

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 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>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	▶ ☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
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>ENERGY HARBOR PENSION PLAN FOR COLLECTIVELY BARGAINED EMPLOYEES</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>02/27/2020</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>02/27/2020</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>02/27/2020</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>ENERGY HARBOR CORP</u> <div style="display: flex; justify-content: space-between;"> <div><u>168 E. MARKET STREET</u> <u>AKRON, OH 44308</u></div> <div><u>168 E. MARKET STREET</u> <u>AKRON, OH 44308</u></div> </div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>84-3992199</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>888-254-4769</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>221100</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>84-3992199</u>	2c Plan Sponsor's telephone number <u>888-254-4769</u>	2d Business code (see instructions) <u>221100</u>	
2b Employer Identification Number (EIN) <u>84-3992199</u>					
2c Plan Sponsor's telephone number <u>888-254-4769</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.	10/14/2022	WILLIAM W. THOMPSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	922
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	876
a(2) Total number of active participants at the end of the plan year		6a(2)	811
b Retired or separated participants receiving benefits.....		6b	30
c Other retired or separated participants entitled to future benefits		6c	67
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	908
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	908
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	29
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: 1A 1B 1C			
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 01/01/2021 and ending 12/31/2021

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

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

A Name of plan <u>ENERGY HARBOR PENSION PLAN FOR COLLECTIVELY BARGAINED EMPLOYEES</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ENERGY HARBOR CORP</u>	D Employer Identification Number (EIN) <u>84-3992199</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>2021</u>	
2 Assets:	
a Market value	2a <u>19684207</u>
b Actuarial value	2b <u>19588561</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants <u>3</u> (2) Vested Funding Target <u>75769</u> (3) Total Funding Target <u>75769</u>
b For terminated vested participants.....	<u>43</u> <u>162288</u> <u>162288</u>
c For active participants	<u>876</u> <u>8017862</u> <u>11110855</u>
d Total.....	<u>922</u> <u>8255919</u> <u>11348912</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 <u>5.86</u> %
6 Target normal cost.....	
a Present value of current plan year accruals.....	6a <u>6603241</u>
b Expected plan-related expenses	6b <u>280000</u>
c Total (line 6a + line 6b)	6c <u>6883241</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>10/03/2022</u> Date
Signature of actuary		
<u>DAVID A. HENDERSON</u> Type or print name of actuary		<u>20-06905</u> Most recent enrollment number
<u>AON CONSULTING, INC.</u> Firm name		<u>216-430-4741</u> Telephone number (including area code)
<u>MSC #17854</u> <u>PO BOX 7505</u> <u>FORT WASHINGTON, PA 19034</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	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>7.28</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		10231664
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>5.77</u> %		497878
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		10729542
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections		
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	172.60 %
15 Adjusted funding target attainment percentage	15	172.60 %
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	107.39 %
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
12/31/2021	0	0			
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	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	

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:
4.75 %2nd segment:
5.36 %3rd segment:
6.11 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

62

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****29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....**29****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**

6883241

b Excess assets, if applicable, but not greater than line 31a**31b**

6883241

32 Amortization installments:**a** Net shortfall amortization installment**b** Waiver amortization installment

Outstanding Balance

Installment

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****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****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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan ENERGY HARBOR PENSION PLAN FOR COLLECTIVELY BARGAINED EMPLOYEES	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 ENERGY HARBOR CORP	D Employer Identification Number (EIN) 84-3992199	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
US BANK NATIONAL ASSOCIATION
31-0841368

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
US BANCORP ASSET MANAGEMENT
41-2003732

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
US BANCORP FUND SERVICES, LLC
39-1939072

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
QUASAR DISTRIBUTORS LLC
39-1982827

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
US BANK NATIONAL ASSOCIATION	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FIRST AMERICAN GOVERNMENT OBLIGS Z PO BOX 701 MILWAUKEE, WI 53201	.10 .10 .18 .17	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
US BANK NATIONAL ASSOCIATION	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLACKSTONE ALTERNTV MULTI STRATEGY 345 PARK AVENUE NEW YORK, NY 10154	.06 2.79	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
US BANK NATIONAL ASSOCIATION	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VERSUS CAPITAL MULTIMNGR REAL EST I SUITE 1100, 5050 S SYRACUSE DENVER, CO 80237	.10	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

a Name:	b EIN:
c Position:	
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Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan ENERGY HARBOR PENSION PLAN FOR COLLECTIVELY BARGAINED EMPLOYEES	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 ENERGY HARBOR CORP	D Employer Identification Number (EIN) 84-3992199	

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)	5002432	0
(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)	10972958	1668170
(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)		
(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)	3783596	17428950
(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	19758986 19097120
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	40625
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 40625
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	19758986 19056495

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	0
	(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)	262992
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	262992
(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)		1125310
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1388302
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1729726	
(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)		1729726
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)	361067	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		361067
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2090793
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-702491
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **BOBER, MARKEY, FEDOROVICH & COMPANY**

(2) EIN: **34-1523030**

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		1000000
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.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☐ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 439974.			

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection.</div>
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan ENERGY HARBOR PENSION PLAN FOR COLLECTIVELY BARGAINED EMPLOYEES	B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 ENERGY HARBOR CORP	D Employer Identification Number (EIN) 84-3992199

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 31-0841368		
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	36

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 _____

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of
Energy Harbor Pension Plan for Collectively Bargained Employees
Akron, Ohio

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the financial statements of Energy Harbor Pension Plan for Collectively Bargained 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 statement of net assets available for benefits as of December 31, 2021 and of accumulated plan benefits as of December 31, 2020, and the related statement of changes in net assets available for benefits for the year ended December 31, 2021 and of changes in accumulated plan benefits for the period ended December 31, 2020, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 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 audit 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 a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section:

- The amounts and disclosures in the 2021 financial statements referred to above, 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 2021 financial statements referred to above 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 on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2021 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 audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 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 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.

Auditors' Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements 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 auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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 generally accepted auditing standards, 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 audit 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 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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



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

Other Matter - 2021 Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2021 and Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 2021 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

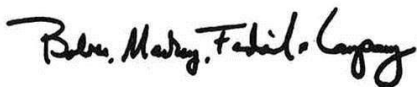
In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditors' Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 15, 2021, we indicated that (a) because of the significance of the information we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.



BOBER, MARKEY, FEDOROVICH & COMPANY
Cleveland, Ohio

October 11, 2022



Schedule SB Attachment (Form 5500)—2021 Plan Year
Energy Harbor Pension Plan for Collectively Bargained Employees
EIN: 84-3992199 PN: 002

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	4.00%	1.0000	2.22
56.5	4.00%	0.9600	2.17
57.5	6.00%	0.9216	3.18
58.5	6.00%	0.8663	3.04
59.5	10.00%	0.8143	4.85
60.5	17.00%	0.7329	7.54
61.5	18.00%	0.6083	6.73
62.5	27.50%	0.4988	8.57
63.5	20.00%	0.3616	4.59
64.5	20.00%	0.2893	3.73
65.5	33.00%	0.2314	5.00
66.5	33.00%	0.1551	3.40
67.5	33.00%	0.1039	2.31
68.5	33.00%	0.0696	1.57
69.5	33.00%	0.0466	1.07
70	100.00%	0.0312	2.19
Weighted Average			62.16

Schedule SB Attachment (Form 5500)—2021 Plan Year
Energy Harbor Pension Plan for Collectively Bargained Employees
EIN: 84-3992199 PN: 002

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption change:

- A change in the unlimited expected return on plan assets from 0.00% to 5.01%.

This change was made to better reflect the anticipated plan experience. This assumption change did not reduce the funding shortfall; as such, approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500)—2021 Plan Year
 Energy Harbor Pension Plan for Collectively Bargained Employees
 EIN: 84-3992199 PN: 002

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2021

**Schedule SB, Line 26—Schedule of Active Participant Data
 As of January 1, 2021**

**Energy Harbor Corp.
 Energy Harbor Pension Plan
 Active Employees**

EIN: 84-3992199 PN: 002

Number of Participants, Average Compensation and Average Cash Balance Account

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	7	13								
25-29	10	43 \$119,206 \$8,320	30 \$135,289 \$992							
30-34	6	31 \$122,531 \$7,781	71 \$135,606 \$1,393	19						
35-39	1	17	43 \$134,470 \$1,010	32 \$123,506 \$0	14					
40-44	2	17	15	20 \$129,244 \$0	37 \$116,750 \$0	4				
45-49	3	8	13	25 \$121,623 \$0	34 \$115,030 \$0	10	1			
50-54	5	10	6	26 \$124,893 \$0	32 \$117,604 \$0	14	1	9	2	
55-59	4	5	4	24 \$127,426 \$0	29 \$122,151 \$0	7	3	28 \$129,369 \$0	23 \$99,788 \$0	2
60-64	1	3	4	6	16	8	2	13	26 \$120,882 \$0	16
65-69			1	2	1	2	1	4	5	3
70+					1					1

N-876

Schedule SB Attachment (Form 5500)—2021 Plan Year
Energy Harbor Pension Plan for Collectively Bargained Employees
EIN: 84-3992199 PN: 002

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates Based on segment rates with a four-month look-back (as of September 2020), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor based on the American Rescue Plan Act (H.R. 1319).

