,329
	TRADE DESK INC THE CLASS A	3,150	248,275	288,666
	TRANSDIGM GROUP INC	548	333,844	348,681
	TRUIST FINANCIAL CORP	6,000	211,780	351,300
	UNION PACIFIC CORP COM	1,435	283,999	361,520
	UNITEDHEALTH GROUP INC COM	2,247	456,133	1,128,309
	VISA INC COM CL A	1,549	285,438	335,684
	VMWARE INC CL A	9,172	905,262	1,062,851
	WALT DISNEY CO THE	1,924	286,024	298,008
	WELLS FARGO CO NEW COM	50,903	1,857,531	2,442,326
	WILLIAMS COS INC COM	29,100	597,544	757,764
	WORKDAY INC	943	204,086	257,608
	ZOETIS INC CL A	1,581	257,082	385,811
	TOTAL COMMON STOCK		54,058,938	80,758,584
	Mutual Funds			
	DODGE & COX INTERNATIONAL STOCK FUND	913,965	35,924,796	43,221,423
	FIDELITY MID CAP INDEX FUND	551,962	12,659,301	17,657,251
	GMO BENCHMARK FREE ALLOC III	872,439	22,706,848	22,264,637
	PIMCO ALL ASSET FUND INSTITU	5,428,687	64,786,816	69,324,334
	PIMCO ALL ASSETS ALL AUTH IS	4,986,286	44,349,947	41,136,863
	PIMCO PAPS ASSET BACKED SECURITIES	851,529	10,374,004	10,567,472
	PIMCO PAPS EMERGING MARKETS	262,578	2,593,341	2,510,250
	PIMCO PAPS HIGH YIELD	382,259	2,894,310	3,214,798
	PIMCO PAPS INTERNATIONAL	434,136	3,334,388	2,361,697
	PIMCO PAPS INVESTMENT GRADE CORP	3,918,113	38,123,433	38,044,881
	PIMCO PAPS MORTGAGE	1,287,134	13,973,667	13,720,847
	PIMCO PAPS MUNICIPAL SECTOR	175,742	1,353,374	1,238,982
	PIMCO PAPS REAL RETURN BOND	93,498	696,863	568,465
	PIMCO PAPS SHORT-TERM FLTG NAV II	1,080,860	10,820,387	10,820,493
	PIMCO PAPS US GOVERNMENT SECTOR	2,267,849	21,830,459	21,408,491

EDISON PENSION PLAN
E.I.N. 93-6073069 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2021

(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
	Mutual Funds (Continued)			
	T ROWE PRICE LARGE CAP GWTH I	452,865	$ 14,859,309	$ 33,294,617
	VANGUARD INSTL INDEX INSTL#94	74,516	22,670,837	30,237,887
	AFL-CIO HOUSING INVT TR	15,164	16,900,623	17,241,834
	TOTAL MUTUAL FUNDS		340,852,703	378,835,224
	Collective Funds			
	ASB ALLEGIANCE REAL ESTATE FUND	16,274	18,564,350	30,978,003
	LOOMIS SAYLES CORE PFD FUND	1,079,197	15,745,152	19,231,294
	MFS INTERNATIONAL GROWTH FUND	167,420	18,892,548	43,631,322
	SSGA MSCI ACWI EX USA NON-LENDING FUND	1,534,704	21,948,588	42,535,862
	VOYA SMALL CAP CORE TRUST FUND	388,462	11,718,667	15,248,326
	TOTAL COLLECTIVE FUNDS		86,869,305	151,624,807
	Limited Partnerships			
	CORNERSTONE/BARINGS PATRIOT FUND	158,278	17,820,426	22,508,363
	GI PARTNERS FUND VI-A LP		3,534,487	3,411,788
	GROSVENOR INSTITUTIONAL PARTNERS		29,215,894	29,215,894
	HARBOURVEST CO-INVEST IV		4,042,435	4,042,435
	HARBOURVEST CO-INVEST V (FEEDER)		13,120,357	13,120,357
	LABOR IMPACT FEEDER FUND LP		7,800,598	8,268,011
	MESIROW PRIVATE EQUITY VII-B		1,049,665	7,441,749
	MONARCH CAPITAL PTR OS V LP		11,875,000	16,152,244
	PANTHEON USA FUND IX LP		7,340,464	7,340,464
	PIMCO PRIVATE INCOME OS FDR III		13,760,000	13,925,505
	TOTAL LIMITED PARTNERSHIPS		109,559,326	125,426,810
	Limited Liability Companies - Other			
	GROSVENOR OPPORTUNISTIC - CREDIT FUND IV		3,446,738	3,446,738
	GROSVENOR OPPORTUNISTIC - CREDIT FUND V		12,790,765	12,790,765
	GUGGENHEIM CORE PLUS FUND		15,700,000	19,411,088
	TOTAL LIMITED LIABILITY COMPANIES		31,937,503	35,648,591
	103-12 Investment Entities			
	HARBOURVEST VIII CAYMAN BUYOUT		979,962	979,962
	HARBOURVEST VIII CAYMAN MEZZANINE		89,901	89,901
	HARBOURVEST VIII CAYMAN VENTURE		1,406,802	1,406,802
	HARBOURVEST INTL PE V LP		168,065	168,065
	ULLICO INFRASTRUCTURE TAX-EXEMPT		9,268,698	14,979,736
	QUEST GROUP TRUST I		3,048,713	4,903,955
	QUEST GROUP TRUST II		2,465,074	6,532,259
	QUEST GROUP TRUST III		2,970,000	11,882,976
	QUEST GROUP TRUST IV		2,700,000	9,157,763
	QUEST GROUP TRUST V		2,140,115	8,759,769
	QUEST GROUP TRUST VI		1,191,819	3,415,971
	QUEST GROUP TRUST VII		10,373,067	15,895,508
	WASHINGTON CAPITAL EQUITY FUND		14,774,623	24,206,773
	TOTAL 103-12 INVESTMENT ENTITIES		51,576,839	102,379,440
	TOTAL INVESTMENTS HELD		$ 689,933,648	$ 889,752,761

EDISON PENSION PLAN
E.I.N. 93-6073069 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2021

(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
	Interest Bearing Operating Cash			
	US BANK		$ 4,527,910	$ 4,527,910
	WELLS FARGO		3,426,354	3,426,354
	GROSVENOR ESCROW CREDIT FUND V		4,062,670	4,062,670
	TOTAL INTEREST BEARING OPERATING CASH		$ 12,016,934	$ 12,016,934

EDISON PENSION PLAN
SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2021

(a) Identity of Party Involved	(b) Description of Assets (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Assets	(h) Current Value of Assets on Transaction Date	(i) Net Gain or (Loss)
Category (iii) - Series of Transactions						
Dreyfus Govern Cash Mgmt	Variable Rate	$ 116,559,794	$ -	$ 116,559,794	$ 116,559,794	$ -
Dreyfus Govern Cash Mgmt	Variable Rate	-	116,143,795	116,143,795	116,143,795	-

There were no category (i), (ii), or (iv) reportable transactions during the year ended December 31, 2021.
Columns (e) and (f) are omitted as they are not applicable.

EDISON PENSION PLAN
SCHEDULES OF ADMINISTRATIVE EXPENSES AND INVESTMENT EXPENSES
YEARS ENDED DECEMBER 31, 2021 AND 2020

	2021	2020
ADMINISTRATIVE EXPENSES		
Actuarial Fees	$ 230,047	$ 230,047
Administrative Fees	332,093	309,806
Audit Fees	31,872	31,854
Collection Expenses	23,222	(22,656)
Participant Notices and Mailings	33,546	30,557
Fiduciary Insurance	209,043	187,864
Dues and Registration	-	2,400
Legal Fees	25,935	36,409
Meetings and Conferences	-	2,275
NECA Processing	12,813	13,671
PBGC Insurance	226,424	211,200
Pension Medical Review	-	1,567
Total Administrative Expenses	$ 1,124,995	$ 1,034,994
INVESTMENT EXPENSES		
Custodial and Service Fees	$ 113,840	$ 115,066
Investment Monitor - RV Kuhns	94,376	90,000
Investment Counsel Fees:		
ASB Capital Management	287,700	270,372
Dodge & Cox	144,915	96,830
Loomis Sayles	77,209	73,529
McMorgan & Co.	26,752	89,985
MFS Investment Management	276,089	252,201
Miscellaneous	141,605	74,425
PIMCO	273,607	270,594
Quest Investment Management	85,662	73,473
State Street Global Advisors	49,634	39,234
ULLICO	245,824	236,332
Voya	100,610	77,547
Washington Capital Management	163,323	126,015
Total Investment Expenses	$ 2,081,146	$ 1,885,603

