

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
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>01/01/2022</u>	
A	This return/report is for: ☐ a multiemployer plan ☒ a single-employer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ an amended return/report ☒ the final return/report ☒ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ special extension (enter description) ☐ automatic extension ☐ the DFVC program
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 <u>ENTERGY CORPORATION CASH BALANCE PLAN FOR NON-BARGAINING EMPLOYEES</u>
1b	Three-digit plan number (PN) ▶ <u>017</u>
1c	Effective date of plan <u>07/01/2014</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ENTERGY CORPORATION</u> <u>639 LOYOLA AVE.</u> <u>L-ENT-15N EB AND C</u> <u>NEW ORLEANS, LA 70113</u>
2b	Employer Identification Number (EIN) <u>72-1229752</u>
2c	Plan Sponsor's telephone number <u>504-576-4000</u>
2d	Business code (see instructions) <u>221100</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2022	KIMBERLY FONTAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2022	STEVEN BRADY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☐ Same as Plan Sponsor EMPLOYEE BENEFITS COMMITTEE OF ENTERGY CORPORATION 639 LOYOLA AVE. L-ENT-15N NEW ORLEANS, LA 70113		3b Administrator's EIN 72-1269450 3c Administrator's telephone number 504-576-4000	
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	4324
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..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6a(1) 6a(2) 6b 6c 6d 6e 6f 6g 6h	4028 0 0 0 0 0 0 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1C 3F 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☐ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit 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
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2022 and ending 01/01/2022

▶ **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 <u>ENTERGY CORPORATION CASH BALANCE PLAN FOR NON-BARGAINING EMPLOYEES</u>	B Three-digit plan number (PN) ▶ <u>017</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ENTERGY CORPORATION</u>	D Employer Identification Number (EIN) <u>72-1229752</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>	
2 Assets:	
a Market value	2a <u>0</u>
b Actuarial value	2b <u>0</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants <u>0</u> (2) Vested Funding Target <u>0</u> (3) Total Funding Target <u>0</u>
b For terminated vested participants.....	<u>0</u> <u>0</u> <u>0</u>
c For active participants	<u>0</u> <u>0</u> <u>0</u>
d Total.....	<u>0</u> <u>0</u> <u>0</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 %
6 Target normal cost.....	
a Present value of current plan year accruals.....	6a <u>0</u>
b Expected plan-related expenses	6b <u>0</u>
c Total (line 6a + line 6b)	6c <u>0</u>

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		<u>09/22/2022</u> Date
<u>THOMAS P. DOLAN</u> Type or print name of actuary		<u>20-05682</u> Most recent enrollment number
<u>AON CONSULTING, INC.</u> Firm name		<u>973-463-6142</u> Telephone number (including area code)
<u>MSC# 17457 P.O. BOX 6718 SOMERSET, NJ 08875</u> 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 ☐

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

Schedule SB (Form 5500) 2021
v. 201209

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	16977369
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	16977369
10 Interest on line 9 using prior year's actual return of <u>16.36</u> %	0	2777498
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		4035139
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.58</u> %		225161
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		4260300
d Portion of (c) to be added to prefunding balance		4260300
12 Other reductions in balances due to elections or deemed elections	0	24015167
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	100.00 %
15 Adjusted funding target attainment percentage	15	0.00 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	0.00 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** 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
Totals ►			18(b)		18(c)

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b
22 Weighted average retirement age				22
23 Mortality table(s) (see instructions)	☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	0	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

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 01/01/2022 and ending 01/01/2022					
A Name of plan ENTERGY CORPORATION CASH BALANCE PLAN FOR NON-BARGAINING EMPLOYEES				B Three-digit plan number (PN) ▶ 017	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 ENTERGY CORPORATION				D Employer Identification Number (EIN) 72-1229752	
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: ENT CORP MST TRST CASH BAL PLANS					
b Name of sponsor of entity listed in (a): ENTERGY CORPORATION					
c EIN-PN 47-1411222-001		d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0		
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)		
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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
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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
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**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
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2022 and ending 01/01/2022		
A Name of plan ENTERGY CORPORATION CASH BALANCE PLAN FOR NON-BARGAINING EMPLOYEES	B Three-digit plan number (PN) ►	017
C Plan sponsor's name as shown on line 2a of Form 5500 ENTERGY CORPORATION	D Employer Identification Number (EIN) 72-1229752	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
	Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	102600858	
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(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	102600858 0
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	102600858 0