1st Segment Rate	4.75%
2nd Segment Rate	5.36%
3rd Segment Rate	6.11%

Interest Rates for Maximum Tax Purposes Based on segment rates with a four-month look-back, without regard to interest rate stabilization.

1st Segment Rate	2.22%
2nd Segment Rate	3.38%
3rd Segment Rate	3.92%

Salary Increases

Minimum Funding Target Normal Cost See Table 1.

Maximum Tax Expected Benefit Increase See Table 1.

Cash Balance Interest Crediting Rate 3.50%

Cash Balance Annuity Conversion Rate Based on segment rates used for minimum funding purposes.

Social Security COLA Increases 3.00%

Optional Payment Form Election Percentage Participants eligible for full or partial lump sums are assumed to elect a lump sum based on the following percentages:

Plan Code	Percent
CB01, CB02	90%
CE70	55%
TE19	70%

All others are assumed to elect a single life annuity, except for participants eligible for the unreduced joint and survivor 55% annuity.

Schedule SB Attachment (Form 5500)—2021 Plan Year
 Energy Harbor Pension Plan for Collectively Bargained Employees
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Lump Sum Conversion Interest Rate	Current 417(e) interest rates for cash balance participants; 2.25% for grandfathered basis. ¹
Lump Sum Conversion Mortality	Current IRC section 417(e) table for lump sums.
Retirement Age	
Active Participants	See Table 2.
Terminated Vested Participants	Age 60 if Local 29 ("BV29"), otherwise Age 63.
Mortality Rates	
Healthy and Disabled	2021 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e).
Withdrawal Rates	See Table 3.
Disability Rates	See Table 4.
Surviving Spouse Benefit	It is assumed that 70% of males and 70% of females have an eligible spouse, and that males are two years older than their spouses.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$230,000 and the 401(a)(17) compensation limit of \$290,000.
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>

¹ Grandfathered ("Prudential") basis does not apply to cash balance participants.

Schedule SB Attachment (Form 5500)—2021 Plan Year
Energy Harbor Pension Plan for Collectively Bargained Employees
EIN: 84-3992199 PN: 002

Expected Return on Assets

2020 Plan Year	0.00%
2021 Plan Year	5.17%

Trust Expenses Included in
Target Normal Cost \$280,000.

Actuarial Method Standard unit credit cost method.

Plan Year January 1, 2021 to December 31, 2021.

Valuation Date January 1, 2021.

Schedule SB Attachment (Form 5500)—2021 Plan Year
Energy Harbor Pension Plan for Collectively Bargained Employees
EIN: 84-3992199 PN: 002

Schedule SB, Part V—Summary of Plan Provisions

Effective Date	February 27, 2020.
Plan Participation	First of month following date of hire.
FirstEnergy Benefit Offset ¹	<p>For plan participants at the date of emergence (February 27, 2020), the vested accrued benefit under the FirstEnergy Corp. Master Pension Plan as of that date. For former Duquesne Light company participants, this includes any benefit payable by Duquesne Light.</p> <p>For early retirement situations, the benefit offset is reduced according to the applicable early retirement reduction factor based on service and plan provisions as of the emergence date. As a result, this may produce a different factor compared with the early retirement reduction factor applied to the all service benefit.</p>
Definitions	
Normal Form of Benefits	Life annuity.
Optional Forms	100%, 75%, 50%, or 25% joint and survivor annuity, with or without “pop-up” feature; 5-, 10-, or 15-year certain & life annuity; or a single lump sum (for present values up to \$25,000).
Optional Form Factors	<p>For payments other than lump sums, conversions are generally based on an interest rate of 6.00% and the RP-2000 Combined Healthy Mortality Table (weighted 50% male and 50% female).</p> <p>For lump sums, conversions currently use the interest rates under Internal Revenue Code section 417(e) from October of the preceding plan year and the mortality table under section 417(e) for the plan year. For certain legacy² participants, a grandfathered basis also applies.</p>
Years of Credited Service	Prior to January 1, 2014, a year in which at least 1,000 hours are worked. On and after January 1, 2014, elapsed time from date of participation (one month credited if at least one hour worked in the month).
Years of Eligibility Service	Similar to Years of Credited Service but using date of hire.

¹ All service (FirstEnergy plus Energy Harbor) benefits are detailed in this report. With the exception of Cash Balance participants, the FirstEnergy benefit offset applies to the all service benefit and the net amount is payable from Energy Harbor Corp.

² “Legacy” in this report refers to participants who participated in Parts B, D, E, or F of the FirstEnergy Corp. Master Pension Plan at emergence.

Schedule SB Attachment (Form 5500)—2021 Plan Year
 Energy Harbor Pension Plan for Collectively Bargained Employees
 EIN: 84-3992199 PN: 002

Legacy Bargaining Locals 19, 245, 1413¹

Definitions

Eligibility Service	"Continuous Service" credited prior to January 1, 1976 plus years and fractions (to the nearest 1/12) from date of hire (on or after January 1, 1976).
Entry Date	Date of Hire.
Total Earnings	Including wages, bonuses, overtime, overtime premium, vacation pay, and sick pay.
Eligibility for Benefits	
Normal Retirement	First of month following attainment of age 65 or fifth anniversary of hire, if later.
Early Retirement	Age 55 with 10 years of Eligibility Service.
Deferred Vested	Five Years of Eligibility Service.
Special Deferred Vested	Age 50 with 10 years of Eligibility Service (but not yet 55), and participant in the Company's Severance Benefits Plan.
Disability Benefit	Ten years of Eligibility Service and satisfies Plan requirements for disability.
Qualified Preretirement Survivor Annuity (QPSA)	Death of a vested participant with a surviving spouse.
Nonqualified Preretirement Survivor Annuity (NPSA)	Death of a vested participant with a designated non-spouse surviving beneficiary.
Benefit Amounts	
Career Earnings Benefit	For Locals 1413 and 245, 2.125% of Total Earnings for each year of Benefit Service on and after January 1, 2002 and for Local 19, 2.00% of Total Earnings for each year of Benefit Service on and after January 1, 2001; plus amounts previously accrued. For Local 1413 employees, the career earnings benefit was frozen as of December 31, 2020.
Normal Retirement	Career Earnings Benefit.

¹ Previously participated under Part E of the FirstEnergy Corp. Master Pension Plan.

Schedule SB Attachment (Form 5500)—2021 Plan Year
 Energy Harbor Pension Plan for Collectively Bargained Employees
 EIN: 84-3992199 PN: 002

Early Retirement

Reduced accrued benefit at an Early Retirement Date (see table of reduction factors below).

Age	Factor
55	0.69
56	0.74
57	0.79
58	0.84
59	0.89
60	1.00
61	1.00
62	1.00
63	1.00
64	1.00
65	1.00

Deferred Vested

Accrued benefit payable at the Normal Retirement Date, or actuarially equivalent reduced benefit payable as early as age 55.

Special Deferred Vested

Accrued Benefit payable at the Normal Retirement Date, or as early as age 55. Early commencement reduction factors are identical to those used for Early Retirement.

Disability Benefit

\$400 per month, payable until the Normal Retirement Date or until the participant is no longer disabled. Eligibility Service continues to be earned until normal or early retirement.

QPSA Benefit

Less Than 10 Years of Eligibility Service

Surviving spouse receives the accrued benefit, reduced for early commencement and election of 100%¹ joint & survivor annuity, commencing at employee's age 55. Commencements before the employee's age 55 receive an additional actuarial reduction.

At Least 10 Years of Eligibility Service

Surviving spouse receives the accrued benefit, reduced for early commencement² and election of 100%¹ joint & survivor annuity, commencing immediately.

¹ For Local 19, 55% without reduction for joint life if hired before 2001, otherwise 50% with reduction for joint life.

² Maximum early commencement reduction of 31%.

Schedule SB Attachment (Form 5500)—2021 Plan Year
Energy Harbor Pension Plan for Collectively Bargained Employees
EIN: 84-3992199 PN: 002

NPSA Benefit

Less Than 10 Years of Eligibility Service

Surviving beneficiary receives the accrued benefit, actuarially reduced for early commencement and election of 100%¹ joint & survivor annuity, generally commencing immediately (in no event can the benefit be deferred later than December 31 of the year following the employee's death).

At Least 10 Years of Eligibility Service

Surviving beneficiary receives the accrued benefit, reduced for early commencement² and election of 100%¹ joint & survivor annuity, commencing immediately.

Normal Form of Benefits

Life annuity.

Optional Forms

Regular payment options, plus Level Benefit Option.³

Additionally, for Local 19 participants, the entire retirement benefit may be paid in the form of a single lump sum.

¹ For Local 19, 55% if hired before 2001, otherwise 50%.

² Maximum early commencement reduction of 31%.

³ For employees who became participants prior to January 1, 2002 (January 1, 2001 for Local 19 participants), a 55% joint and survivor annuity (without reduction for survivor coverage) is offered instead of a 50% joint and survivor annuity.