EDISON PENSION PLAN
SCHEDULE OF INVESTMENT ACCOUNTS
DECEMBER 31, 2021

	Combined	Cornerstone	Dodge & Cox Investment Management	GMO, LLC	Grosvenor Capital Management	Harbourvest Partners LLC	Invesco Capital Management	Ironbridge Investment Management	McMorgan & Company	MFS Int'l	Pacific Investment Management Co.	Quest Investment Management	SSGA MSCI ACWI	Wellington Trust Co.	T. Rowe Price	Guggenheim	Loomis Sayles	Voya	Pooled Account
ASSETS																			
INVESTMENTS (at Fair Value)																			
Cash (Including Foreign Currency)	$ 4,062,670	$ -	$ -	$ -	$ 4,062,670	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Short-Term Funds	15,077,173	-	614,846	-	-	-	-	-	4,269	-	470,134	45,119	-	-	-	-	-	-	13,942,805
U.S. Securities	2,132	-	-	-	-	-	-	-	-	-	2,132	-	-	-	-	-	-	-	-
Common Stock	80,758,584	-	56,924,863	-	-	-	-	-	-	-	-	23,833,721	-	-	-	-	-	-	-
Mutual Funds	378,835,224	-	43,221,423	22,264,637	-	-	-	17,657,252	-	-	214,917,574	-	-	30,237,887	33,294,617	-	-	-	17,241,834
Collective Funds	151,624,807	-	-	-	-	-	-	-	-	43,631,322	-	-	42,535,861	-	-	-	19,231,294	15,248,327	30,978,003
Limited Partnerships	125,426,810	22,508,363	-	-	29,215,894	-	-	-	-	-	-	-	-	-	-	-	-	-	73,702,553
Limited Liability Company	35,648,591	-	-	-	16,237,503	-	-	-	-	-	-	-	-	-	-	19,411,088	-	-	-
103-12 Investment Entities	102,379,440	-	-	-	-	168,065	-	-	-	-	-	-	-	-	-	-	-	-	102,211,375
Total Investments at Fair Value	893,815,431	22,508,363	100,761,132	22,264,637	49,516,067	168,065	-	17,657,252	4,269	43,631,322	215,389,840	23,878,840	42,535,861	30,237,887	33,294,617	19,411,088	19,231,294	15,248,327	238,076,570
RECEIVABLES																			
Accrued Interest and Dividends	57,594	-	55,048	-	-	-	-	-	-	-	24	2,219	-	-	-	-	-	-	303
Security Transactions	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Receivables	57,594	-	55,048	-	-	-	-	-	-	-	24	2,219	-	-	-	-	-	-	303
Total Assets	893,873,025	22,508,363	100,816,180	22,264,637	49,516,067	168,065	-	17,657,252	4,269	43,631,322	215,389,864	23,881,059	42,535,861	30,237,887	33,294,617	19,411,088	19,231,294	15,248,327	238,076,873
LIABILITIES																			
SECURITY TRANSACTIONS	-	-	-	-	-	-	-	-	-	-	0	-	-	-	-	-	-	-	0
Total Liabilities	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
NET ASSETS UNDER INVESTMENT	$ 893,873,025	$ 22,508,363	$ 100,816,180	$ 22,264,637	$ 49,516,067	$ 168,065	$ -	$ 17,657,252	$ 4,269	$ 43,631,322	$ 215,389,864	$ 23,881,059	$ 42,535,861	$ 30,237,887	$ 33,294,617	$ 19,411,088	$ 19,231,294	$ 15,248,327	$ 238,076,873

EDISON PENSION PLAN
SCHEDULE OF INVESTMENT ACCOUNTS
DECEMBER 31, 2020

	Combined	Cornerstone	Dodge & Cox Investment Management	GMO, LLC	Grosvenor Capital Management	Harbourvest Partners LLC	Invesco Capital Management	Ironbridge Investment Management	McMorgan & Company	MFS Int'l	Pacific Investment Management Co.	Quest Investment Management	SSGA MSCI ACWI	Wellington Trust Co.	T. Rowe Price	Guggenheim	Loomis Sayles	Voya	Pooled Account
ASSETS																			
INVESTMENTS (At Fair Value)																			
Foreign Currency	$ 5,535,685	$ -	$ -	$ -	$ 5,535,685	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Short-Term Funds	14,660,885	-	476,344	-	-	-	-	-	35,830	-	4,014,619	91,432	-	-	-	-	-	-	10,042,660
U.S. Securities	2,803	-	-	-	-	-	-	-	-	-	2,803	-	-	-	-	-	-	-	-
Common Stock	102,507,959	-	39,611,375	-	-	-	-	-	44,029,276	-	-	18,867,308	-	-	-	-	-	-	-
Mutual Funds	339,457,899	-	37,349,579	20,198,746	-	-	-	20,623,872	543,995	-	204,121,817	-	-	16,352,774	25,164,150	-	-	-	15,102,966
Collective Funds	136,499,919	-	-	-	-	-	-	-	-	37,097,388	-	-	39,380,509	-	-	-	19,460,397	13,345,675	27,215,950
Limited Partnerships	75,186,150	10,917,575	-	-	24,577,808	-	-	-	-	-	-	-	-	-	-	-	-	-	39,690,767
Limited Liability Company	33,035,721	-	-	-	13,602,563	-	-	-	-	-	-	-	-	-	-	19,433,158	-	-	-
103-12 Investment Entities	86,665,890	-	-	-	-	279,188	-	-	-	-	-	-	-	-	-	-	-	-	86,386,702
Total Investments at Fair Value	793,552,911	10,917,575	77,437,298	20,198,746	43,716,056	279,188	-	20,623,872	44,609,101	37,097,388	208,139,239	18,958,740	39,380,509	16,352,774	25,164,150	19,433,158	19,460,397	13,345,675	178,439,045
RECEIVABLES																			
Accrued Interest and Dividends	191,150	-	44,057	-	-	-	-	-	37,725	-	25	2,695	-	-	106,426	-	-	-	222
Security Transactions	610,600	-	86,970	-	-	48,876	-	-	-	-	-	110,939	-	-	-	-	-	-	363,815
Total Receivables	801,750	-	131,027	-	-	48,876	-	-	37,725	-	25	113,634	-	-	106,426	-	-	-	364,037
Total Assets	794,354,661	10,917,575	77,568,325	20,198,746	43,716,056	328,064	-	20,623,872	44,646,826	37,097,388	208,139,264	19,072,374	39,380,509	16,352,774	25,270,576	19,433,158	19,460,397	13,345,675	178,803,082
LIABILITIES																			
SECURITY TRANSACTIONS	2,654,907	-	32,882	-	-	-	-	-	22,088	-	1,250,000	99,937	-	-	-	-	-	-	1,250,000
Total Liabilities	2,654,907	-	32,882	-	-	-	-	-	22,088	-	1,250,000	99,937	-	-	-	-	-	-	1,250,000
NET ASSETS UNDER INVESTMENT	$ 791,699,754	$ 10,917,575	$ 77,535,443	$ 20,198,746	$ 43,716,056	$ 328,064	$ -	$ 20,623,872	$ 44,624,738	$ 37,097,388	$ 206,889,264	$ 18,972,437	$ 39,380,509	$ 16,352,774	$ 25,270,576	$ 19,433,158	$ 19,460,397	$ 13,345,675	$ 177,553,082

EDISON PENSION PLAN
SCHEDULE OF CHANGES IN INVESTMENT ACCOUNTS
DECEMBER 31, 2021

	Combined	Cornerstone	Dodge & Cox Investment Management	GMO, LLC	Grosvenor Capital Management	Harbourvest Partners LLC	Invesco Capital Management	Ironbridge Investment Management	McMorgan & Company	MFS International	Pacific Investment Management Co.	Quest Investment Management	SSGA Funds	Wellington Trust Co.	T. Rowe Price	Guggenheim	Loomis Sayles	Voya	Pooled Account
INVESTMENT INCOME																			
Realized Gains (Losses)	$ 43,775,739	$ -	$ 9,324,903	$ -	$ 3,100,011	$ 20,793	$ -	$ 2,556,009	$ 11,034,576	$ -	$ 187,703	$ 2,343,106	$ -	$ 7,098,173	$ 830,154	$ -	$ 13,834	$ 20,803	7,245,674
Unrealized Gains (Losses)	38,089,215	3,059,969	11,941,070	30,580	-	-	-	1,675,028	(11,963,657)	3,933,934	(2,070,649)	2,536,261	3,155,352	924,652	5,300,313	(22,070)	(165,728)	1,982,459	17,771,701
Interest	1,440	-	166	-	-	1	-	-	6	-	332	18	-	-	-	-	-	-	917
Dividends	20,887,610	530,819	2,069,555	535,311	-	-	-	202,343	169,422	-	16,550,176	110,573	-	496,775	(106,426)	-	-	-	329,062
Other	6,378	-	369	-	-	-	-	-	5,989	-	-	20	-	-	-	-	-	-	-
Quest Group Trust Distributions	1,610,842	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,610,842
Total	104,371,224	3,590,788	23,336,063	565,891	3,100,011	20,794	-	4,433,380	(753,664)	3,933,934	14,667,562	4,989,978	3,155,352	8,519,600	6,024,041	(22,070)	(151,894)	2,003,262	26,958,196
Less: Investment Expenses:																			
Investment Manager	1,645,827	-	134,870	-	-	-	-	-	26,752	-	275,822	81,356	-	-	-	-	77,209	100,610	949,208
Total Investment Income	102,725,397	3,590,788	23,201,193	565,891	3,100,011	20,794	-	4,433,380	(780,416)	3,933,934	14,391,740	4,908,622	3,155,352	8,519,600	6,024,041	(22,070)	(229,103)	1,902,652	26,008,988
Transfers In (Out)	(38,837)	-		-	-		-	-	-	-	-	-	-	-	-	-	-	-	(38,837)
Transfers Between Accounts	(513,289)	8,000,000	79,544	1,500,000	2,700,000	(180,794)	-	(7,400,000)	(43,840,053)	2,600,000	(5,891,139)	-	-	5,365,513	2,000,000	-	-	-	34,553,640
Total	(552,126)	8,000,000	79,544	1,500,000	2,700,000	(180,794)	-	(7,400,000)	(43,840,053)	2,600,000	(5,891,139)	-	-	5,365,513	2,000,000	-	-	-	34,514,803
NET INCREASE (DECREASE)	102,173,271	11,590,788	23,280,737	2,065,891	5,800,011	(160,000)	-	(2,966,620)	(44,620,469)	6,533,934	8,500,601	4,908,622	3,155,352	13,885,113	8,024,041	(22,070)	(229,103)	1,902,652	60,523,791
NET ASSETS UNDER INVESTMENT																			
Beginning of Year	791,699,754	10,917,575	77,535,443	20,198,746	43,716,056	328,064	(0)	20,623,872	44,624,738	37,097,388	206,889,264	18,972,437	39,380,509	16,352,774	25,270,576	19,433,158	19,460,397	13,345,675	177,553,082
End of Year	$ 893,873,025	$ 22,508,363	$ 100,816,180	$ 22,264,637	$ 49,516,067	$ 168,065	$ (0)	$ 17,657,252	$ 4,269	$ 43,631,322	$ 215,389,865	$ 23,881,059	$ 42,535,861	$ 30,237,887	$ 33,294,617	$ 19,411,088	$ 19,231,294	$ 15,248,327	$ 238,076,873