Part II Income and Expense Statement

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

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		0
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(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)		0
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)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		0
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		0
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		102600858

Part III Accountant's Opinion

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

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

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **DELOITTE & TOUCHE LLP**

(2) EIN: **13-3891517**

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

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		11000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
4i		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
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)	
ENTERGY CORPORATION RETIREMENT PLAN FOR NON-BARGAINING EMPLOYEES	72-1229752	004	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☒ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2022 and ending 01/01/2022

A Name of plan <u>ENTERGY CORPORATION CASH BALANCE PLAN FOR NON-BARGAINING EMPLOYEES</u>	B Three-digit plan number (PN) ▶ <u>017</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ENTERGY CORPORATION</u>	D Employer Identification Number (EIN) <u>72-1229752</u>

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	<u>0</u>
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): <u>20-2387942</u>		
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	<u>0</u>

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year

15b

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:

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

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

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

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

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

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

**ENTERGY CORPORATION CASH BALANCE PLAN
FOR NON-BARGAINING EMPLOYEES**

**Financial Statements as of January 1, 2022 (Date of Final Transfer) and December 31, 2021,
and for the Period of January 1, 2022 (Date of Final Transfer)
and the Year Ended December 31, 2021 and Independent Auditor's Report**

EIN 72-1229752 / PN 017

ENTERGY CORPORATION CASH BALANCE PLAN FOR NON-BARGAINING EMPLOYEES

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Notes to Financial Statements as of January 1, 2022 (Date of Final Transfer) and December 31, 2021, and for the Period of January 1, 2022 (Date of Final Transfer) and the Year Ended December 31, 2021	6

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of
Entergy Corporation Cash Balance Plan for Non-Bargaining Employees

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

We have performed audits of the financial statements of Entergy Corporation Cash Balance Plan for Non-Bargaining Employees (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of January 1, 2022 and December 31, 2021, and the related statements of changes in net assets available for benefits for the one day period ended January 1, 2022 and year ended December 31, 2021, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of January 1, 2022, and December 31, 2021, and for the one day period ended January 1, 2022 and year ended December 31, 2021, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section

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

Basis for Opinion

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

Emphasis of Matter

As discussed in Note 1 to the financial statements, the Plan merged into the Entergy Corporation Retirement Plan for Non-Bargaining Employees effective January 1, 2022. The Plan's net assets and accumulated plan benefits were transferred to the Entergy Corporation Retirement Plan for Non-Bargaining Employees as a result of the merger.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

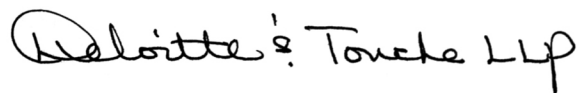
In performing an audit in accordance with GAAS, we:

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

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

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

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

A handwritten signature in black ink that reads "Deloitte & Touche LLP". The signature is written in a cursive, flowing style.

October 6, 2022

ENTERGY CORPORATION CASH BALANCE PLAN FOR NON-BARGAINING EMPLOYEES

Statements of Net Assets Available for Benefits

As of January 1, 2022 (Date of Final Transfer) and December 31, 2021

	<u>2022</u>	<u>2021</u>
Assets:		
Plan interest in Master Trust (Note 3)	<u>\$—</u>	<u>\$102,600,858</u>
Net assets available for benefits	<u><u>\$—</u></u>	<u><u>\$102,600,858</u></u>

See Notes to Financial Statements.

ENTERGY CORPORATION CASH BALANCE PLAN FOR NON-BARGAINING EMPLOYEES**Statements of Changes in Net Assets Available for Benefits****For the Period of January 1, 2022 (Date of Final Transfer) and the Year Ended December 31, 2021**

	<u>2022</u>	<u>2021</u>
Net assets available for benefits - beginning of year	\$102,600,858	\$73,242,146
Plan interest in Master Trust's investment income (Note 3)	—	11,969,868
Employer contributions	—	20,454,000
Payments to participants or their beneficiaries	—	3,065,156
Investments transferred out	102,600,858	—
Net (decrease) increase	<u>(102,600,858)</u>	<u>29,358,712</u>
Net assets available for benefits - end of year	<u><u>\$—</u></u>	<u><u>\$102,600,858</u></u>

See Notes to Financial Statements.