Schedule SB Attachment (Form 5500)—2021 Plan Year
Energy Harbor Pension Plan for Collectively Bargained Employees
EIN: 84-3992199 PN: 002

Legacy Bargaining Local 270¹

Definitions

Eligibility Service	Number of years (to the nearest 1/10) from last date of hire, excluding any service prior to age 18 if hired on or after May 1, 1975.
Entry Date	Date of Hire.
Aggregate Earnings	Includes wages, bonuses, overtime, vacation pay, and sick pay.
Credited Career Earnings	Aggregate Earnings plus total Worker's Compensation benefits received.

Eligibility for Benefits

Normal Retirement	First of month following attainment of age 65 or fifth anniversary of hire, if later.
Early Retirement	Age 55 with 10 years of Eligibility Service.
Special Early Retirement	Age 58 with 35 years of Eligibility Service, and retirement prior to January 1, 2023.
Deferred Vested	Five Years of Eligibility Service.
Special Deferred Vested	Age 50 with 10 years of Eligibility Service (but not yet 55), and participant in the Company's Severance Benefits Plan.
Disability Benefit	Ten years of Eligibility Service; totally and permanently disabled and not eligible for Early or Normal Retirement.
Qualified Preretirement Survivor Annuity (QPSA)	Death of a vested participant with a surviving spouse.
Nonqualified Preretirement Survivor Annuity (NPSA)	Death of a vested participant with a designated non-spouse surviving beneficiary.

Benefit Amounts

Career Earnings Benefit	2.125% of Credited Career Earnings, divided by 12.
Normal Retirement	Career Earnings Benefit.

¹ Previously participated under Part D of the FirstEnergy Corp. Master Pension Plan.

Schedule SB Attachment (Form 5500)—2021 Plan Year
 Energy Harbor Pension Plan for Collectively Bargained Employees
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Early Retirement

Reduced accrued benefit at an Early Retirement Date.
 See table of reduction factors below:

Age	Factor
55	0.56
56	0.62
57	0.68
58	0.74
59	0.81
60	0.87
61	0.94
62	1.00
63	1.00
64	1.00
65	1.00

Special Early Retirement

Accrued Benefit (without early retirement reduction), plus a temporary benefit of \$550/month payable to the later of age 62 and 12-months, and subject to a 48-month maximum, but in no case payable after retiree reaches Social Security Normal Retirement Age.

Deferred Vested

Accrued benefit payable at the Normal Retirement Date, or actuarially equivalent reduced benefit payable as early as age 55.

Special Deferred Vested

Accrued Benefit payable at the Normal Retirement Date, or as early as age 55. Early commencement reduction factors are identical to those used for Early Retirement.

Disability Benefit

\$400 per month, payable until the Normal Retirement Date or until the participant is no longer disabled. Eligibility Service continues to be earned until normal or early retirement.

QPSA Benefit

Surviving spouse receives the accrued benefit, reduced for early commencement and election of 100% joint & survivor annuity. Benefits are actuarially reduced before the employee's age 55, if necessary.

NPSA Benefit

Surviving beneficiary receives the accrued benefit, reduced for early commencement and election of 100% joint & survivor annuity. Benefits are actuarially reduced before the employee's age 55, if necessary.

Schedule SB Attachment (Form 5500)—2021 Plan Year
Energy Harbor Pension Plan for Collectively Bargained Employees
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Normal Form of Benefits

Life annuity.

Optional Forms

Regular payment options.

Additionally, the entire retirement benefit may be paid in the form of a single lump sum for participants hired on or before May 1, 2003.

Schedule SB Attachment (Form 5500)—2021 Plan Year
 Energy Harbor Pension Plan for Collectively Bargained Employees
 EIN: 84-3992199 PN: 002

Legacy Bargaining Local 29¹

Definitions

Credited Service	Elapsed time from date of Plan Eligibility until termination date.																												
Annual Rate of Past Service Compensation	Determined using the highest five consecutive calendar years prior to the date shown in the table below:																												
	<table> <tr> <th>Termination Date</th><th>Annual Rate of Past Service Compensation</th></tr> <tr> <td>10/01/2008–09/30/2009</td><td>Prior to January 1, 2003</td></tr> <tr> <td>10/01/2009–09/30/2010</td><td>Prior to January 1, 2004</td></tr> <tr> <td>10/01/2010–09/30/2011</td><td>Prior to January 1, 2005</td></tr> <tr> <td>10/01/2011–09/30/2012</td><td>Prior to January 1, 2006</td></tr> <tr> <td>10/01/2012–09/30/2013</td><td>Prior to January 1, 2007</td></tr> <tr> <td>10/01/2013–09/30/2014</td><td>Prior to January 1, 2008</td></tr> <tr> <td>10/01/2014–09/30/2015</td><td>Prior to January 1, 2009</td></tr> <tr> <td>10/01/2015–09/30/2016</td><td>Prior to January 1, 2010</td></tr> <tr> <td>10/01/2016–09/30/2017</td><td>Prior to January 1, 2011</td></tr> <tr> <td>10/01/2017–09/30/2018</td><td>Prior to January 1, 2012</td></tr> <tr> <td>10/01/2018–09/30/2019</td><td>Prior to January 1, 2013</td></tr> <tr> <td>10/01/2019–09/30/2020</td><td>Prior to January 1, 2014</td></tr> <tr> <td>On or After 10/01/2020</td><td>Prior to January 1, 2015</td></tr> </table>	Termination Date	Annual Rate of Past Service Compensation	10/01/2008–09/30/2009	Prior to January 1, 2003	10/01/2009–09/30/2010	Prior to January 1, 2004	10/01/2010–09/30/2011	Prior to January 1, 2005	10/01/2011–09/30/2012	Prior to January 1, 2006	10/01/2012–09/30/2013	Prior to January 1, 2007	10/01/2013–09/30/2014	Prior to January 1, 2008	10/01/2014–09/30/2015	Prior to January 1, 2009	10/01/2015–09/30/2016	Prior to January 1, 2010	10/01/2016–09/30/2017	Prior to January 1, 2011	10/01/2017–09/30/2018	Prior to January 1, 2012	10/01/2018–09/30/2019	Prior to January 1, 2013	10/01/2019–09/30/2020	Prior to January 1, 2014	On or After 10/01/2020	Prior to January 1, 2015
Termination Date	Annual Rate of Past Service Compensation																												
10/01/2008–09/30/2009	Prior to January 1, 2003																												
10/01/2009–09/30/2010	Prior to January 1, 2004																												
10/01/2010–09/30/2011	Prior to January 1, 2005																												
10/01/2011–09/30/2012	Prior to January 1, 2006																												
10/01/2012–09/30/2013	Prior to January 1, 2007																												
10/01/2013–09/30/2014	Prior to January 1, 2008																												
10/01/2014–09/30/2015	Prior to January 1, 2009																												
10/01/2015–09/30/2016	Prior to January 1, 2010																												
10/01/2016–09/30/2017	Prior to January 1, 2011																												
10/01/2017–09/30/2018	Prior to January 1, 2012																												
10/01/2018–09/30/2019	Prior to January 1, 2013																												
10/01/2019–09/30/2020	Prior to January 1, 2014																												
On or After 10/01/2020	Prior to January 1, 2015																												
Credited Past Service	Computed the same as Credited Service, but only through the end of the period used for Past Service Compensation.																												
Future Service Compensation	Employee's compensation following the period that comprises the Past Service Compensation.																												
Eligibility for Benefits																													
Normal Retirement	First of month following attainment of age 65.																												
Early Retirement	Age 55 with five years of Eligibility Service.																												
Deferred Vested	Five Years of Eligibility Service.																												
Special Deferred Vested	N/A.																												
Disability Benefit	Ten years of Eligibility Service; totally and permanently disabled and not eligible for Early or Normal Retirement.																												
Qualified Preretirement Survivor Annuity	Death of a vested participant with a surviving spouse.																												

¹ Previously participated under Part F of the FirstEnergy Corp. Master Pension Plan.

Schedule SB Attachment (Form 5500)—2021 Plan Year
Energy Harbor Pension Plan for Collectively Bargained Employees
EIN: 84-3992199 PN: 002

(QPSA)

Nonqualified Preretirement Survivor Annuity
(NPSA)

Death of a vested participant with a designated non-spouse surviving beneficiary.

Benefit Amounts

Normal Retirement

The annual amount of a participant's normal retirement pension shall be:

1. The greater of (a) or (b):
 - a. 1.4% of the Annual Rate of Past Service Compensation times years of Credited Past Service; plus

1.4% of the participant's Future Service Compensation.
 - b. \$51 multiplied by the number of year of credited service up to a maximum of \$1,020 after 20 or more years of Credited Service.
2. The accrued pension shall not be less than the amount determined as if the provisions of the Plan relating to Future Service Compensation, Annual Rate of Past Service Compensation, and Credited Past Service that previously were in effect.
3. A participant's accrued pension represents the total amount of a single life annuity that would be paid to the participant commencing at normal retirement age. Such amount shall be subject to a reduction for the preretirement survivor option or the preretirement 10-year certain option.

Early Retirement

The annual amount of an early retirement pension shall be either (1) and (2) elected by the participant:

1. The amount of his/her accrued pension benefit commencing at their normal retirement date.
2. The amount of his/her accrued pension benefit reduced by 5/12% for each month under the age of 60.