EDISON PENSION PLAN
SCHEDULE OF CHANGES IN INVESTMENT ACCOUNTS
DECEMBER 31, 2020

	Combined	Cornerstone	Dodge & Cox Investment Management	GMO, LLC	Grosvenor Capital Management	Harbourvest Partners LLC	Invesco Capital Management	Ironbridge Investment Management	McMorgan & Company	MFS International	Pacific Investment Management Co.	Quest Investment Management	SSGA Funds	Wellington Trust Co.	T. Rowe Price	Guggenheim	Loomis Sayles	Voya	Pooled Account
INVESTMENT INCOME																			
Realized Gains (Losses)	$ 45,567,213	$ -	$ 2,452,286	$ 86,553	$ 2,889,625	$ 30,159	$ 13,694,484	$ 578,536	$ 1,342,845	$ 2,103,517	$ 6,133,096	$ 3,755,320	$ -	$ 1,260,382	$ 3,005,137	$ -	$ 10,539	$ (10,739)	$ 8,235,473
Unrealized Gains (Losses)	29,532,682	(319,191)	659,761	(785,742)	-	(736)	(12,405,530)	2,441,426	4,258,339	3,448,356	3,698,693	1,559,600	3,902,752	1,331,274	5,437,919	2,547,588	2,008,866	1,555,970	10,193,337
Interest	15,603	-	3,965	-	-	10	-	-	72	-	2,168	419	-	-	6	-	-	-	8,963
Dividends	10,564,009	286,803	1,458,651	601,095	-	-	-	286,205	651,914	-	6,355,535	152,278	-	283,578	106,426	-	-	-	381,524
Other	5,863	-	272	-	-	-	131	-	5,460	-	-	-	-	-	-	-	-	-	-
Quest Group Trust Distributions	1,651,219	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,651,219
Total	87,336,589	(32,388)	4,574,935	(98,094)	2,889,625	29,433	1,289,085	3,306,167	6,258,630	5,551,873	16,189,492	5,467,617	3,902,752	2,875,234	8,549,488	2,547,588	2,019,405	1,545,231	20,470,516
Less: Investment Expenses:																			
Investment Manager	1,318,641	-	95,761	-	-	-	-	-	89,985	-	270,774	71,468	-	-	-	-	73,529	77,547	639,577
Total Investment Income	86,017,949	(32,388)	4,479,174	(98,094)	2,889,625	29,433	1,289,085	3,306,167	6,168,645	5,551,873	15,918,718	5,396,149	3,902,752	2,875,234	8,549,488	2,547,588	1,945,876	1,467,684	19,830,940
Transfers In (Out)	(2,700,588)	-	-	-	-	-	-	-	-	-	27,412	-	-	-	-	-	-	-	(2,728,000)
Transfers Between Accounts	0	5,000,000	2,499,996	6,000,000	-	(171,494)	(18,582,558)	(2,500,000)	-	(4,000,000)	4,442,998	(4,000,000)	-	(2,500,000)	(6,000,006)	-	-	-	19,811,065
Total	(2,700,588)	5,000,000	2,499,996	6,000,000	-	(171,494)	(18,582,558)	(2,500,000)	-	(4,000,000)	4,470,410	(4,000,000)	-	(2,500,000)	(6,000,006)	-	-	-	17,083,065
NET INCREASE (DECREASE)	83,317,361	4,967,612	6,979,170	5,901,906	2,889,625	(142,061)	(17,293,473)	806,167	6,168,645	1,551,873	20,389,128	1,396,149	3,902,752	375,234	2,549,482	2,547,588	1,945,876	1,467,684	36,914,004
NET ASSETS UNDER INVESTMENT																			
Beginning of Year	708,382,393	5,949,963	70,556,273	14,296,840	40,826,431	470,125	17,293,473	19,817,705	38,456,093	35,545,515	186,500,136	17,576,288	35,477,757	15,977,540	22,721,094	16,885,570	17,514,521	11,877,991	140,639,078
End of Year	$ 791,699,754	$ 10,917,575	$ 77,535,443	$ 20,198,746	$ 43,716,056	$ 328,064	$ (0)	$ 20,623,872	$ 44,624,738	$ 37,097,388	$ 206,889,264	$ 18,972,437	$ 39,380,509	$ 16,352,774	$ 25,270,576	$ 19,433,158	$ 19,460,397	$ 13,345,675	$ 177,553,082



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D. Schedule of Projection of Expected Benefit Payments

PLAN YEAR BEGINNING JULY 1,	EXPECTED BENEFIT PAYMENTS*
2021	$ 60,036,000
2022	58,607,000
2023	61,189,000
2024	63,508,000
2025	65,576,000
2026	67,069,000
2027	68,541,000
2028	69,373,000
2029	70,092,000
2030	70,901,000

** Projected benefit payments based on benefits earned as of the valuation date.*

E. Distribution of Active Participants by Age and Years of Credited Service (January 1, 2021)

	YEARS OF CREDITED SERVICE				
AGE	UNDER 1	1 TO 4	5 TO 9	10 TO 14	15 TO 19
Under 20	9	5	0	0	0
20 to 24	55	215	2	0	0
25 to 29	47	297	90	0	0
30 to 34	37	296	184	72	2
35 to 39	27	227	194	114	48
40 to 44	17	149	179	100	77
45 to 49	8	106	112	92	82
50 to 54	5	45	81	60	66
55 to 59	9	35	58	50	55
60 to 64	3	29	26	22	28
65 & Up	2	6	7	8	4
TOTALS	219	1,410	933	518	362

	YEARS OF CREDITED SERVICE					
AGE	20 TO 24	25 TO 29	30 TO 34	35 TO 39	40 & UP	ALL YEARS
Under 20	0	0	0	0	0	14
20 to 24	0	0	0	0	0	272
25 to 29	0	0	0	0	0	434
30 to 34	0	0	0	0	0	591
35 to 39	0	0	0	0	0	610
40 to 44	81	1	0	0	0	604
45 to 49	102	26	2	0	0	530
50 to 54	98	80	15	0	0	450
55 to 59	84	81	39	9	0	420
60 to 64	49	28	9	4	3	201
65 & Up	8	5	0	0	1	41
TOTALS	422	221	65	13	4	4,167

B. Actuarial Cost Method

Background

Before we explain our cost method, we must first define the term "actuarial present value."

An actuarial present value is the value, on a given date, of a series of future benefit payments, or future contributions, where each amount in the series is:

- a. multiplied by the probability of the event occurring on which the payment is conditioned, such as the probability of survival, retirement, death, disability, termination of employment, etc.; and
- b. discounted at an assumed rate of investment return.

Our actuarial assumptions include these probabilities and the investment return.

Cost Method

Unit Credit Actuarial Cost Method as specified in IRS Revenue Procedure 2000-40. (Adopted January 1, 2019)

The Actuarial Liability is the sum of the actuarial present value of accrued benefits earned by the plan participants through the valuation date. The Normal Cost is computed as the actuarial present value of benefits expected to be earned in the current plan year under the current Benefit Percentage Factor of employer contributions and the current year contribution rate schedule.

The unfunded Actuarial Liability is the difference between the Actuarial Liability and the actuarial value of assets. Actuarial gains and losses reflect the difference between the expected unfunded Actuarial Liability and the actual unfunded Actuarial Liability prior to any changes.

Asset Valuation Method (Adopted January 1, 2007)

The Plan's actuarial value of assets is the 5-year smoothed value with phase-in as described in Section 3.16 of Internal Revenue Service Revenue Procedure 2000-40. Under this method, actuarial value of assets is determined using the following values:

1) Market value of assets on the valuation date;

2) 80% of the difference between actual investment return and expected investment return for the plan year prior to the valuation date;

3) 60% of the difference between actual investment return and expected investment return for the plan year prior to the plan year in (2) above;

4) 40% of the difference between actual investment return and expected investment return for the plan year prior to the plan year in (3) above.