ENTERGY CORPORATION CASH BALANCE PLAN FOR NON-BARGAINING EMPLOYEES**Notes to Financial Statements**

As of January 1, 2022 (Date of Final Transfer) and December 31, 2021, and for the Period of
January 1, 2022 (Date of Final Transfer) and the Year Ended December 31, 2021

NOTE 1. DESCRIPTION OF THE PLAN

General The following description of the Entergy Corporation Cash Balance Plan for Non-Bargaining Employees (Plan) provides only general information about the Plan as in effect on January 1, 2022. Participants should refer to the Plan document for a more complete description of the Plan's provisions. The Plan document governs the operation of the Plan and payment of all benefits. Therefore, any conflict between this description of the Plan and the terms of the Plan shall be resolved by reference to the full Plan document.

The Plan is a defined benefit pension plan sponsored by Entergy Corporation (Company) that covers certain non-bargaining employees of the participating employers (i.e., certain subsidiaries and affiliates of the Company) whose most recent hire date or rehire date is after June 30, 2014 and prior to January 1, 2021.

On October 27, 2020, the Plan Sponsor amended the Plan to provide that non-bargaining employees whose employment commencement date or reemployment commencement date with an Entergy System Company employer is after December 31, 2020 are ineligible to participate in the Plan.

The Employee Benefits Committee of the Company controls and manages the operation and administration of the Plan. Plan assets were held in the Entergy Corporation Master Trust for Cash Balance Plans (Master Trust) for which JPMorgan Chase Bank, N.A. serves as trustee (Trustee). The Trustee works together with investment managers who manage the Plan's investments. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Effective January 1, 2022, the Plan was merged with and into the Entergy Corporation Retirement Plan for Non-Bargaining Employees (Non-Bargaining Plan I). As of January 1, 2022, the liabilities for the accrued benefits and the assets attributable to such liabilities of all participants in the Plan were assumed by and transferred to Non-Bargaining Plan I. Non-Bargaining Plan I assumed the obligation to pay benefits of the former participants of the Plan. There was no loss of vesting or benefit options or reduction of accrued benefits to affected participants as a result of this plan merger.

Pension Benefits The Plan provides pension benefits to vested Plan participants. Generally, the normal retirement benefit, payable as a single life annuity commencing as of the first day of the month following the date the participant attains age 65, is determined by converting the balance of the participant's notional Cash Balance Account into an actuarially equivalent annuity, as defined under the Plan. A participant's Cash Balance Account is equal to the sum of annual pay credits ranging from 4% to 8% of eligible earnings, based upon age and vesting service, and annual interest credits. The interest credits are calculated based upon the annual rate of interest on 30-year U.S. Treasury securities, as specified by the Internal Revenue Service, for the month of August preceding the first day of the plan year. The interest crediting rate applied for any plan year will never be less than 2.6%, and will never exceed 9%. Participants may elect to receive various optional forms of actuarially equivalent benefit payments, if they satisfy the Plan's eligibility requirements.

Vesting Generally participants become fully vested in Plan benefits after three years of vesting service, as defined by the Plan, or upon attaining age 65 while employed by any entity required to be

ENTERGY CORPORATION CASH BALANCE PLAN FOR NON-BARGAINING EMPLOYEES**Notes to Financial Statements**

**As of January 1, 2022 (Date of Final Transfer) and December 31, 2021, and for the Period of
January 1, 2022 (Date of Final Transfer) and the Year Ended December 31, 2021**

aggregated with Entergy Corporation pursuant to Sections 414(b), 414(c), 414(m), or 414(o) of the Internal Revenue Code of 1986, as amended (Code). In addition, certain participants may be entitled under the Plan to vesting service for a prior period of employment.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting The Plan's financial statements are prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America (GAAP).

Use of Estimates The preparation of the Plan's financial statements in conformity with GAAP requires the Plan to make significant estimates and assumptions. These estimates and assumptions affect the reported amounts of net assets available for benefits, the changes in net assets available for benefits, the actuarial present value of accumulated plan benefits and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

Risks and Uncertainties Contributions to the Plan are made, and the actuarial present value of accumulated plan benefits are reported, based on certain assumptions pertaining to interest rates, inflation rates, employee compensation, and demographics. Investment securities are exposed to various risks, such as interest rate, market, and credit risks, and overall market volatility. Due to the changing nature of these assumptions and the level of risk associated with investment securities, it is at least reasonably possible that changes in these assumptions and in the values of investment securities will occur in the near term. Additionally, such changes could materially affect the Master Trust investment account balances (see Notes 3 and 4) and the amounts reported in the financial statements.