Deferred Vested

Accrued benefit payable at the Normal Retirement Date, or reduced benefit payable as early as age 55 (same factors as Early Retirement).

Schedule SB Attachment (Form 5500)—2021 Plan Year
Energy Harbor Pension Plan for Collectively Bargained Employees
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Disability Benefit	A participant who has completed at least 10 years of Vesting Service and becomes Totally and Permanently disabled while employed and prior to age 65 is eligible to receive a disability retirement pension. The disability retirement pension shall be the amount of his accrued pension benefit reduced before age 62 by the amount, if any, of benefits payable under any disability benefit program (other than Workers' Compensation and Social Security) to which the Company makes contributions.
QPSA Benefit	Beneficiary receives the accrued benefit, unreduced for early commencement and election of 50% joint & survivor annuity, commencing at employee's age 55. ¹
NPSA Benefit	Beneficiary receives the accrued benefit, reduced for early commencement ² and election of 100% joint & survivor annuity, generally commencing immediately (in no event can the benefit be deferred later than December 31 of the year following the employee's death).
Normal Form of Benefits	Life annuity.
Optional Forms	Regular payment options.

¹ If the participant has at least 25 years of service, the benefit may commence immediately.

² Subject to a maximum reduction of 25%. If the participant has at least 25 years of service, the benefit is unreduced.

Schedule SB Attachment (Form 5500)—2021 Plan Year
Energy Harbor Pension Plan for Collectively Bargained Employees
EIN: 84-3992199 PN: 002

Other Legacy Participants¹

Definitions

Career Earnings	Includes salary and wages, overtime pay, shift premiums, annual incentive awards and other similar compensation.
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Eligibility for Benefits

Normal Retirement	Age 65.
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Early Retirement	Age 55 with 10 years of Eligibility Service.
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Deferred Vested	Five Years of Eligibility Service.
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Special Deferred Vested	Age 50 with 10 years of Eligibility Service (but not yet 55), and participant in the Company's Severance Benefits Plan.
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Disability Benefit	Ten years of Eligibility Service and satisfies Plan requirements for disability.
--------------------	--

Qualified Preretirement Survivor Annuity (QPSA)	Death of a vested participant with a surviving spouse.
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Nonqualified Preretirement Survivor Annuity (NPSA)	Death of a vested participant with a designated non-spouse surviving beneficiary.
--	---

Benefit Amounts

Career Earnings Benefit	2.125% of accumulated career earnings, divided by 12.
-------------------------	---

For Local 457 employees, the career earnings benefit was frozen as of December 31, 2020.

Normal Retirement	Accrued benefit at the Normal Retirement Date.
-------------------	--

¹ Previously participated under Part B of the FirstEnergy Corp. Master Pension Plan.

Schedule SB Attachment (Form 5500)—2021 Plan Year
Energy Harbor Pension Plan for Collectively Bargained Employees
EIN: 84-3992199 PN: 002

Early Retirement

Reduced accrued benefit at an Early Retirement Date.
See table of reduction factors below:

Age	Factor
55	0.70
56	0.75
57	0.80
58	0.84
59	0.88
60	1.00
61	1.00
62	1.00
63	1.00
64	1.00
65	1.00

Deferred Vested

Accrued benefit payable at the Normal Retirement Date, or reduced benefit payable as early as age 55.

Special Deferred Vested

Accrued Benefit payable at the Normal Retirement Date, or as early as age 55. Early commencement reduction factors are identical to those used for Early Retirement.

Disability Benefit

\$400 per month, payable until Normal Retirement Date or the date the participant is no longer disabled. Eligibility Service continues to be earned until normal or early retirement.

QPSA Benefit

Less Than 10 Years of Eligibility Service

Surviving spouse receives the accrued benefit, reduced for early commencement and election of 100% joint & survivor annuity, commencing after employee's age 55. Commencements before the employee's age 55 receive an additional actuarial reduction.

At Least 10 Years of
Eligibility Service

Surviving spouse receives the accrued benefit, reduced for early commencement¹ and election of 100% joint & survivor annuity, commencing immediately.

¹ Maximum early commencement reduction of 30% applies.

Schedule SB Attachment (Form 5500)—2021 Plan Year
Energy Harbor Pension Plan for Collectively Bargained Employees
EIN: 84-3992199 PN: 002

NPSA Benefit

Less Than 10 Years of Eligibility Service

Surviving beneficiary receives the accrued benefit, actuarially reduced for early commencement and election of 100% joint & survivor annuity, generally commencing immediately (in no event can the benefit be deferred later than December 31 of the year following the employee's death).

At Least 10 Years of
Eligibility Service

Surviving beneficiary receives the accrued benefit, reduced for early commencement¹ and election of 100% joint & survivor annuity, commencing immediately.

Normal Form of Benefits

Life annuity.

Optional Forms

Regular payment options.

¹ Maximum early commencement reduction of 30% applies.

Schedule SB Attachment (Form 5500)—2021 Plan Year
 Energy Harbor Pension Plan for Collectively Bargained Employees
 EIN: 84-3992199 PN: 002

Final Average Total Pay (“FATP”)¹

Definitions

Eligibility	See Table A.
Average Monthly Pensionable Earnings	Average monthly pensionable earnings for the highest 48 consecutive months during the last 120 months of service.
Eligibility for Benefits	
Normal Retirement	Age 65.
Early Retirement	Age 55 with 10 years of Eligibility Service.
Deferred Vested	Five Years of Eligibility Service.
Special Deferred Vested	Age 50 with 10 years of Eligibility Service (but not yet 55), and participant in the Company’s Severance Benefits Plan.
Disability Benefit	Ten years of Eligibility Service and satisfies Plan requirements for disability.
Qualified Preretirement Survivor Annuity (QPSA)	Death of a vested participant with a surviving spouse.
Nonqualified Preretirement Survivor Annuity (NPSA)	Death of a vested participant with a designated non-spouse surviving beneficiary.
Benefit Amounts	
FATP Benefit	Average Monthly Pensionable Earnings multiplied by 1.20% for each year of Credited Service.
Normal Retirement	Accrued benefit at the Normal Retirement Date.
	For Local 457 employees, the FATP benefit was frozen as of December 31, 2020.

¹ Previously participated under Part C of the FirstEnergy Corp. Master Pension Plan.

Schedule SB Attachment (Form 5500)—2021 Plan Year
Energy Harbor Pension Plan for Collectively Bargained Employees
EIN: 84-3992199 PN: 002

Early Retirement

Reduced accrued benefit at an Early Retirement Date.
See table of reduction factors below:

Age	Factor
55	0.72
56	0.76
57	0.80
58	0.84
59	0.88
60	0.92
61	0.96
62	1.00
63	1.00
64	1.00
65	1.00

Deferred Vested

Accrued benefit payable at the Normal Retirement Date, or reduced benefit payable as early as age 55.

Special Deferred Vested

Accrued Benefit payable at the Normal Retirement Date, or as early as age 55. Early commencement reduction factors are identical to those used for Early Retirement.

Disability Benefit

Credited Service continues to be earned until normal or early retirement.

QPSA Benefit

Less Than 10 Years of Eligibility Service

Surviving spouse receives the accrued benefit, reduced for early commencement and election of 100% joint & survivor annuity, commencing after employee's age 55. Commencements before the employee's age 55 receive an additional actuarial reduction.

At Least 10 Years of
Eligibility Service

Surviving spouse receives the accrued benefit, reduced for early commencement¹ and election of 100% joint & survivor annuity, commencing immediately.

¹ Maximum early commencement reduction of 28% applies.

Schedule SB Attachment (Form 5500)—2021 Plan Year
Energy Harbor Pension Plan for Collectively Bargained Employees
EIN: 84-3992199 PN: 002

NPSA Benefit

Less Than 10 Years of Eligibility Service

Surviving beneficiary receives the accrued benefit, actuarially reduced for early commencement and election of 100% joint & survivor annuity, generally commencing immediately (in no event can the benefit be deferred later than December 31 of the year following the employee's death).

At Least 10 Years of
Eligibility Service

Surviving beneficiary receives the accrued benefit, reduced for early commencement¹ and election of 100% joint & survivor annuity, commencing immediately.

Normal Form of Benefits

Life annuity.

Optional Forms

Regular payment options.

¹ Maximum early commencement reduction of 28% applies.

Schedule SB Attachment (Form 5500)—2021 Plan Year
Energy Harbor Pension Plan for Collectively Bargained Employees
EIN: 84-3992199 PN: 002

Cash Balance Participants

Definitions

Eligibility	See Table A.
Benefit Service	Elapsed time from date of participation (one month credited if at least one hour worked in the month).
Eligibility Service	Similar to Benefit Service but using date of hire.
Determination Date	December 31st of each calendar year, or the date the employee separates from service.
Points	Age plus Benefit Service determined as of the Determination Date, both individually rounded to four decimal places and the sum rounded down to the nearest integer.
Pensionable Earnings	Including wages, bonuses, overtime, overtime premium, vacation pay, and sick pay.
Pay Credits	Each Participant's Cash Balance Account shall be credited under the terms contained in the following table at as of the Determination Date.