5) 20% of the difference between actual investment return and expected investment return for the plan year prior to the plan year in (4) above.

The actuarial value of assets is then determined as (1) – (2) – (3) – (4) – (5), with the resulting value not less than 80% nor greater than 120% of the market value of assets on the valuation date. Actual and expected investment returns are calculated net of investment management fees using simple interest and assuming contributions, benefit payments, and expenses all occur at mid-year.

January 1, 2021 Market Value of Assets

We have relied without audit on the market value of assets shown in the financial statements provided by the Plan's independent auditor, and subtracted any withdrawal liability receivables. For ERISA minimum funding purposes, the market value of assets may only reflect employer withdrawal liability payments actually made (IRC §431(b)(7)(A)).

Change in Actuarial Cost Method for the January 1, 2021 Valuation

None.

C. Actuarial Assumptions

The following actuarial assumptions are the basis for the calculations set forth in this report. These assumptions have been chosen on the basis of recent experience of the Plan, published actuarial tables and on current and future expectations.

The assumptions are intended to estimate the future experience of the participants of the Plan and of the Plan itself in areas which affect the projected benefit flow and anticipated investment earnings. Any variations in future experience from that expected from these assumptions will result in corresponding changes in the estimated costs of the Plan's benefits.

Investment Return (Adopted December 31, 2020)

6.75% per annum, net of investment expenses. The net investment return assumption was selected based on the Plan's target asset allocation as of the valuation date, combined with capital market assumptions from several sources, including published studies summarizing the expectations of various investment experts. This information was used to develop forward-looking long-term expected returns, producing a range of reasonable expectations according to industry experts. Based on the resulting range of potential assumptions, in our professional judgment the selected investment return assumption is reasonable and is not expected to have any significant bias.

Mortality (Adopted December 31, 2019)

Healthy Lives

Healthy mortality assumption is based on the amount weighted Base Tables from the Pri-2012 Employee/Retiree Mortality Tables for Males and Females projected generationally using the MP-2019 mortality improvement rates.

The mortality assumption is based on recently published mortality tables and mortality improvement scale by the Society of Actuaries. The projection scale reflects anticipated future increases in life expectancy.

Disabled Lives

Disabled life mortality assumption is based on the Pri-2012 amount weighted Disability Mortality Tables for Males and Females projected generationally using the MP-2019 mortality improvement rates.

Similarly to the healthy mortality assumption, this mortality assumption is based on recently published mortality tables and mortality improvement scale by the Society of Actuaries. The projection scale reflects anticipated future increases in life expectancy.

Older Vested Inactive Participants (Adopted December 31, 2020)

Vested terminated participants aged 80 or older as of the valuation date that have not commenced are assumed deceased with no surviving beneficiary.

Withdrawals (Adopted December 31, 2019)

Withdrawal rates are assumed for all ages up to the year of eligibility for early retirement. The following withdrawal rates have been used:

Years of Service	Rates (Adopted 1/1/2020)
Years 0-1	12.50%
Years 2-4	6.00%
Years 5 – 9	4.75%
Years 10 – 14	5.25%
Years 15 – 19	5.00%
Years 20 and above	4.00%

Members who suffer a break in service from active employment are not assumed to return to work.

Disability (Adopted December 31, 2020)

Active Lives

Sample Disability Rates are shown below:

Age	Number Becoming Disabled Per 1,000 Covered Each Year
20	0.6
25	0.6
30	0.7
35	0.9
40	1.0
45	1.5
50	2.2
55	3.7
60	7.8

Death Benefit Commencement (Adopted January 1, 2013)

Beneficiaries are assumed to commence benefits immediately upon the death of the Participant.

Employer Contribution

It was assumed that future contributions would be made to the Trust at the rates currently specified in the collective bargaining agreement. Below is a summary of the most prevalent current rates by employment type effective January 1, 2021 which includes both accruing and non-accruing contributions.

Type of Employment	Hourly Rate 1/1/2020	Hourly Rate 1/1/2021
Commercial		
Journeyman	$8.20	$8.70
Foreman	8.45	8.95
General Foreman	8.70	9.20
Traffic Tech 1	6.97	7.40
Support Tech 1	4.67	4.96
Residential	6.75	7.25
Sound & Communication (Journeyman Tech, Foreman, General Foreman)	6.63	6.95
Installer	6.03	6.35

Employees sending reciprocal contributions back to this Trust are assumed to continue at the previous year's rate.

Future Service and Benefits (Adopted December 31, 2020)

Service and benefits were projected assuming participants would receive credit for employer contributions based on the previous year's hours of service in each future year.

Retirement (Adopted December 31, 2019)

Normal retirement was assumed to be at the later of age 65 or five years of service.

It was assumed that a certain percentage of those eligible would take early retirement at ages 55 through 64. These rates are:

Age	Rates	
	< 25 Years	>= 25 Years*
55-56	2%	2%
57-59	5%	5%
60	5%	60%
61	15%	50%
62	30%	40%
63	15%	50%
64	30%	40%
65-69	40%	100%
70	100%	100%
Average Retirement Age	62.5	60.2

* Only applies to the 1970 Structure participants.

It is also assumed that all vested terminated participants will take retirement at age 62 for the 1970 Structure and 65 for the 2011 Structure.

The early retirement factors for post-2003 accruals for current and future vested terminated participants were assumed to be a 50%/50% blend of subsidized and unsubsidized Plan factors for the 1970 Structure.

Spouse's Age

Female spouses are assumed to be three years younger than male participants. Male spouses are assumed to be three years older than female participants.

Incomplete Data

The data for a small percentage of active participants lacked a birth date. They were assumed to have been hired at the average hire age of participants with complete data.

Expenses (Adopted January 1, 2021)

$1,025,000 per year, payable mid-year.

Probability of Marriage

75% of non-retired participants are assumed to be married. Unmarried participants' pre-retirement death benefits were assumed to be of equal value to married participants' pre-retirement death benefits.

Form of Payment

Non-retired participants are assumed to select the monthly life annuity with 60 payments guaranteed at retirement.

Current Liability (Adopted January 1, 2021)

Interest Rate	Mortality
2.08%	RP-2014 Tables (adjusted to base year 2006) with projections as prescribed by IRS regulations.

Assumption Changes Incorporated in the January 1, 2021 Valuation

- The current liability interest rate was decreased from 2.95% to 2.08% to remain within the IRS prescribed corridor.
- The mortality tables used for the purpose of computing the current liability were updated to the 2021 tables as specified in the IRS regulations.
- The assumed rate of investment return to value all benefits was decreased from 7.00% to 6.75% to better reflect anticipated investment experience.
- Assumed hours worked for benefit accruals was changed to use the same hours worked in the previous year by each active participant. Previously, all active participants were assumed to work 1,700 hours. This change was made to better reflect anticipated future experience.
- Expenses were assumed to increase from $1,000,000 per year, payable mid-year, to $1,025,000 per year, payable mid-year to reflect recent and anticipated future experience.
- Vested terminated participants aged 80 or older as of the valuation date that have not commenced are assumed deceased with no surviving beneficiary. This change was made to reflect that these participants are unlikely to commence benefits.
- Disability rates for active participants were updated to better reflect recent and anticipated plan experience. These rates are 80% of the previous rates. Previous sample rates used are shown below.

Age	Number Becoming Disabled Per 1,000 Covered Each Year
20	0.7
25	0.8
30	0.9
35	1.1
40	1.3
45	1.9
50	2.8
55	4.6
60	9.7

EDISON PENSION PLAN

PLAN EIN 93-6061681 PN 001 FYE 12/31/2021

Schedule H, Line 4j – Schedule of Reportable Transactions – included in the Accountant's audit report attachment.

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

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

A Name of plan
EDISON PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
BOARD OF TRUSTEES, EDISON PENSION TRUST

D Employer Identification Number (EIN)
93-6061681

E Type of plan: (1) [X] Multiemployer Defined Benefit (2) [ ] Money Purchase (see instructions)

1a	Enter the valuation date: Month 01 Day 01 Year 2021		
b	Assets		
	(1) Current value of assets	1b(1)	800,872,930
	(2) Actuarial value of assets for funding standard account	1b(2)	760,206,572
c	(1) Accrued liability for plan using immediate gain methods	1c(1)	915,260,453
	(2) Information for plans using spread gain methods:		
	(a) Unfunded liability for methods with bases	1c(2)(a)	
	(b) Accrued liability under entry age normal method	1c(2)(b)	
	(c) Normal cost under entry age normal method	1c(2)(c)	
	(3) Accrued liability under unit credit cost method	1c(3)	915,260,453
d	Information on current liabilities of the plan:		
	(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
	(2) "RPA '94" information:		
	(a) Current liability	1d(2)(a)	1,701,454,391
	(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	66,372,097
	(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	59,483,332
	(3) Expected plan disbursements for the plan year	1d(3)	59,096,820

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Ladd E. Preppernau LEP

Signature of actuary

7/21/22

Date

LADD E PREPPERNAU

Type or print name of actuary

2006705

Most recent enrollment number

MILLIMAN, INC.