Valuation of Investments Assets of the Plan are invested in the Master Trust and are stated at fair value. Fair value of a financial instrument is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for a discussion of fair value measurements.

Income Recognition The difference in fair value of the assets in the Master Trust from one period to the next is recognized and included in the Plan's interest in the Master Trust's investment income or loss in the accompanying Statements of Changes in Net Assets Available for Benefits. The Plan's interest in the Master Trust's investment income or loss also includes realized gains and losses, interest income, and dividend income. Sales and purchases of securities in the Master Trust are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Expenses Administrative and custodian fees, as well as other direct expenses of the Plan, such as actuarial, legal, and auditing fees, Pension Benefit Guaranty Corporation (PBGC) premiums, independent investment management expenses, and certain direct expenses incurred in the administration of the Master Trust are paid with Master Trust assets, unless paid by the participating employers.

Funding Policy Annual contributions to the Plan are determined by an actuarial valuation. The Company's policy is to fund an amount that meets the minimum required contribution under ERISA,

ENTERGY CORPORATION CASH BALANCE PLAN FOR NON-BARGAINING EMPLOYEES**Notes to Financial Statements**

**As of January 1, 2022 (Date of Final Transfer) and December 31, 2021, and for the Period of
January 1, 2022 (Date of Final Transfer) and the Year Ended December 31, 2021**

as amended, with an objective to keep the plan fully funded on a Projected Benefit Obligation (PBO) basis. The PBO is an actuarial measurement of what the Company will need at the present time to cover future pension liabilities. PBO assumes that the plan will not terminate in the foreseeable future and is adjusted to reflect expected compensation in the years ahead. For the 2021 plan year, the Plan's minimum funding requirement was met.

Payment of Benefits Benefit payments to participants are recorded upon distribution.

NOTE 3. INTEREST IN MASTER TRUST

As discussed in Note 1, the Plan's assets were assumed by and transferred to Non-Bargaining Plan I as part of the plan merger on January 1, 2022. As of December 31, 2021, the Plan's assets were non interest-bearing cash in preparation for the Plan and Master Trust mergers on January 1, 2022. These assets were held in the Master Trust established by the Company and maintained by the Trustee. The Plan maintains an undivided beneficial interest in each of the investment accounts of the Master Trust. Use of the Master Trust permits the commingling of the trust assets of the cash balance pension plans of the Company and its subsidiaries for investment and administrative purposes. Although assets are commingled in the Master Trust, the Trustee maintains supporting records for the purpose of allocating the equity in net earnings (loss) and the administrative expenses of the investment accounts to the various participating plans. Equity in an investment account's net earnings is comprised of interest and dividends and realized and unrealized investment gains and losses. The Trustee determines the fair value of the fund and calculates a daily earnings factor, including realized and unrealized gains or losses, collected and accrued income, and administrative expenses, and allocates earnings on a pro rata basis to the participating plans. As of December 31, 2021, the assets of the Plan represented approximately 84% of total Master Trust net assets.

The Master Trust net assets and the Plan's interest in the net assets of the Master Trust as of December 31, 2021 were as follows:

	Plan	Master Trust
Non interest-bearing cash	\$102,600,858	\$122,359,725
Net assets	\$102,600,858	\$122,359,725

Net investment income for the Master Trust for the year ended December 31, 2021 was as follows (see Note 4 for fair value disclosure):

Dividends	\$232
Net investment gain (loss) from:	
Common collective trusts	15,881,982
Registered investment companies	(330,812)
Less: Administrative expenses	1,652,038
Total net investment income	\$13,899,364

ENTERGY CORPORATION CASH BALANCE PLAN FOR NON-BARGAINING EMPLOYEES**Notes to Financial Statements**

As of January 1, 2022 (Date of Final Transfer) and December 31, 2021, and for the Period of January 1, 2022 (Date of Final Transfer) and the Year Ended December 31, 2021

For the period of January 1, 2022 (date of final transfer), the Master Trust had no transfers to the trust and transfers from the trust of \$122,359,725.

For the year ended December 31, 2021, the Master Trust had transfers to the trust of \$31,640,000 and transfers from the trust of \$3,468,345.