Points	Pay Credit
Less than 40	4%
At least 40, but less than 50	5%
At least 50, but less than 60	6%
At least 60, but less than 70	7%
At least 70, but less than 80	8%
At least 80	9%

For Local 457 employees, no pay credits will be provided after 2020.

Interest Credits	Interest Credits shall be made to the Cash Balance Account on the last day of each calendar year and shall be calculated by multiplying the Cash Balance Account as of the previous Determination Date by the "Interest Credit Rate" for such period. The Interest Credit Rate is an annual rate equal to (1) the average yield on 30-year Treasury securities for October of the previous year or (2) 2.57%, whichever is greater.
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Schedule SB Attachment (Form 5500)—2021 Plan Year
Energy Harbor Pension Plan for Collectively Bargained Employees
EIN: 84-3992199 PN: 002

Eligibility for Benefits

Normal Retirement	Age 65 with three years of Eligibility Service.
Vesting	Three years of Eligibility Service.
Disability Benefit	Totally and permanently disabled.
Preretirement Death Benefit	Death of a vested participant with a Surviving Beneficiary.

Benefit Amounts

Cash Balance Account ¹	Sum of Pay Credits and Interest Credits as of the Determination Date or benefit commencement date. Vested participants are eligible for a distribution the first of the month following termination of employment.
Disability Benefit	Continued Benefit Service and Interest Credits. Pay Credits are not provided while on disability.
Preretirement Death Benefit	Surviving Beneficiary is eligible to receive an actuarial equivalent single life annuity of the participant's Cash Balance Account the first of the month following the participant's death. In lieu of a single life annuity, a lump sum may be elected.
Normal Form of Benefits	Life annuity.
Optional Forms	100%, 75%, or 50% joint and survivor annuity, and single lump sum (total distribution option).

¹ For former employees of FirstEnergy Corp., an opening balance of \$0 applies to anyone vested in their FirstEnergy cash balance account on February 26, 2020.

Schedule SB Attachment (Form 5500)—2021 Plan Year
Energy Harbor Pension Plan for Collectively Bargained Employees
EIN: 84-3992199 PN: 002

Table A

Plan Formula Effective Dates by Collective Bargaining Unit

Collective Bargaining Unit	FATP Effective Date	Cash Balance Effective Date	Applicable Freeze Date
Local 29 Maintenance Planners	January 1, 2005	January 1, 2014	
Local 457	January 1, 2005	January 1, 2016	December 31, 2020
Local 245	January 1, 2005	January 1, 2016	
Local 272 (Little Blue Run) ¹	January 1, 2005	January 1, 2016	
Local 1413	Not eligible	Not eligible	December 31, 2020
Local 270 Perry-Techs	January 1, 2005	January 1, 2017	
Local 29 (except Maintenance Planners)	January 1, 2006	January 1, 2015	
Local 19	January 1, 2006	January 1, 2017	
Local 270 (except Perry-Techs)	January 1, 2007	January 1, 2014	

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

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

Under the American Rescue Plan Act of 2021 (ARPA), the stabilized interest rates for certain purposes will be adjusted once the ARPA stabilization is applied. By default, this stabilization would have applied starting with the 2020 plan year.

This Schedule SB reflects stabilized 2021 minimum funding interest rates that are adjusted for ARPA. Via this filing, Energy Harbor will irrevocably commit the Energy Harbor Pension Plan for Collectively Bargained Employees to use of those rates for the 2021 plan year.

¹ This union is now part of Local 29 but retains the provisions outlined herein.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

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

A Name of plan Energy Harbor Pension Plan for Collectively Bargained Employees	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Energy Harbor Corp.	D Employer Identification Number (EIN) 84-3992199	
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>2021</u>		
2	Assets:		
	a Market value	2a	19,684,207
	b Actuarial value	2b	19,588,561
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	3	75,769
	b For terminated vested participants	43	162,288
	c For active participants	876	8,017,862
	d Total	922	8,255,919
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	5.86%
6	Target normal cost		
	a Present value of current plan year accruals	6a	6,603,241
	b Expected plan-related expenses	6b	280,000
	c Total (line 6a + line 6b)	6c	6,883,241

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	David A. Henderson <i>DAH</i> Signature of actuary	10/03/2022 Date
	DAVID A. HENDERSON Type or print name of actuary	2006905 Most recent enrollment number
	AON CONSULTING, INC. Firm name	216-430-4741 Telephone number (including area code)
	MSC #17854 PO Box 7505 Fort Washington PA 19034 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	0
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	0
10 Interest on line 9 using prior year's actual return of <u>7.28%</u>	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		10,231,664
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>5.77%</u>		497,878
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		10,729,542
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
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	172.60%
15 Adjusted funding target attainment percentage	15	172.60%
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	107.39%
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: 4.75 %	2nd segment: 5.36 %	3rd segment: 6.11 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 62
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	6,883,241										
b Excess assets, if applicable, but not greater than line 31a	31b	6,883,241										
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment</td> <td>0</td> <td>0</td> </tr> <tr> <td>b Waiver amortization installment</td> <td>0</td> <td>0</td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment	0	0	b Waiver amortization installment	0	0
	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	0										
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	0	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

ENERGY HARBOR PENSION PLAN FOR COLLECTIVELY
BARGAINED EMPLOYEES

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

DECEMBER 31, 2021 and 2020

ENERGY HARBOR PENSION PLAN FOR COLLECTIVELY BARGAINED EMPLOYEES

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ENERGY HARBOR PENSION PLAN FOR COLLECTIVELY BARGAINED EMPLOYEES
 STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
 As of December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
ASSETS		
Investments, at fair value	\$ 19,097,120	\$ 14,756,554
Contribution receivable from Employer	<u>-</u>	<u>5,002,432</u>
TOTAL ASSETS	19,097,120	19,758,986
LIABILITIES		
Administrative expense payable	<u>40,625</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 19,056,495</u></u>	<u><u>\$ 19,758,986</u></u>

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

ENERGY HARBOR PENSION PLAN FOR COLLECTIVELY BARGAINED EMPLOYEES
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Year Ended December 31, 2021 and for the Period
From February 27, 2020 (date of inception) to December 31, 2020

	<u>2021</u>	<u>2020</u>
ADDITIONS		
Investment Income:		
Interest and dividends	\$ 262,992	\$ 22,379
Net appreciation in fair value of investments	<u>1,125,310</u>	<u>168,912</u>
Total investment income	1,388,302	191,291
Contributions	<u>-</u>	<u>20,002,432</u>
Total additions	1,388,302	20,193,723
DEDUCTIONS		
Benefit payments	1,729,726	358,806
Administrative expenses	<u>361,067</u>	<u>75,931</u>
Total deductions	<u>2,090,793</u>	<u>434,737</u>
Net change	(702,491)	19,758,986
Net assets available for benefits, beginning of year	<u>19,758,986</u>	<u>-</u>
Net assets available for benefits, end of year	<u><u>\$ 19,056,495</u></u>	<u><u>\$ 19,758,986</u></u>

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

ENERGY HARBOR PENSION PLAN FOR COLLECTIVELY BARGAINED EMPLOYEES
STATEMENT OF ACCUMULATED PLAN BENEFITS
As of December 31, 2020 and February 27, 2020 (date of inception)

	December 31, 2020	February 27, 2020
Actuarial present value of accumulated plan benefits		
Vested Plan Benefits		
Participant currently receiving payment	\$ 98,898	\$ -
Vested benefits for other participants	13,424,834	8,363,459
Total Vested Plan Benefits	13,523,732	8,363,459
Nonvested Benefits	5,662,315	-
Total actuarial present value of accumulated plan benefits	\$ 19,186,047	\$ 8,363,459

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

ENERGY HARBOR PENSION PLAN FOR COLLECTIVELY BARGAINED EMPLOYEES
STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS
For the Year Ended December 31, 2020 and
As of February 27, 2020 (date of inception)

	<u>2021</u>	<u>2020</u>
Initial obligation assumed at inception (see note 1)	\$ -	\$ 8,363,459
Actuarial present value of accumulated plan benefits, beginning of year	8,363,459	-
Increase (decrease) during the year attributable to:		
Interest accumulation	233,734	-
Benefits paid	(358,806)	-
Plan amendments	(753,852)	-
Assumption changes	651,030	-
Benefit accruals	11,050,482	-
Net increase	<u>10,822,588</u>	<u>-</u>
Actuarial present value of accumulated plan benefits, end of year	<u>\$ 19,186,047</u>	<u>\$ 8,363,459</u>

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

ENERGY HARBOR PENSION PLAN FOR COLLECTIVELY BARGAINED EMPLOYEES
NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Description of the Plan

The Energy Harbor Pension Plan for Collectively Bargained Employees (the Plan) is a non-contributory defined benefit pension plan. The Plan Sponsor is Energy Harbor Corp. (the Company). The Company contributes such amounts as necessary, on an actuarial basis, to provide plan assets sufficient to pay benefits to the Plan's participants. The normal retirement age is 65. The Plan also provides for early retirement upon reaching established age and service levels, certain disability benefits, death benefits and certain termination provisions. Participants should refer to the appropriate summary plan description or the plan document for more complete information. The Plan is a qualified plan under Section 401(a) of the Internal Revenue Code (IRC) of 1986, as amended, and is therefore exempt from taxation.