Firm name

503-227-0634

Telephone number (including area code)

1455 SW Broadway
Portland OR 97201

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

2 Operational information as of beginning of this plan year:

		(1) Number of participants	(2) Current liability
a Current value of assets (see instructions)	2a		800,872,930
b "RPA '94" current liability/participant count breakdown:			
(1) For retired participants and beneficiaries receiving payment		2,113	770,399,731
(2) For terminated vested participants		1,108	217,652,436
(3) For active participants:			
(a) Non-vested benefits			39,040,182
(b) Vested benefits			674,362,042
(c) Total active		4,167	713,402,224
(4) Total		7,388	1,701,454,391
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c		47.06%

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	c) Amount paid by employees
01/15/2021	487,907	0			
02/15/2021	4,186,037	0			
03/15/2021	3,728,864	0			
04/15/2021	5,372,365	0			
05/15/2021	5,297,524	0			
06/15/2021	4,673,268	0			
07/15/2021	4,549,675	0			
08/15/2021	5,071,404	0			
09/15/2021	4,874,030	0			
10/15/2021	5,067,948	0			
11/15/2021	5,261,021	0			
12/15/2021	4,096,238	0			
01/15/2022	4,465,703	0			
			Totals ► 3(b)	57,131,984	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	83.1 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No

d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? ☐ Yes ☐ No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☐	4f	

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

a ☐ Attained age normal **b** ☐ Entry age normal **c** ☒ Accrued benefit (unit credit) **d** ☐ Aggregate

e ☐ Frozen initial liability **f** ☐ Individual level premium **g** ☐ Individual aggregate **h** ☐ Shortfall

i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method **5j**

k Has a change been made in funding method for this plan year? ..... ☐ Yes ☒ No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ..... ☐ Yes ☐ No

m If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method **5m**

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability ..... **6a** 2.08 %

		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**	8P	8P
(2) Females	**6c(2)**	8FP	8FP
d Valuation liability interest rate	**6d**	6.75%	6.75%
e Expense loading	**6e**	4.4 % ☐ N/A	% ☒ N/A
f Salary scale	**6f**	% ☒ N/A	

g Estimated investment return on actuarial value of assets for year ending on the valuation date **6g** 9.1%

h Estimated investment return on current value of assets for year ending on the valuation date **6h** 11.9%

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-16,966,600	-1,717,597
4	23,888,646	2,418,343

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval **8a**

b(1) Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule. ..... ☒ Yes ☐ No

b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a schedule. ..... ☒ Yes ☐ No

c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? ..... ☐ Yes ☒ No

d If line c is "Yes," provide the following additional information:

(1) Was an extension granted automatic approval under section 431(d)(1) of the Code? ..... ☐ Yes ☐ No

(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..... **8d(2)**

(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? ..... ☐ Yes ☐ No

(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)) ..... **8d(4)**

(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension ..... **8d(5)**

(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? ..... ☐ Yes ☐ No

e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s) **8e**

9 Funding standard account statement for this plan year:				
Charges to funding standard account:				
a Prior year funding deficiency, if any			9a	0
b Employer's normal cost for plan year as of valuation date			9b	23,679,846
c Amortization charges as of valuation date:		Outstanding balance		
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	356,714,667		44,933,478
(2) Funding waivers	9c(2)			
(3) Certain bases for which the amortization period has been extended	9c(3)			
d Interest as applicable on lines 9a, 9b, and 9c			9d	4,631,399
e Total charges. Add lines 9a through 9d			9e	73,244,723
Credits to funding standard account:				
f Prior year credit balance, if any			9f	125,227,168
g Employer contributions. Total from column (b) of line 3			9g	57,131,984
		Outstanding balance		
h Amortization credits as of valuation date	9h	76,433,618		23,925,673
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			9i	11,689,360
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	9j(1)	324,478,256		
(2) "RPA '94" override (90% current liability FFL)	9j(2)	821,054,365		
(3) FFL credit			9j(3)	
k (1) Waived funding deficiency			9k(1)	
(2) Other credits			9k(2)	
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)			9l	217,974,185
m Credit balance: If line 9l is greater than line 9e, enter the difference			9m	144,729,462
n Funding deficiency: If line 9e is greater than line 9l, enter the difference			9n	
9 o Current year's accumulated reconciliation account:				
(1) Due to waived funding deficiency accumulated prior to the 2021 plan year			9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:				
(a) Reconciliation outstanding balance as of valuation date			9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))			9o(2)(b)	0
(3) Total as of valuation date			9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)			10	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions				[X] Yes [ ] No

Schedule R, Line 13e - Information on Contribution Rates and Base Units
Edison Pension Plan
Board of Trustees, Edison Pension Trust
EIN: 93-6061681

Employer Name	EIN	Contribution Rate	Base Unit
On Electric Group	930473216	0.14	Hourly
On Electric Group	930473216	0.17	Hourly
On Electric Group	930473216	0.19	Hourly
On Electric Group	930473216	0.20	Hourly
On Electric Group	930473216	0.21	Hourly
On Electric Group	930473216	0.23	Hourly
On Electric Group	930473216	0.24	Hourly
On Electric Group	930473216	0.26	Hourly
On Electric Group	930473216	0.28	Hourly
On Electric Group	930473216	0.29	Hourly
On Electric Group	930473216	0.32	Hourly
On Electric Group	930473216	0.34	Hourly
On Electric Group	930473216	0.36	Hourly
On Electric Group	930473216	0.40	Hourly
On Electric Group	930473216	1.00	Hourly
On Electric Group	930473216	2.36	Hourly
On Electric Group	930473216	2.87	Hourly
On Electric Group	930473216	2.91	Hourly
On Electric Group	930473216	3.36	Hourly
On Electric Group	930473216	3.40	Hourly
On Electric Group	930473216	3.98	Hourly
On Electric Group	930473216	4.10	Hourly
On Electric Group	930473216	4.15	Hourly
On Electric Group	930473216	4.31	Hourly
On Electric Group	930473216	4.64	Hourly
On Electric Group	930473216	4.67	Hourly
On Electric Group	930473216	4.73	Hourly
On Electric Group	930473216	4.92	Hourly
On Electric Group	930473216	4.98	Hourly
On Electric Group	930473216	5.30	Hourly
On Electric Group	930473216	5.74	Hourly
On Electric Group	930473216	5.81	Hourly
On Electric Group	930473216	5.97	Hourly
On Electric Group	930473216	6.03	Hourly
On Electric Group	930473216	6.63	Hourly
On Electric Group	930473216	6.97	Hourly
On Electric Group	930473216	7.04	Hourly
On Electric Group	930473216	7.06	Hourly
On Electric Group	930473216	8.20	Hourly
On Electric Group	930473216	8.30	Hourly
On Electric Group	930473216	8.45	Hourly

Schedule R, Line 13e - Information on Contribution Rates and Base Units (Cont.)
Edison Pension Plan
Board of Trustees, Edison Pension Trust
EIN: 93-6061681

Employer Name	EIN	Contribution Rate	Base Unit
On Electric Group	930473216	8.55	Hourly
On Electric Group	930473216	8.70	Hourly
On Electric Group	930473216	8.80	Hourly

Schedule R, Line 13e - Information on Contribution Rates and Base Units (Cont.)
Edison Pension Plan
Board of Trustees, Edison Pension Trust
EIN: 93-6061681

Employer Name	EIN	Contribution Rate	Base Unit
E C Company	930902566	0.14	Hourly
E C Company	930902566	0.17	Hourly
E C Company	930902566	0.19	Hourly
E C Company	930902566	0.20	Hourly
E C Company	930902566	0.21	Hourly
E C Company	930902566	0.23	Hourly
E C Company	930902566	0.24	Hourly
E C Company	930902566	0.27	Hourly
E C Company	930902566	0.28	Hourly
E C Company	930902566	0.29	Hourly
E C Company	930902566	0.32	Hourly
E C Company	930902566	0.34	Hourly
E C Company	930902566	0.36	Hourly
E C Company	930902566	0.40	Hourly
E C Company	930902566	1.00	Hourly
E C Company	930902566	2.87	Hourly
E C Company	930902566	2.91	Hourly
E C Company	930902566	3.36	Hourly
E C Company	930902566	3.40	Hourly
E C Company	930902566	3.98	Hourly
E C Company	930902566	4.10	Hourly
E C Company	930902566	4.15	Hourly
E C Company	930902566	4.31	Hourly
E C Company	930902566	4.64	Hourly
E C Company	930902566	4.67	Hourly
E C Company	930902566	4.73	Hourly
E C Company	930902566	4.92	Hourly
E C Company	930902566	4.98	Hourly
E C Company	930902566	5.13	Hourly
E C Company	930902566	5.30	Hourly
E C Company	930902566	5.74	Hourly
E C Company	930902566	5.81	Hourly
E C Company	930902566	5.97	Hourly
E C Company	930902566	6.03	Hourly
E C Company	930902566	6.63	Hourly
E C Company	930902566	6.97	Hourly
E C Company	930902566	7.04	Hourly
E C Company	930902566	7.06	Hourly
E C Company	930902566	7.70	Hourly
E C Company	930902566	7.95	Hourly
E C Company	930902566	8.20	Hourly

Schedule R, Line 13e - Information on Contribution Rates and Base Units (Cont.)
Edison Pension Plan
Board of Trustees, Edison Pension Trust
EIN: 93-6061681

Employer Name	EIN	Contribution Rate	Base Unit
E C Company	930902566	8.30	Hourly
E C Company	930902566	8.45	Hourly
E C Company	930902566	8.55	Hourly
E C Company	930902566	8.70	Hourly
E C Company	930902566	8.80	Hourly

Schedule R, Line 13e - Information on Contribution Rates and Base Units (Cont.)