NOTE 4. FAIR VALUE MEASUREMENTS

Accounting standards provide the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The Master Trust classifies its investments as follows:

- Level 1 - Level 1 inputs are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access at the measurement date. Active markets are those in which transactions for the asset or liability occur in sufficient frequency and volume to provide pricing information on an ongoing basis.
- Level 2 - Level 2 inputs are inputs other than quoted prices included in Level 1 that are, either directly or indirectly, observable for the asset or liability at the measurement date. Assets are valued based on prices derived by an independent party that uses inputs such as benchmark yields, reported trades, broker/dealer quotes, and issuer spreads. Prices are reviewed and can be challenged with the independent parties and/or overridden if it is believed such would be more reflective of fair value. Level 2 inputs include the following:
 - quoted prices for similar assets or liabilities in active markets;
 - quoted prices for identical assets or liabilities in inactive markets;
 - inputs other than quoted prices that are observable for the asset or liability; or
 - inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If an 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 - Level 3 refers to securities valued based on significant unobservable inputs.

Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. As of December 31, 2021, all assets of the Master Trust were non interest-bearing cash, which is not assigned a fair value level or included in total investments, in preparation for the plan merger on January 1, 2022. As discussed in Note 1, all Plan assets held by the Master Trust were assumed by and transferred to Non-Bargaining Plan I as part of the plan merger on January 1, 2022.

ENTERGY CORPORATION CASH BALANCE PLAN FOR NON-BARGAINING EMPLOYEES**Notes to Financial Statements**

**As of January 1, 2022 (Date of Final Transfer) and December 31, 2021, and for the Period of
January 1, 2022 (Date of Final Transfer) and the Year Ended December 31, 2021**

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another.

NOTE 5. PLAN TERMINATION

Except for the Plan merger disclosed in Note 1, the Company has not expressed an interest in terminating the Plan, the Company reserves the right to discontinue the Plan at any time. In the event the Plan is terminated, the net assets of the Plan will be allocated for payment of Plan benefits to the participants in order of priority as determined in accordance with ERISA, applicable regulations thereunder, and the Plan document.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits, should the Plan be terminated at some future time, will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid, and the level and type 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 6. TAX STATUS

The Plan obtained its latest determination letter on August 27, 2021, in which the Internal Revenue Service states that the Plan, as then designed, was in compliance with the applicable requirements of the Code. Entergy Corporation, as Plan Sponsor, believes that subsequent amendments to the Plan are in compliance with the requirements of the Code and that the Plan is currently designed and operated in compliance with the applicable requirements of the Code, and the Plan and related Master Trust continue to be tax-exempt. Accordingly, no provision for federal income taxes has been made in the accompanying financial statements.

NOTE 7. CERTIFIED INVESTMENT INFORMATION

The Plan Administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under this election, the following data has been certified by the Trustee, J.P

ENTERGY CORPORATION CASH BALANCE PLAN FOR NON-BARGAINING EMPLOYEES

Notes to Financial Statements

**As of January 1, 2022 (Date of Final Transfer) and December 31, 2021, and for the Period of
January 1, 2022 (Date of Final Transfer) and the Year Ended December 31, 2021**

Morgan Chase Bank N.A., as complete and accurate, and is not subject to auditing procedures performed by independent auditors:

- Plan interest in the Master Trust of \$— and \$102,600,858 as presented in the Statements of Net Assets Available for Benefits as of January 1, 2022 (Date of Final Transfer) and December 31, 2021, respectively;
- Plan interest in the Master Trust investment income of \$— and \$11,969,868 as presented in the Statements of Changes in Net Assets Available for Benefits For the Period of January 1, 2022 (Date of Final Transfer) and the Year Ended December 31, 2021, respectively;
- The net assets of the Master Trust as of January 1, 2022 (Date of Final Transfer) and December 31, 2021 and net investment income of the Master Trust for the Period of January 1, 2022 (Date of Final Transfer) and the Year Ended December 31, 2021 in Note 3; and
- The total investment balances of the Master Trust as of January 1, 2022 (Date of Final Transfer) and December 31, 2021 disclosed in Note 4.

2022 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

**ENTERGY CORPORATION CASH BALANCE PLAN
FOR NON-BARGAINING EMPLOYEES**

EIN 72-1229752/PN 017

As of January 1, 2022, the Entergy Corporation Cash Balance Plan for Non-Bargaining Employees has been merged with the Entergy Corporation Retirement Plan for Non-Bargaining Employees. Due to this merger, the actuarial assumptions and methods for the Entergy Corporation Cash Balance Plan for Non-Bargaining Employees for plan year 2022 will be included in the Entergy Corporation Retirement Plan for Non-Bargaining Employees Schedule SB filing for 2022.