The Plan was established February 27, 2020. The Plan is a successor plan to the FirstEnergy Corp. Master Pension Plan (FE Master Plan). Only active participants were transferred from the FE Master Plan to the Plan. The benefits that participants accrued through February 26, 2020, remain the obligation of the FE Master Plan.

Effective January 1, 2021, benefit accruals for all employees at Local 457 are frozen as of December 31, 2020 (cash balance participants continue to earn interest credits after 2020). Career earnings benefit accruals for employees at Local 1413 are frozen as of December 31, 2020. All other employees at Local 1413 have been determined to be ineligible for the Company pension plan per the terms of their collective bargaining agreement.

Effective during 2021, after the January 1, 2021 valuation date, eligible bargaining employees at Local 270, Local 29 and Local 19 had their benefit accruals frozen during 2021.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits include benefits expected to be paid to:

- a) Retired or terminated employees or their beneficiaries.
- b) Beneficiaries of employees who died while in active service.
- c) Present employees and their beneficiaries.

The actuarial present value of accumulated plan benefits is determined by Aon, consulting actuaries, using actuarial assumptions to reflect the time value of money and the probability that a benefit payment will be made between the valuation date and the expected payment date.

ENERGY HARBOR PENSION PLAN FOR COLLECTIVELY BARGAINED EMPLOYEES
NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

The significant actuarial assumptions used in the valuation of accumulated plan benefits as of December 31, 2020 and February 27, 2020 were:

- a) Life Expectancy - The mortality basis is derived from Pri-2012 combined healthy mortality table projected generationally using scale MP-2020 (base year 2012) at December 31, 2020 and MP-2019 (base year 2012) at February 27, 2020.
- b) Retirement Age - Scale ranging from 4% of all eligible employees at age 55 to 100% at age 70.
- c) Withdrawal - Scale ranging from 19.30% at age 15 and no years of service to 0% at age 55 with 3 plus years of service.
- d) Discount Rate - Obligations of the Plan are assumed to be settled at a rate of 3.22% and 3.38% at December 31, 2020 and February 27, 2020, respectively.
- e) Actuarial Method – Standard unit cost method.

Initial obligation assumed recorded on the Statement of Changes in Accumulated Plan Benefits at February 27, 2020 relates to participants in Part L of the FE Master Plan who accrued a cash balance benefit under the FE Master Plan which were not offset after the transfer to the Energy Harbor Pension Plan.

Contributions and Funding

It is the Company's policy to make contributions to the Plan in amounts estimated to be necessary to fully provide for all employee's benefits by the time they retire. During the 2020 Plan year, the employer contributions exceeded the minimum funding requirements as specified in the Employee Retirement Income Security Act of 1974 (ERISA). There was no funding requirement for the 2021 Plan year.

The Company made \$20,002,432 in voluntary contributions to the Plan for the period of February 27, 2020 (date of inception) through December 31, 2020. This amount is recorded on the Statement of Changes in Net Assets Available for Benefits as contributions for the period of February 27, 2020 (date of inception) through December 31, 2020. There were no voluntary contributions made to the Plan for the 2021 Plan year.

Expenses

All expenses incurred in the asset custody and management of the Plan are charged to and paid by the Plan. Other administrative expenses of the Plan are paid by the Company.

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Use of Estimates

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

Benefit Payments

Benefit payments to participants are recorded upon distribution.

ENERGY HARBOR PENSION PLAN FOR COLLECTIVELY BARGAINED EMPLOYEES
NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

Investment Valuation and Income Recognition

Investments in securities are stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants on the measurement date (as exit price). See Note 5 for further discussion of fair value measurements. Securities are valued at quoted market prices.

Actuarial fees and other Plan administrative expenses are charged against Plan assets.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned. Dividends from investments are recorded on an ex-dividend date.

The Statements of Changes in Net Assets Available for Benefits present the net appreciation or depreciation in the fair value of the Plan's investments, which consist of the net realized gains or losses and the net unrealized appreciation or depreciation of those investments.

Risks and Uncertainties

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

Investment securities are exposed to various risks such as interest rate, market and credit risks. Market values of securities fluctuate based on the magnitude of changing market conditions; significant changes in market conditions could materially affect Plan investments.

Subsequent Events

The Plan has evaluated subsequent events through October 11, 2022, the date the financial statements were available to be issued and determined that there were no events or transactions which require recognition or disclosures in these financial statements.

NOTE 2 - GENERAL DESCRIPTION AND OPERATION OF THE PLAN

The following brief description of the Plan is provided for general information purposes only. Participants should refer to the Plan document for more complete information. The Plan is subject to the provisions of ERISA.

Participation and Benefits

The Plan is a defined benefit plan covering all bargaining unit employees of the Company. The Plan provides for pension, death, disability, service and separation benefits calculated under formulas principally based on length of service. Participants may elect to receive their plan benefits in various forms of an annuity or lump sum payment.

ENERGY HARBOR PENSION PLAN FOR COLLECTIVELY BARGAINED EMPLOYEES
NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

Termination Provisions

Although the Company has not expressed any intent to do so, subject to limitations set forth in certain collective bargaining agreements, the Plan may be amended or terminated with the agreement of relevant unions. If no collective bargaining agreement is in effect requiring the continued maintenance of the Plan, the Company may terminate the Plan at their sole discretion. In the event of termination the net assets would be distributed as follows:

- a) Any excess assets after the Plan's satisfaction of all benefits owed under the Plan shall revert to the Company or participating employers.
- b) The right of affected eligible participants to benefits accrued to the date of such termination or partial termination will be nonforfeitable.

There are also certain benefits guaranteed by the Pension Benefit Guaranty Corporation; however, the amount of benefit protection is subject to certain limitations. If assets remains after making the above termination distributions (a and b), then those assets would be returned to the Company.

Vesting

Participants are vested after three years of eligibility service.

NOTE 3 - TAX STATUS

Although the Plan has not received a determination letter from the Internal Revenue Service (IRS), the Plan was designed in accordance with the applicable requirements of the IRC, and therefore, the Plan is qualified, and the trust established for the Plan is exempt from federal income tax, under the applicable sections of the IRC. The Plan has been amended since formation on February 27, 2020. However, the Company and Plan's tax counsel believe the Plan is currently designed and being operated in compliance with applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE 4 - FINANCIAL DATA CERTIFIED BY TRUSTEE

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, all investments, at fair value, including any investment income earned thereon for the year ended December 31, 2021 and for the period February 27, 2020 (date of inception) through December 31, 2020, is certified to be complete and accurate or derived from information certified to be complete and accurate by U.S. Bank (the Trustee). Refer to the Statements of Net Assets Available for Benefits and the Statements of Changes in Net Assets Available for Benefits for amounts certified by the Trustee.

ENERGY HARBOR PENSION PLAN FOR COLLECTIVELY BARGAINED EMPLOYEES
NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

NOTE 5 – INVESTMENTS AND FAIR VALUE MEASUREMENTS

The Plan's investments at December 31, 2021 and 2020 are summarized as follows:

December 31, 2021

	<u>Fair Value</u>	<u>Cost</u>
Mutual funds	\$ 17,428,950	\$ 16,987,335
Money market fund	1,668,170	1,668,141
Total assets in the fair value hierarchy	<u>\$ 19,097,120</u>	<u>\$ 18,655,476</u>

December 31, 2020

	<u>Fair Value</u>	<u>Cost</u>
Mutual funds	\$ 3,783,596	\$ 3,962,411
Money market fund	10,972,958	10,972,778
Total assets in the fair value hierarchy	<u>\$ 14,756,554</u>	<u>\$ 14,935,189</u>

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonable possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

Authoritative accounting guidance establishes a fair value hierarchy that prioritizes the inputs used to measure fair value. This hierarchy gives the highest priority to Level 1 measurements and the lowest priority to Level 3 measurements.

The three levels of the fair value hierarchy are as follows:

Level 1 – Quoted prices for identical instruments in active markets.

Level 2 – Quoted prices for similar instruments in active markets;

- Quoted prices for identical or similar instruments in markets that are not active; and
- Model-derived valuations for which all significant inputs are observable market data.

Models are primarily industry-standard models that consider various assumptions, including quoted forward prices for commodities, time value, volatility factors and current market and contractual prices for the underlying instruments, as well as other economic measures.

Level 3 – Valuation inputs are unobservable and significant to the fair value measurement. These inputs may be used with internally developed methodologies that result in management's best estimate of fair value.

ENERGY HARBOR PENSION PLAN FOR COLLECTIVELY BARGAINED EMPLOYEES
NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

The following tables sets forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2021 and 2020:

December 31, 2021

	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 17,428,950	\$ -	\$ -	\$ 17,428,950
Money market fund	1,668,170	-	-	1,668,170
Total assets in the fair value hierarchy	<u>\$ 19,097,120</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 19,097,120</u>

December 31, 2020

	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 3,783,596	\$ -	\$ -	\$ 3,783,596
Money market fund	10,972,958	-	-	10,972,958
Total assets in the fair value hierarchy	<u>\$ 14,756,554</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 14,756,554</u>

The classification of fair value measurements within the hierarchy is based upon the lowest level of input that is significant to the measurement. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to total investments at fair value of the Plan. Valuation methodologies used for assets and liabilities measured at fair value are as follows:

Mutual funds: Valued at fair value as determined by quoted market prices on active markets.