Edison Pension Plan

Board of Trustees, Edison Pension Trust

EIN: 93-6061681

Employer Name	EIN	Contribution Rate	Base Unit
Christenson Electric Inc	930502175	0.14	Hourly
Christenson Electric Inc	930502175	0.17	Hourly
Christenson Electric Inc	930502175	0.19	Hourly
Christenson Electric Inc	930502175	0.20	Hourly
Christenson Electric Inc	930502175	0.21	Hourly
Christenson Electric Inc	930502175	0.23	Hourly
Christenson Electric Inc	930502175	0.24	Hourly
Christenson Electric Inc	930502175	0.26	Hourly
Christenson Electric Inc	930502175	0.28	Hourly
Christenson Electric Inc	930502175	0.29	Hourly
Christenson Electric Inc	930502175	0.32	Hourly
Christenson Electric Inc	930502175	0.34	Hourly
Christenson Electric Inc	930502175	0.36	Hourly
Christenson Electric Inc	930502175	0.40	Hourly
Christenson Electric Inc	930502175	2.87	Hourly
Christenson Electric Inc	930502175	2.91	Hourly
Christenson Electric Inc	930502175	3.36	Hourly
Christenson Electric Inc	930502175	3.40	Hourly
Christenson Electric Inc	930502175	3.98	Hourly
Christenson Electric Inc	930502175	4.10	Hourly
Christenson Electric Inc	930502175	4.15	Hourly
Christenson Electric Inc	930502175	4.31	Hourly
Christenson Electric Inc	930502175	4.64	Hourly
Christenson Electric Inc	930502175	4.67	Hourly
Christenson Electric Inc	930502175	4.73	Hourly
Christenson Electric Inc	930502175	4.92	Hourly
Christenson Electric Inc	930502175	4.98	Hourly
Christenson Electric Inc	930502175	5.30	Hourly
Christenson Electric Inc	930502175	5.74	Hourly
Christenson Electric Inc	930502175	5.81	Hourly
Christenson Electric Inc	930502175	5.97	Hourly
Christenson Electric Inc	930502175	6.03	Hourly
Christenson Electric Inc	930502175	6.63	Hourly
Christenson Electric Inc	930502175	6.97	Hourly
Christenson Electric Inc	930502175	7.04	Hourly
Christenson Electric Inc	930502175	7.06	Hourly
Christenson Electric Inc	930502175	8.20	Hourly
Christenson Electric Inc	930502175	8.30	Hourly
Christenson Electric Inc	930502175	8.42	Hourly
Christenson Electric Inc	930502175	8.45	Hourly
Christenson Electric Inc	930502175	8.55	Hourly

Schedule R, Line 13e - Information on Contribution Rates and Base Units (Cont.)

Edison Pension Plan

Board of Trustees, Edison Pension Trust

EIN: 93-6061681

Employer Name	EIN	Contribution Rate	Base Unit
Christenson Electric Inc	930502175	8.70	Hourly
Christenson Electric Inc	930502175	8.80	Hourly

Schedule R, Line 13e - Information on Contribution Rates and Base Units (Cont.)

Edison Pension Plan

Board of Trustees, Edison Pension Trust

EIN: 93-6061681

Employer Name	EIN	Contribution Rate	Base Unit
DYNAELECTRIC	520973205	0.14	Hourly
DYNAELECTRIC	520973205	0.17	Hourly
DYNAELECTRIC	520973205	0.19	Hourly
DYNAELECTRIC	520973205	0.20	Hourly
DYNAELECTRIC	520973205	0.21	Hourly
DYNAELECTRIC	520973205	0.23	Hourly
DYNAELECTRIC	520973205	0.24	Hourly
DYNAELECTRIC	520973205	0.26	Hourly
DYNAELECTRIC	520973205	0.28	Hourly
DYNAELECTRIC	520973205	0.29	Hourly
DYNAELECTRIC	520973205	0.32	Hourly
DYNAELECTRIC	520973205	0.34	Hourly
DYNAELECTRIC	520973205	0.36	Hourly
DYNAELECTRIC	520973205	0.40	Hourly
DYNAELECTRIC	520973205	1.00	Hourly
DYNAELECTRIC	520973205	2.87	Hourly
DYNAELECTRIC	520973205	2.91	Hourly
DYNAELECTRIC	520973205	3.36	Hourly
DYNAELECTRIC	520973205	3.40	Hourly
DYNAELECTRIC	520973205	3.98	Hourly
DYNAELECTRIC	520973205	4.10	Hourly
DYNAELECTRIC	520973205	4.15	Hourly
DYNAELECTRIC	520973205	4.31	Hourly
DYNAELECTRIC	520973205	4.64	Hourly
DYNAELECTRIC	520973205	4.67	Hourly
DYNAELECTRIC	520973205	4.73	Hourly
DYNAELECTRIC	520973205	4.92	Hourly
DYNAELECTRIC	520973205	4.98	Hourly
DYNAELECTRIC	520973205	5.30	Hourly
DYNAELECTRIC	520973205	5.74	Hourly
DYNAELECTRIC	520973205	5.81	Hourly
DYNAELECTRIC	520973205	5.97	Hourly
DYNAELECTRIC	520973205	6.63	Hourly
DYNAELECTRIC	520973205	6.97	Hourly
DYNAELECTRIC	520973205	7.04	Hourly
DYNAELECTRIC	520973205	7.06	Hourly
DYNAELECTRIC	520973205	8.20	Hourly
DYNAELECTRIC	520973205	8.30	Hourly
DYNAELECTRIC	520973205	8.45	Hourly
DYNAELECTRIC	520973205	8.55	Hourly
DYNAELECTRIC	520973205	8.70	Hourly

Schedule R, Line 13e - Information on Contribution Rates and Base Units (Cont.)
Edison Pension Plan
Board of Trustees, Edison Pension Trust
EIN: 93-6061681

Employer Name	EIN	Contribution Rate	Base Unit
DYNAELECTRIC	520973205	8.80	Hourly

Schedule R, Line 13e - Information on Contribution Rates and Base Units (Cont.)

Edison Pension Plan

Board of Trustees, Edison Pension Trust

EIN: 93-6061681

Employer Name	EIN	Contribution Rate	Base Unit
ROSENDIN ELECTRIC INC	941242813	0.14	Hourly
ROSENDIN ELECTRIC INC	941242813	0.17	Hourly
ROSENDIN ELECTRIC INC	941242813	0.20	Hourly
ROSENDIN ELECTRIC INC	941242813	0.23	Hourly
ROSENDIN ELECTRIC INC	941242813	0.24	Hourly
ROSENDIN ELECTRIC INC	941242813	0.28	Hourly
ROSENDIN ELECTRIC INC	941242813	0.32	Hourly
ROSENDIN ELECTRIC INC	941242813	0.34	Hourly
ROSENDIN ELECTRIC INC	941242813	0.36	Hourly
ROSENDIN ELECTRIC INC	941242813	0.40	Hourly
ROSENDIN ELECTRIC INC	941242813	2.87	Hourly
ROSENDIN ELECTRIC INC	941242813	2.91	Hourly
ROSENDIN ELECTRIC INC	941242813	3.36	Hourly
ROSENDIN ELECTRIC INC	941242813	3.40	Hourly
ROSENDIN ELECTRIC INC	941242813	4.15	Hourly
ROSENDIN ELECTRIC INC	941242813	4.10	Hourly
ROSENDIN ELECTRIC INC	941242813	4.67	Hourly
ROSENDIN ELECTRIC INC	941242813	4.73	Hourly
ROSENDIN ELECTRIC INC	941242813	4.92	Hourly
ROSENDIN ELECTRIC INC	941242813	5.74	Hourly
ROSENDIN ELECTRIC INC	941242813	6.03	Hourly
ROSENDIN ELECTRIC INC	941242813	6.97	Hourly
ROSENDIN ELECTRIC INC	941242813	7.04	Hourly
ROSENDIN ELECTRIC INC	941242813	8.20	Hourly
ROSENDIN ELECTRIC INC	941242813	8.45	Hourly
ROSENDIN ELECTRIC INC	941242813	8.70	Hourly

A. Summary of Present Plan (January 1, 2021)

Plan Changes since the Last Valuation

None that effected the valuation.

Effective Date

Original Plan - January 1, 1970

Latest Restatement - January 1, 2015, as amended through Amendment No. 9.

Plan Structures

The Plan provides defined benefits under two different structures: the 1970 Structure and the 2011 Structure.

The 2011 Structure applies to the following Participants:

(a) Participants whose first Covered Hour of Employment is on or after July 1, 2011;

(b) Nonvested Participants who suffer a five year Break in Service and next earn a Covered Hour of Employment on or after July 1, 2011; or,

(c) Vested Terminated Participants with a five year Break in Service as of December 31, 2010 who next earn a Covered Hour of Employment on or after July 1, 2011.

The 1970 Structure applies to all other Participants.

Type of Plan

Trusteed plan with six trustees, three appointed by the Oregon-Columbia Chapter, National Electrical Contractors Association to be employer trustees, and three appointed by Local Union 48, International Brotherhood of Electrical Workers to be union trustees.