2022 Schedule SB, Part V – Summary of Plan Provisions

ENTERGY CORPORATION CASH BALANCE PLAN FOR NON-BARGAINING EMPLOYEES

EIN 72-1229752/PN 017

As of January 1, 2022, the Entergy Corporation Cash Balance Plan for Non-Bargaining Employees has been merged with the Entergy Corporation Retirement Plan for Non-Bargaining Employees. Please see below for the plan provisions for the Entergy Corporation Cash Balance Plan for Non-Bargaining Employees as of January 1, 2021.

Entergy Corporation Cash Balance Plan for Non-Bargaining Employees Plan Provisions

Effective Date of Plan	July 1, 2014. Amended and restated effective January 1, 2021.
Employees Eligible for Participation	A non-bargaining employee of a participating company whose most recent employment commencement date or reemployment commencement is on or after July 1, 2014 becomes a participant of the Plan following attainment of age 21 or the date of hire, whichever is later. An employee hired or rehired on or after December 31, 2020 will not become a participant in the Plan or accrue benefits under the Plan with respect to service rendered on or after that date.
Definitions	a. <u>Participant</u>: An employee who meets the eligibility requirements to participate and not covered under a collective bargaining agreement. b. <u>Earnings</u>: Regular monthly earnings, excluding commissions and overtime and including amounts deferred under a cash or deferred arrangement qualified under Section 401(k) of the Internal Revenue Code (Code) or under a cafeteria plan under Section 125 of the Code and bonuses received under the Teamsharing Program or other specified Incentive Plan. c. <u>Accrued Benefit</u>: Monthly annuity for life equal to the actuarial equivalent of the projected cash balance account, projected to age 65. The cash balance account consists of the accumulation of pay credits and interest credits, defined as follows: i. <u>Pay Credits</u>: A percentage of earnings for a plan year determined as of the January 1 of the calendar year that includes the applicable plan year, based on the unrounded sum of the participant's age and service on such date, in accordance with the following schedule:

2022 Schedule SB, Part V – Summary of Plan Provisions

**ENTERGY CORPORATION CASH BALANCE PLAN
FOR NON-BARGAINING EMPLOYEES**

EIN 72-1229752/PN 017

Age+Service Greater Than or Equal to	Less Than	Percentage
0	40	4%
40	50	5%
50	60	6%
60	70	7%
70+		8%

ii Interest Credits: The 30-year Treasury interest rate for the month of August preceding the first day of the plan year, but no less than 2.60% or greater than 9.00%, applied to the cash balance account value as of the January 1 preceding the date on which the Interest Credit is added to the cash balance account.

d. Vesting Service: Vesting Service is counted in years, months and days from the date of hire (or date employee reaches age 18, whichever is earlier) until the earliest of retirement date, severance date, date of death, or the first anniversary of the first day the employee is absent from active employment for any reason.

Pension Benefit at Normal Retirement

- a. Participants Eligible: Age 65.
- b. Pension Benefit: A monthly benefit equal to the accrued benefit, calculated as of normal retirement date.

Pension Benefit at Termination
other than at Normal Retirement

- a. Participants Eligible: 3 years of service.
- b. Pension Benefit: Monthly annuity for life equal to the actuarial equivalent of the cash balance account as of date of termination.

Deferred Vested Benefit

- a. Participants Eligible: 3 years of service.
- b. Vested Pension Benefit: Monthly annuity for life equal to the actuarial equivalent of the cash balance

2022 Schedule SB, Part V – Summary of Plan Provisions

**ENTERGY CORPORATION CASH BALANCE PLAN
FOR NON-BARGAINING EMPLOYEES**

EIN 72-1229752/PN 017

account as of date of termination and payable at age 65.

Pre-Retirement Spouse's Benefit

- a. Active Participants:
 - i. Participants Eligible: Death in active service provided the participant has completed 3 years of vesting service.
 - ii. Spouse's Benefit: A single life annuity equal to the actuarial equivalent of the participant's cash balance account. In lieu of the annuity form of payment, may elect a single lump sum payment equal to the cash balance account.
- b. Deferred Vested Participants Spouse's Benefit: The same as an active participant's spouse's benefit.

Normal Form of Payment

- a. Married Participants: 50% Joint & Survivor Annuity (actuarial equivalent reduction).
- b. Single Participant: Life Annuity.