Money market fund: Valued based on the underlying investments traded on the active market.

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

Changes in Fair Value Levels

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. In such instances, the transfer is reported at the beginning of the reporting period.

The Plan evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total Plan net assets available for benefits. For the period ending December 31, 2021, there were no significant transfers in or out of levels 1, 2 or 3.

ENERGY HARBOR PENSION PLAN FOR COLLECTIVELY BARGAINED EMPLOYEES
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN: 84-3992199
PLAN 002
December 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment	Cost	Current Value
	First American Government Obligations Fund; Z	Money Market Fund	\$ 1,668,141	\$ 1,668,170
	Carillon Eagle Mid Cap Growth Fund	Mutual Funds - Equity	640,351	639,510
	American Euro Pac Growth Fdcl R6	Mutual Funds - Equity	1,298,731	1,224,336
	Fidelity 500 Index Fund	Mutual Funds - Equity	3,071,820	3,744,945
	Goldman Sachs Small Cap Value R6	Mutual Funds - Equity	285,659	279,842
	Loomis Sayles Small Cap Growth Fund	Mutual Funds - Equity	290,199	265,354
	MFS Mid Cap Value Fund Class R6	Mutual Funds - Equity	612,898	709,965
	T Rowe Price Overseas Stock Fund I	Mutual Funds - Equity	1,212,640	1,302,763
	Versus Cap Mm Real Estate I	Mutual Funds - Equity	770,210	842,233
	JP Morgan Core Bond Fund Ultra	Mutual Funds - Fixed Income	3,295,457	3,202,078
	Mainstay MackKay Hi Yld COR Bd Fd R6	Mutual Funds - Fixed Income	599,920	598,082
	Versus Cap RI Est	Mutual Funds - Fixed Income	763,576	804,576
	Wells Fargo Core Bond Fund Class	Mutual Funds - Fixed Income	3,564,648	3,225,508
	Blackstone Alternative Multi	Mutual Funds - Balanced	581,226	589,758
			<u>\$ 18,655,476</u>	<u>\$ 19,097,120</u>

* - Represents a party-in-interest, as defined by ERISA.

See other matter on independent auditors' report.

ENERGY HARBOR PENSION PLAN FOR COLLECTIVELY BARGAINED EMPLOYEES
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
EIN: 84-3992199
PLAN 002
For the Period Ended December 31, 2021

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Lease/Rental	Expense Incurred With Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)

See the attached report from U.S. Bank for the Transactions in Excess of Five Percent of Plan Assets.

See other matter on independent auditors' report.



ENERGY HARBOR PENSION PLAN

Period from January 1, 2021 to December 31, 2021

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
BEGINNING MARKET VALUE					14,756,554.84		
COMPARATIVE VALUE (5%)					737,827.74		
CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE							
Issue: 315911750 - Fidelity 500 Index Fund							
03/09/2021	B	5,722.461	132.8100		- 760,000 *	760,000	
09/27/2021	S	- 6,255.240	155.0700		970,000 *	847,282	122,718
Issue: 31846V567 - First Am Govt Ob Fd Cl Z							
01/13/2021	S	- 3,850,000.000	1.0000		3,850,000 *	3,850,000	
02/05/2021	S	- 3,250,000.000	1.0000		3,250,000 *	3,250,000	
03/09/2021	S	- 2,900,000.000	1.0000		2,900,000 *	2,900,000	
04/09/2021	B	5,002,431.670	1.0000		- 5,002,432 *	5,002,432	
08/24/2021	S	- 2,225,000.000	1.0000		2,225,000 *	2,225,000	
09/23/2021	S	- 1,616,151.140	1.0000		1,616,151 *	1,616,151	
09/27/2021	B	2,627,151.140	1.0000		- 2,627,151 *	2,627,151	
10/01/2021	S	- 780,038.210	1.0000		780,038 *	780,038	
Issue: 4812C0100 - Jpmorgan Core Bond Fund Ultra							
01/13/2021	B	82,101.806	12.1800		- 1,000,000 *	1,000,000	
09/23/2021	B	75,782.537	12.1400		- 920,000 *	920,000	
09/27/2021	S	- 82,918.740	12.0600		1,000,000 *	1,009,855	- 9,855
Issue: 94975J581 - Allspring Core Bond Fd Inst							
01/13/2021	B	75,075.075	13.3200		- 1,000,000 *	1,000,000	



ENERGY HARBOR PENSION PLAN

Period from January 1, 2021 to December 31, 2021

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
09/23/2021	B	70,406.627	13.2800		- 935,000 *	935,000	
09/27/2021	S	- 73,540.561	13.1900		970,000 *	1,053,711	- 83,711
GRAND TOTAL				0	29,805,772	29,776,620	29,152

CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE

NO TRANSACTIONS QUALIFIED FOR THIS SECTION

CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE

Issue: 09257V201 - Blackstone Alternative Multi

01/13/2021	B	14,648.438	10.2400		- 150,000	150,000	
02/05/2021	B	14,367.816	10.4400		- 150,000	150,000	
03/09/2021	B	13,140.097	10.3500		- 136,000	136,000	
08/24/2021	B	10,232.558	10.7500		- 110,000	110,000	
09/23/2021	B	15,050.785	10.8300		- 163,000	163,000	
Total For Buys				0	709,000	709,000	0
12/17/2021	R	929.158	10.5100		- 9,765	9,765	
Total For Reinvestments				0	9,765	9,765	0
09/27/2021	S	- 27,649.770	10.8500		300,000	288,818	11,182
Total For Sells				0	300,000	288,818	11,182



ENERGY HARBOR PENSION PLAN

Period from January 1, 2021 to December 31, 2021

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
Total Blackstone Alternative Multi				0	1,018,765	1,007,583	11,182
Issue: 14214L619 - Carillon Eagle Mid Cap Growth Fund							
01/13/2021	B	1,490.165	100.6600		- 150,000	150,000	
02/05/2021	B	1,486.768	100.8900		- 150,000	150,000	
03/09/2021	B	1,258.481	91.3800		- 115,000	115,000	
08/24/2021	B	917.347	109.0100		- 100,000	100,000	
09/23/2021	B	940.124	109.5600		- 103,000	103,000	
Total For Buys				0	618,000	618,000	0
12/21/2021	R	611.338	93.9000		- 57,405	57,405	
Total For Reinvestments				0	57,405	57,405	0
09/27/2021	S	- 1,773.435	110.5200		196,000	175,667	20,333
Total For Sells				0	196,000	175,667	20,333
Total Carillon Eagle Mid Cap Growth Fund				0	871,405	851,072	20,333
Issue: 298706821 - American Euro Pac Growth Fdcl R6							
01/13/2021	B	3,503.854	71.3500		- 250,000	250,000	
02/05/2021	B	3,500.420	71.4200		- 250,000	250,000	
03/09/2021	B	4,650.819	67.7300		- 315,000	315,000	



ENERGY HARBOR PENSION PLAN

Period from January 1, 2021 to December 31, 2021

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
08/24/2021	B	2,486.855	70.3700		- 175,000	175,000	
09/23/2021	B	3,798.525	71.8700		- 273,000	273,000	
Total For Buys				0	1,263,000	1,263,000	0
06/15/2021	R	694.886	71.8300		- 49,914	49,914	
12/17/2021	R	991.618	63.0200		- 62,492	62,492	
Total For Reinvestments				0	112,406	112,406	0
09/27/2021	S	- 5,116.085	71.9300		368,000	352,884	15,116
Total For Sells				0	368,000	352,884	15,116
Total American Euro Pac Growth Fdcl R6				0	1,743,406	1,728,290	15,116
Issue: 315911750 - Fidelity 500 Index Fund							
01/13/2021	B	5,311.077	131.8000		- 700,000	700,000	
02/05/2021	B	5,210.660	134.3400		- 700,000	700,000	
03/09/2021	B	5,722.461	132.8100		- 760,000 *	760,000	
08/24/2021	B	3,531.754	155.7300		- 550,000	550,000	
09/23/2021	B	2,791.214	152.9800		- 427,000	427,000	
Total For Buys				0	3,137,000	3,137,000	0
04/12/2021	R	64.245	143.2800		- 9,205	9,205	



ENERGY HARBOR PENSION PLAN

Period from January 1, 2021 to December 31, 2021

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
07/06/2021	R	73.408	151.0300		- 11,087	11,087	
10/04/2021	R	78.427	151.1500		- 11,854	11,854	
12/13/2021	R	80.570	163.3300		- 13,160	13,160	
Total For Reinvestments				0	45,306	45,306	0
09/27/2021	S	- 6,255.240	155.0700		970,000 *	847,282	122,718
Total For Sells				0	970,000	847,282	122,718
Total Fidelity 500 Index Fund				0	4,152,306	4,029,588	122,718