Employers Included

(a) Any employer represented by an employer association, the members of which are required to contribute to the Edison Pension Trust by a collective bargaining agreement, or

(b) Any employer required to contribute to the Edison Pension Trust by a collective bargaining agreement, or

(c) Any employer who becomes a party to the Trust with the approval of the Trustees and contributes to the Trust.

Employees Included

Employees of a participating employer, union or joint apprenticeship and training committee on whose behalf the employer is required to make contributions to the fund.

Non-bargaining Unit Employees of a participating employer may also be covered by a separate written agreement acceptable to the Trustees.

Credited Service

(a) Credited Past Service for employees entering the Plan on January 1, 1970.

(i) In order to be granted past service, the following conditions must be met:

(1) The employee must have worked 1,600 hours or more during the combined calendar years 1968 and 1969, and

(2) The employee must have worked 1,600 hours or more during the combined calendar years 1970 and 1971.

(ii) Upon meeting these requirements, an employee will be granted Credited Past Service for 1968 and 1969, and for each preceding calendar year in which he worked at least 800 hours (up to a maximum of 12 years).

(1) The 800-hour requirement may be met by including hours over 800 in either the immediately preceding or immediately succeeding year.

(2) Excess hours in any one year can only be carried either forward or back one year.

(3) No work performed prior to January 1, 1958 will be recognized as Credited Past Service.

(4) The employee has the burden of proof of work prior to the effective date of the Plan.

(iii) The word "worked" as used above means:

(1) Employment by current employer in an operation covered by the Plan and/or

(2) Employment by any other participating employer in an operation covered by the Plan and/or

(3) Employment under an agreement between a union participating in the Plan and a concern engaged in similar operations to those covered by the Plan if the concern is no longer in business.

(b) Credited Past Service for new groups entering the Plan after January 1, 1970.

(i) The extent of Credited Past Service, if any, granted to new groups will be determined by the Trustees based on the ability of the Trust Fund to finance such Past Service benefits.

(c) Credited Future Service

(i) For the period January 1, 1970 through December 31, 1975, one year of Credited Future Service is granted for each plan year in which an employee has at least 1,600 covered hours. An employee working less than 1,600 hours in a plan year shall receive a fraction of a year of Credited Future Service equal to the ratio of covered hours in the plan year to 1,600. Covered hours in excess of 1,600 in a plan year may be carried forward or back to the other plan years.

(ii) After December 31, 1975 and before January 1, 2011, an employee shall receive one year of Credited Future Service for each plan year in which he has at least 1,000 covered hours. An employee working at least 400 hours but less than 1,000 hours in a plan year shall receive a fraction of a year of Credited Future Service equal to the ratio of covered hours in a plan year to 1,000. The carry forward and carry back provision does not apply for plan years after December 31, 1975.

(iii) On or after January 1, 2011, an employee shall receive one year of Credited Future Service for each plan year in which he has at least 1,000 covered hours. An employee working at least 300 hours but less than 1,000 hours in a plan year shall receive a fraction of a year of Credited Future Service equal to the ratio of covered hours in a plan year to 1,000.

Forfeiture of Benefits

(a) For the period January 1, 1970 through December 31, 1975, if an employee fails to work 400 covered hours for two consecutive plan years, and if at the end of that period the employee is not vested, then all previously accumulated pension credit shall be forfeited.

(b) For the period after December 31, 1975, failure to work 400 hours in a plan year prior to 2011 or 300 hours in a plan year after 2010 constitutes a one-year break in service. If an employee who is not vested experiences consecutive one year breaks, he shall suffer a permanent break and previous credited service for benefits and years of service for vesting shall be canceled in the following cases:

(i) If his consecutive break years equal or exceed his total Years of Service for vesting in the period from 1976-1984.

(ii) After 1984 if his consecutive break years equal or exceed the greater of 5 years, or total years of service for vesting.

(c) An employee will not have a break in service if he has 5 years of Credited Future Service.

(d) If an employee's failure to earn credited service is due to one of the following causes, then the failure is not counted under (a) or (b) above.

(i) Service in the armed forces of the United States (subject to USERRA).

(ii) Lack of available covered employment for a period not exceeding 12 months, provided the employee is available for covered employment.

(iii) Permanent and total disability.

(iv) Leave of absence approved by the Trustees.

The Trustees may limit the time and scope of these absences under the uniform administrative rules.

Eligibility for a Normal Retirement Pension

An employee is eligible for normal retirement upon attainment of age 65, provided he has accumulated at least 5 years of service or reached his 5th anniversary of beginning participation under the Plan. A participant is eligible for a reduced benefit if he meets the age requirement and is at least 50% vested.

Amount of Normal Retirement Pension

1970 STRUCTURE

(a) For each year of Credited Past Service, a monthly payment of $6.00, plus

A monthly payment of a percentage of the total employer contributions made on behalf of the employee from January 1, 1970 to his retirement date. The following percentages apply:

Start of Pension Payments	Last 400 Hour Year in Period	Benefit Percentage Factor (BPF)	Contribution Years	
			Begin	End
2010 or later	2010	1.0%	2010	Most recent contribution
2009 or later	2009	1.1%	2009	December 31, 2009
2007 or later	2007-2008	2.0%	2007	December 31, 2008
2003 or later	2003 – 2006	2.5%	5/01/03	December 31, 2006
2001 or later	2001 – 2003	4.1%	2001	April 30, 2003
2000 or later	2000	4.5%	1970	2000
2000 or later	1999	4.5%	1970	1999
1999	1999	4.5%	1999	Benefits paid after 1999
1999	1999	4.1%	1999	Benefits paid during 1999
1999 or later	1998	4.5%	1970	1998

Start of Pension Payments	Last 400 Hour Year in Period	Benefit Percentage Factor (BPF)	Contribution Years	
			Begin	End
1998	1998	4.1%	1970	1998
	1997	4.0%	1970	Most recent contribution
	1995 – 1996	3.9%	1970	Most recent contribution
	1992 – 1994	3.8%	1970	Most recent contribution
	1991	3.7%	1970	Most recent contribution
	1986 – 1990	3.6%	1970	Most recent contribution
	1985	3.25%	1970	Most recent contribution
	1984 or earlier	2.75%	1970	Most recent contribution

Additionally, members in pay status have received the following increases:

Date	Percentage Increase
January 1, 1993	2.70%
January 1, 1995	2.63%
January 1, 1997	2.60%
January 1, 1999	1% - 13% COLA increase based on year of retirement.

For retirements starting after 2003, the BPF can be upgraded upon re-employment to a higher rate applicable to a later period if the member earns 1,000 Covered Hours of Employment in each consecutive Plan Year during re-employment.

2011 STRUCTURE

Benefits under the 2011 Structure are determined using the following Benefit Percentage Factor schedule, based upon years of continuous Credited Service. The benefit is determined by multiplying the employer contributions received or required to be made to the Trust during the plan year times the Benefit Percentage Factor in effect for that year.

Years of Continuous Credited Service at End of Year	Benefit Percentage Factor Applied for the Year
Up to 5.000	1.000%
5.001 - 10.000	1.066%
10.001 - 15.000	1.132%
15.001 - 20.000	1.198%
20.001 - 25.000	1.264%
More than 25.000	1.330%

Benefit Percentage Factor will start over at the 1.000% level for contributions made after three consecutive plan years with fewer than 300 Covered Hours of Employment each.

Eligibility for an Early Retirement Pension

An employee is generally eligible for early retirement if he has attained age 55 and completed 10 years of Credited Past and Future Service, at least two of which must be Future Service.

Amount of Early Retirement Pension

1970 STRUCTURE

For accruals through December 31, 2003, the "subsidized" actuarial reduction for early retirement shall be determined as follows:

(a) For early retirements on or after January 1, 1973, the reduction is .25% for each month that the early retirement date precedes age 65, and

(b) For early retirements on or after January 1, 1985, the .25% reduction does not apply for retirement at or after age 62, and

(c) For early retirements on or after January 1, 1987, for participants who were active in 1986 or subsequent years, the .25% reduction is calculated from age 62.

(d) For early retirements on or after January 1, 1996, for participants who are active in 1996 or later, are age 60 with 25 years of supportive service, and have 120 months of supportive service during the last 15 years prior to retirement, the .25% reduction does not apply.

For accruals on or after January 1, 2004, the actuarial reduction upon retirement from active employment remains the same as shown above. Early retirement factors for retirement from inactive status are based on "unsubsidized" tabular factors in the plan. The "unsubsidized" factor for assumed retirement at age 62 is .7590.

2011 STRUCTURE

The normal retirement benefit is actuarially reduced from age 65 and the following early retirement factors apply:

Age	Factor
55	44.96%
56	48.43
57	52.21
58	56.36
59	60.91
60	65.90
61	71.41
62	77.49
63	84.21
64	91.69
65	100.00

Eligibility for a Late Retirement Pension

An employee may continue to work after he becomes eligible for normal retirement, in which case benefits continue to accrue.

Amount of Late Retirement Benefits

The monthly benefit shall be equal to the benefit earned as of the date of actual retirement for a participant who elects to continue to work after he becomes eligible to receive a normal retirement benefit.

Eligibility for a Disability Pension

An employee is eligible for a disability pension if:

(a) He is an active participant in the Plan and has completed 5 years of Credited Service including at least two years of Credited Future Service, and

(b) His disability results from a medically determinable impairment which can be expected to result in death or can be expected to last for 12 months or more, and

(c) His disability renders him incapable of engaging in any gainful employment which he is reasonably capable of performing in light of his training, experience and ability.