Optional Forms of Payment

- a. Life Annuity: Payable for the life of the participant.
- b. Joint & Survivor Annuity: A percentage, chosen by the participant, payable to a designated beneficiary for life at the death of the participant (actuarial equivalent reduction).
- c. Lump Sum: Single lump sum payment equal to the cash balance account.

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit 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
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2022 and ending 01/01/2022

► **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 ENTERGY CORPORATION CASH BALANCE PLAN FOR NON-BARGAINING EMPLOYEES	B Three-digit plan number (PN) ►	<u>017</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ENTERGY CORPORATION	D Employer Identification Number (EIN) 72-1229752	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I	Basic Information		
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>		
2	Assets:		
	a Market value	2a	0
	b Actuarial value	2b	0
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	0	0
	b For terminated vested participants	0	0
	c For active participants	0	0
	d Total	0	0
4	If the plan is in at-risk status, check the box and complete lines (a) and (b). ☐		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	%
6	Target normal cost		
	a Present value of current plan year accruals	6a	0
	b Expected plan-related expenses	6b	0
	c Total (line 6a + line 6b)	6c	0

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	THOMAS P. DOLAN	<u>09/22/2022</u> Date
	Signature of actuary	<u>2005682</u> Most recent enrollment number
	THOMAS P. DOLAN Type or print name of actuary	<u>973-463-6142</u> Telephone number (including area code)
	AON CONSULTING, INC. Firm name	
	MSC# 17457 P.O. Box 6718 SOMERSET NJ 08875 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 ☐

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

Schedule SB (Form 5500) 2021
v. 201209

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	16,977,369
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	16,977,369
10 Interest on line 9 using prior year's actual return of <u>16.36</u> %	0	2,777,498
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		4,035,139
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.58</u> %		225,161
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		4,260,300
d Portion of (c) to be added to prefunding balance		4,260,300
12 Other reductions in balances due to elections or deemed elections	0	24,015,167
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	%
15 Adjusted funding target attainment percentage	15	%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 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
Totals ▶			18(b)	0	18(c)
0					
19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:					
a Contributions allocated toward unpaid minimum required contributions from prior years				19a	0
b Contributions made to avoid restrictions adjusted to valuation date				19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date				19c	0
20 Quarterly contributions and liquidity shortfalls:					
a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No					
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No					
c If line 20a is "Yes," see instructions and complete the following table as applicable:					
Liquidity shortfall as of end of quarter of this plan year					
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th		

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b
22 Weighted average retirement age				22
23 Mortality table(s) (see instructions)	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute	

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes	☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☐ Yes	☒ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	0	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years	☐ 15 years	
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008	☐ 2009	☐ 2010 ☐ 2011

ENTERGY CORPORATION CASH BALANCE PLAN FOR NON-BARGAINING EMPLOYEES

EIN 72-1229752/PN 017

Notes Regarding 2022 Schedule SB (Form 5500)

1. Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. To the extent there are any differences in the entries filed electronically and the actual data contained in the signed Schedule SB, the values on the signed Schedule SB will govern.

In making this certification, I have relied, as permitted under Sec. 103(a)(4)(D) of ERISA, on the correctness of the asset values and contribution information supplied by the plan administrator, on which the qualified public accountant engaged by the Plan has expressed an opinion. I have also relied on the correctness of the participant data supplied by the plan administrator. These items would customarily not be verified by the actuary. I have reviewed, and applied certain reasonableness and consistency checks to, the information furnished and I have no reason to doubt its substantial accuracy.



Signature of Actuary

9/22/2022

Date

Thomas P. Dolan

Name of Actuary

20-05682

Enrollment Number

Aon Consulting, Inc.
MSC# 17457
P.O. Box 6718
Somerset, NJ 08875

Address

(973) 463-6142

Telephone Number

2022 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

**ENTERGY CORPORATION CASH BALANCE PLAN
FOR NON-BARGAINING EMPLOYEES**

EIN 72-1229752/PN 017

As of January 1, 2022, the Entergy Corporation Cash Balance Plan for Non-Bargaining Employees has been merged with the Entergy Corporation Retirement Plan for Non-Bargaining Employees. Due to this merger, the actuarial assumptions and methods for the Entergy Corporation Cash Balance Plan for Non-Bargaining Employees for plan year 2022 will be included in the Entergy Corporation Retirement Plan for Non-Bargaining Employees Schedule SB filing for 2022.