Disability will not be considered established until it has continued for a period of at least five consecutive months. Disability benefits shall terminate on the earlier of recovery, return to covered employment, or termination of Social Security disability pension. For 2011 Structure participants, disability benefits are temporary, and replaced with retirement benefits at normal retirement age.

Amount of Disability Pension

The monthly disability benefit is 100% of the employee's accrued normal retirement benefit.

Normal Form of Benefit

(a) The normal form of retirement benefit for an unmarried employee is a monthly life annuity with 60 payments guaranteed.

(b) The normal form of retirement benefit for a married employee is a monthly joint and 50% survivor annuity, with the employee's spouse as the survivor beneficiary. The amount of the monthly benefit shall be reduced so as to be actuarially equivalent to the benefit payable to an otherwise similar unmarried employee.

Optional Forms of Payment at Retirement

(a) Life Annuity

(b) Life Annuity with 60 or 120 monthly payments guaranteed

(c) 100%, 75%, or 50% Joint and Survivor Annuity

(d) 100%, 75%, or 50% Joint and Survivor Annuity with Pop-Up

Conversion between the forms of benefit use the actuarial equivalent of the life annuity with 60 months guaranteed, assuming 6% interest and RP-2000 mortality tables for male participants and female beneficiaries.

Death Benefit

(a) If an employee is eligible for retirement, is married, and dies prior to retirement, he will be considered to have retired as of the date of death and a 50% survivor benefit will be payable to his spouse. If the actuarial present value of the participant's normal retirement benefit payable for a period of 60 months is greater than the 50% benefit, the benefit with the greater value will be payable to the spouse.

(b) If an employee dies prior to retirement and is not covered under (a) above, the spouse shall receive the actuarial present value of:

(i) the 50% survivor benefit payable the day the employee would have been eligible for early retirement, and

(ii) the excess, if any, of the 60-month certain benefit based upon future service only payable immediately.

- The benefit in (b)(i) is available only to spouses of deceased participants who have 5 years of Credited Service at the time of their death.

(c) Upon the death of an employee after retirement, no death benefit shall be payable other than that inherent in the form of benefit elected.

Vesting

(a) Effective January 1, 1989, the following vesting schedule applies to any employee who on or after January 1, 1989 completes one covered hour of employment or is given one hour of service recognized for vesting under a reciprocal plan.

Years of Service for Vesting	Vested Percent
Less than 5	0%
5 or more	100%

- An employee is also 100% vested if he is an active participant on the later of

(i) his 65th birthday with completion of his 5th anniversary of participation, or

(ii) the date after his 65th birthday when he has completed his 5th anniversary of beginning participation, excluding any participation commencement date forfeited by a permanent break in service.

(b) From 1984 through 1988, a graded vesting schedule applied to active members providing 50% vesting with 5 years of vesting service, increased at 10% per year. Prior to 1984, vesting is governed by the rules under the plan then in effect.

Contributions

(a) Employee

- None.

(b) Employer

- All contributions to provide retirement benefits under the Plan are made by the employers as provided in the current collective bargaining agreement. The hourly rates (including non-accruing contribution amounts) for the majority of employees effective January 2021 are as follows:

Type of Employment	Hourly Rate
Commercial	
Journeyman	$8.70
Foreman	8.95
General Foreman	9.20
Traffic Tech 1	7.40
Support Tech 1	4.96
Residential	7.25
Sound & Communication (Journeyman Tech, Foreman, General Foreman)	6.95
Installer	6.35

Reciprocity

As of January 1, 2021, Edison Pension Trust has a reciprocity arrangement with the following:

State/Name of Trust	Location	Local Number
Oregon		
Cascade Pension Trust	Central and Southern Oregon	280,659,932
Alaska		
Alaska Electrical Pension Trust	Entire State	1547
Washington		
Puget Sound Pension Trust	Seattle	46
California		
Redwood Empire Electrical Workers Pension Trust	Santa Rosa	551
Redwood Empire Electrical Workers Pension Trust	Eureka	482
IBEW Local 332 Pension Trust	San Jose	332
Southern California IBEW-NECA Pension Trust Fund	Southern California	11,440,441,447
Local 234 Electrical Workers Retirement Fund	Castroville	234
Central California IBEW-NECA Pension Trust	Santa Barbara San Luis Obispo	413 639
IBEW Local 569 Pension Trust	San Diego, CA	569
IBEW Pacific Coast	California, Oregon, Washington	-
The Electrical Industry Pension Reciprocal Agreement	(National Plan)	-

EDISON PENSION PLAN

PLAN EIN 93-6061681 PN 001 FYE 12/31/2021

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – included in the Accountant's audit report attachment.

F. Charges and Credits for Funding Standard Account

The amortization charges and credits for the Funding Standard Account for the plan year beginning January 1, 2021 are determined below.

Date Established	Type of Base	Outstanding Balance 1/1/2021	Remaining Minimum Amortization Period	Minimum Amortization Payment
1/1/1992	Change in Negotiated Contributions	$ 163,921	1	$ 163,921
1/1/1993	Plan Improvements	1,146,287	2	591,856
1/1/1994	Change in Negotiated Contributions	221,236	3	78,611
1/1/1995	Change in Plan	1,411,324	4	388,116
1/1/1995	Change in Actuarial Assumptions	411,496	4	113,162
1/1/1996	Change in Plan	130,549	5	29,627
1/1/1997	Change in Plan	912,484	6	177,949
1/1/1998	Change in Plan	1,020,657	7	175,868
1/1/1999	Change in Plan	1,466,337	8	227,813
1/1/2000	Change in Plan	577,751	9	82,189
1/1/2001	Change in Plan	396,038	10	52,213
1/1/2002	Change in Plan	1,871,813	11	230,932
1/1/2002	Change in Actuarial Assumptions	2,025,137	11	249,848
1/1/2003	Change in Negotiated Contributions	3,735,893	12	434,763
1/1/2005	Change in Negotiated Contributions	167,351	14	17,658
1/1/2006	Change in Plan	254,070	15	25,721
1/1/2006	Change in Actuarial Assumptions	5,288,564	15	535,382
1/1/2007	Experience Loss	372,244	1	372,244
1/1/2008	Change in Plan and Contributions	2,577,671	2	1,330,914
1/1/2009	Experience Loss	507,348	3	180,275
1/1/2009	PRA 2010 Base	62,020,838	17	5,848,183
1/1/2009	Change in Actuarial Assumptions	134,921	3	47,941
1/1/2010	Change in Actuarial Assumptions	5,221,286	4	1,435,859
1/1/2010	PRA 2010 Base	10,375,433	17	978,339
1/1/2011	PRA 2010 Base	11,505,803	17	1,084,926
1/1/2012	Change in Actuarial Assumptions	5,456,975	6	1,064,196
1/1/2012	Experience Loss	18,916,447	6	3,689,006
1/1/2012	PRA 2010 Base	12,591,183	17	1,187,271
1/1/2013	PRA 2010 Base	20,494,233	17	1,932,480
1/1/2014	PRA 2010 Base	24,167,878	17	2,278,882
1/1/2014	Change in Actuarial Assumptions	5,378,499	8	835,614
1/1/2014	Change in Plan	373,181	8	57,978
1/1/2015	Change in Actuarial Assumptions	13,631,058	9	1,939,099
1/1/2015	Experience Loss	17,732,698	9	2,522,581
1/1/2016	Change in Actuarial Assumptions	7,104,611	10	936,655
1/1/2016	Experience Loss	21,211,910	10	2,796,527
1/1/2017	Experience Loss	20,718,959	11	2,556,170
1/1/2018	Experience Loss	17,418,347	12	2,027,051
1/1/2018	Change in Actuarial Assumptions	19,053,794	12	2,217,376
1/1/2019	Experience Loss	14,659,796	13	1,619,939
1/1/2020	Combined Bases	(59,467,018)	2.84	(22,208,076)
1/1/2021	Experience Gain	(16,966,600)	15	(1,717,597)
1/1/2021	Assumption Change	23,888,646	15	2,418,343
		280,281,049		$ 21,007,805

G. Assumption and Method Changes for the January 1, 2021 Valuation

- The current liability interest rate was decreased from 2.95% to 2.08% to remain within the IRS prescribed corridor.
- The mortality tables used for the purpose of computing the current liability were updated to the 2021 tables as specified in the IRS regulations.
- The assumed rate of investment return to value all benefits was decreased from 7.00% to 6.75% to better reflect anticipated investment experience.
- Assumed hours worked for benefit accruals was changed to use the same hours worked in the previous year by each active participant. Previously, all active participants were assumed to work 1,700 hours. This change was made to better reflect anticipated future experience.
- Expenses were assumed to increase from $1,000,000 per year, payable mid-year, to $1,025,000 per year, payable mid-year to reflect recent and anticipated future experience.
- Vested terminated participants aged 80 or older as of the valuation date that have not commenced are assumed deceased with no surviving beneficiary. This change was made to reflect that these participants are unlikely to commence benefits.
- Disability rates for active participants were updated to better reflect recent and anticipated plan experience. These rates are 80% of the previous rates. Previous sample rates used are shown below.

Age	Number Becoming Disabled Per 1,000 Covered Each Year
20	0.7
25	0.8
30	0.9
35	1.1
40	1.3
45	1.9
50	2.8
55	4.6
60	9.7