2022 Schedule SB, Part V – Summary of Plan Provisions

ENTERGY CORPORATION CASH BALANCE PLAN FOR NON-BARGAINING EMPLOYEES

EIN 72-1229752/PN 017

As of January 1, 2022, the Entergy Corporation Cash Balance Plan for Non-Bargaining Employees has been merged with the Entergy Corporation Retirement Plan for Non-Bargaining Employees. Please see below for the plan provisions for the Entergy Corporation Cash Balance Plan for Non-Bargaining Employees as of January 1, 2021.

Entergy Corporation Cash Balance Plan for Non-Bargaining Employees Plan Provisions

Effective Date of Plan	July 1, 2014. Amended and restated effective January 1, 2021.
Employees Eligible for Participation	A non-bargaining employee of a participating company whose most recent employment commencement date or reemployment commencement is on or after July 1, 2014 becomes a participant of the Plan following attainment of age 21 or the date of hire, whichever is later. An employee hired or rehired on or after December 31, 2020 will not become a participant in the Plan or accrue benefits under the Plan with respect to service rendered on or after that date.
Definitions	a. <u>Participant</u>: An employee who meets the eligibility requirements to participate and not covered under a collective bargaining agreement. b. <u>Earnings</u>: Regular monthly earnings, excluding commissions and overtime and including amounts deferred under a cash or deferred arrangement qualified under Section 401(k) of the Internal Revenue Code (Code) or under a cafeteria plan under Section 125 of the Code and bonuses received under the Teamsharing Program or other specified Incentive Plan. c. <u>Accrued Benefit</u>: Monthly annuity for life equal to the actuarial equivalent of the projected cash balance account, projected to age 65. The cash balance account consists of the accumulation of pay credits and interest credits, defined as follows: i. <u>Pay Credits</u>: A percentage of earnings for a plan year determined as of the January 1 of the calendar year that includes the applicable plan year, based on the unrounded sum of the participant's age and service on such date, in accordance with the following schedule:

2022 Schedule SB, Part V – Summary of Plan Provisions

**ENTERGY CORPORATION CASH BALANCE PLAN
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Age+Service Greater Than or Equal to	Less Than	Percentage
0	40	4%
40	50	5%
50	60	6%
60	70	7%
70+		8%

ii Interest Credits: The 30-year Treasury interest rate for the month of August preceding the first day of the plan year, but no less than 2.60% or greater than 9.00%, applied to the cash balance account value as of the January 1 preceding the date on which the Interest Credit is added to the cash balance account.

d. Vesting Service: Vesting Service is counted in years, months and days from the date of hire (or date employee reaches age 18, whichever is earlier) until the earliest of retirement date, severance date, date of death, or the first anniversary of the first day the employee is absent from active employment for any reason.

Pension Benefit at Normal Retirement

a. Participants Eligible: Age 65.

b. Pension Benefit: A monthly benefit equal to the accrued benefit, calculated as of normal retirement date.

Pension Benefit at Termination
other than at Normal Retirement

a. Participants Eligible: 3 years of service.

b. Pension Benefit: Monthly annuity for life equal to the actuarial equivalent of the cash balance account as of date of termination.

Deferred Vested Benefit

a. Participants Eligible: 3 years of service.

b. Vested Pension Benefit: Monthly annuity for life equal to the actuarial equivalent of the cash balance

2022 Schedule SB, Part V – Summary of Plan Provisions

**ENTERGY CORPORATION CASH BALANCE PLAN
FOR NON-BARGAINING EMPLOYEES**

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account as of date of termination and payable at age 65.

Pre-Retirement Spouse's Benefit

- a. Active Participants:
 - i. Participants Eligible: Death in active service provided the participant has completed 3 years of vesting service.
 - ii. Spouse's Benefit: A single life annuity equal to the actuarial equivalent of the participant's cash balance account. In lieu of the annuity form of payment, may elect a single lump sum payment equal to the cash balance account.
- b. Deferred Vested Participants Spouse's Benefit: The same as an active participant's spouse's benefit.

Normal Form of Payment

- a. Married Participants: 50% Joint & Survivor Annuity (actuarial equivalent reduction).
- b. Single Participant: Life Annuity.

Optional Forms of Payment

- a. Life Annuity: Payable for the life of the participant.
- b. Joint & Survivor Annuity: A percentage, chosen by the participant, payable to a designated beneficiary for life at the death of the participant (actuarial equivalent reduction).
- c. Lump Sum: Single lump sum payment equal to the cash balance account.

ENTERGY CORPORATION CASH BALANCE PLAN FOR NON-BARGAINING EMPLOYEES

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