Issue: 31846V567 - First Am Govt Ob Fd Cl Z

01/05/2021	B	180.450	1.0000		- 180	180	
02/02/2021	B	186.260	1.0000		- 186	186	
03/02/2021	B	84.540	1.0000		- 85	85	
04/05/2021	B	25.650	1.0000		- 26	26	
04/09/2021	B	5,002,431.670	1.0000		- 5,002,432 *	5,002,432	
05/04/2021	B	82.680	1.0000		- 83	83	
06/02/2021	B	105.810	1.0000		- 106	106	
07/02/2021	B	77.990	1.0000		- 78	78	
08/03/2021	B	73.440	1.0000		- 73	73	
08/31/2021	B	11,132.350	1.0000		- 11,132	11,132	
09/02/2021	B	60.320	1.0000		- 60	60	



ENERGY HARBOR PENSION PLAN

Period from January 1, 2021 to December 31, 2021

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
09/27/2021	B	2,627,151.140	1.0000		- 2,627,151 *	2,627,151	
10/04/2021	B	25.240	1.0000		- 25	25	
10/07/2021	B	262.880	1.0000		- 263	263	
11/02/2021	B	30.210	1.0000		- 30	30	
12/02/2021	B	28.320	1.0000		- 28	28	
12/29/2021	B	5.870	1.0000		- 6	6	
Total For Buys				0	7,641,944	7,641,944	0
01/04/2021	S	- 442.430	1.0000		442	442	
01/13/2021	S	- 3,850,000.000	1.0000		3,850,000 *	3,850,000	
01/14/2021	S	- 300,000.000	1.0000		300,000	300,000	
02/01/2021	S	- 442.430	1.0000		442	442	
02/05/2021	S	- 3,250,000.000	1.0000		3,250,000 *	3,250,000	
02/08/2021	S	- 250,000.000	1.0000		250,000	250,000	
03/01/2021	S	- 889.300	1.0000		889	889	
03/09/2021	S	- 2,900,000.000	1.0000		2,900,000 *	2,900,000	
03/10/2021	S	- 230,000.000	1.0000		230,000	230,000	
04/01/2021	S	- 95,777.780	1.0000		95,778	95,778	
04/28/2021	S	- 24,599.610	1.0000		24,600	24,600	
05/03/2021	S	- 100,376.000	1.0000		100,376	100,376	
05/24/2021	S	- 4,101.670	1.0000		4,102	4,102	
06/01/2021	S	- 206,497.540	1.0000		206,498	206,498	



ENERGY HARBOR PENSION PLAN

Period from January 1, 2021 to December 31, 2021

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
06/23/2021	S	- 70,064.670	1.0000		70,065	70,065	
07/01/2021	S	- 357,455.520	1.0000		357,456	357,456	
07/15/2021	S	- 17,000.590	1.0000		17,001	17,001	
07/22/2021	S	- 8,203.330	1.0000		8,203	8,203	
08/02/2021	S	- 61,869.300	1.0000		61,869	61,869	
08/04/2021	S	- 52,428.160	1.0000		52,428	52,428	
08/18/2021	S	- 17,464.300	1.0000		17,464	17,464	
08/20/2021	S	- 13,448.400	1.0000		13,448	13,448	
08/24/2021	S	- 2,225,000.000	1.0000		2,225,000 *	2,225,000	
08/24/2021	S	- 110,000.000	1.0000		110,000	110,000	
08/25/2021	S	- 165,000.000	1.0000		165,000	165,000	
09/01/2021	S	- 60,007.190	1.0000		60,007	60,007	
09/23/2021	S	- 1,616,151.140	1.0000		1,616,151 *	1,616,151	
10/01/2021	S	- 780,038.210	1.0000		780,038 *	780,038	
10/07/2021	S	- 262.880	1.0000		263	263	
10/08/2021	S	- 79,292.000	1.0000		79,292	79,292	
10/22/2021	S	- 9,666.510	1.0000		9,667	9,667	
10/25/2021	S	- 18,049.150	1.0000		18,049	18,049	
11/01/2021	S	- 6,253.660	1.0000		6,254	6,254	
11/19/2021	S	- 20,344.820	1.0000		20,345	20,345	
11/26/2021	S	- 19,269.110	1.0000		19,269	19,269	
12/01/2021	S	- 7,248.400	1.0000		7,248	7,248	



ENERGY HARBOR PENSION PLAN

Period from January 1, 2021 to December 31, 2021

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
12/21/2021	S	- 18,937.430	1.0000		18,937	18,937	
Total For Sells				0	16,946,581	16,946,581	0
Total First Am Govt Ob Fd Cl Z				0	24,588,525	24,588,525	0
Issue: 4812C0100 - Jpmorgan Core Bond Fund Ultra							
01/13/2021	B	82,101.806	12.1800		- 1,000,000 *	1,000,000	
02/05/2021	B	57,471.264	12.1800		- 700,000	700,000	
03/09/2021	B	36,744.966	11.9200		- 438,000	438,000	
08/24/2021	B	37,067.545	12.1400		- 450,000	450,000	
09/23/2021	B	75,782.537	12.1400		- 920,000 *	920,000	
Total For Buys				0	3,508,000	3,508,000	0
01/28/2021	R	239.968	12.2300		- 2,935	2,935	
02/25/2021	R	357.973	12.0300		- 4,306	4,306	
03/30/2021	R	441.011	11.8800		- 5,239	5,239	
04/29/2021	R	507.132	11.9600		- 6,065	6,065	
05/27/2021	R	435.403	11.9900		- 5,220	5,220	
06/29/2021	R	435.933	12.0300		- 5,244	5,244	
07/29/2021	R	427.147	12.1400		- 5,186	5,186	
08/30/2021	R	517.482	12.1100		- 6,267	6,267	
09/29/2021	R	487.274	11.9800		- 5,838	5,838	



ENERGY HARBOR PENSION PLAN

Period from January 1, 2021 to December 31, 2021

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
10/28/2021	R	456.259	11.9800		- 5,466	5,466	
11/29/2021	R	459.370	11.9600		- 5,494	5,494	
12/14/2021	R	1,991.995	11.8900		- 23,685	23,685	
12/30/2021	R	481.539	11.8000		- 5,682	5,682	
Total For Reinvestments				0	86,627	86,627	0
09/27/2021	S	- 82,918.740	12.0600		1,000,000 *	1,009,855	- 9,855
Total For Sells				0	1,000,000	1,009,855	- 9,855
Total Jpmorgan Core Bond Fund Ultra				0	4,594,627	4,604,482	- 9,855
Issue: 55273W475 - Mfs Mid Cap Value Fund Class R6							
01/13/2021	B	5,458.515	27.4800		- 150,000	150,000	
02/05/2021	B	5,500.550	27.2700		- 150,000	150,000	
03/09/2021	B	3,030.303	29.0400		- 88,000	88,000	
08/24/2021	B	3,626.616	31.7100		- 115,000	115,000	
09/23/2021	B	2,784.000	31.2500		- 87,000	87,000	
Total For Buys				0	590,000	590,000	0
12/10/2021	R	1,246.887	31.6000		- 39,402	39,402	
Total For Reinvestments				0	39,402	39,402	0



ENERGY HARBOR PENSION PLAN

Period from January 1, 2021 to December 31, 2021

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
09/27/2021	S	- 5,604.534	31.7600		178,000	155,686	22,314
Total For Sells				0	178,000	155,686	22,314
Total Mfs Mid Cap Value Fund Class R6				0	807,402	785,088	22,314
Issue: 56063N881 - Mainstay MacKay Hi Yld COR Bd Fd R6							
01/13/2021	B	17,793.594	5.6200		- 100,000	100,000	
02/05/2021	B	17,730.496	5.6400		- 100,000	100,000	
03/09/2021	B	34,759.358	5.6100		- 195,000	195,000	
08/24/2021	B	14,134.276	5.6600		- 80,000	80,000	
09/23/2021	B	26,362.039	5.6900		- 150,000	150,000	
Total For Buys				0	625,000	625,000	0
02/01/2021	R	186.426	5.6100		- 1,046	1,046	
03/01/2021	R	267.228	5.6100		- 1,499	1,499	
04/01/2021	R	425.950	5.6000		- 2,385	2,385	
05/03/2021	R	424.840	5.6400		- 2,396	2,396	
06/01/2021	R	426.745	5.6400		- 2,407	2,407	
07/01/2021	R	425.641	5.6800		- 2,418	2,418	
08/02/2021	R	428.291	5.6700		- 2,428	2,428	
09/01/2021	R	493.270	5.6700		- 2,797	2,797	
10/01/2021	R	468.852	5.6600		- 2,654	2,654	



ENERGY HARBOR PENSION PLAN

Period from January 1, 2021 to December 31, 2021

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
11/01/2021	R	475.144	5.6100		- 2,666	2,666	
12/01/2021	R	484.192	5.5300		- 2,678	2,678	
12/17/2021	R	482.914	5.5700		- 2,690	2,690	
Total For Reinvestments				0	28,064	28,064	0
09/27/2021	S	- 32,513.181	5.6900		185,000	182,648	2,352
Total For Sells				0	185,000	182,648	2,352
Total Mainstay MacKay Hi Yld COR Bd Fd R6				0	838,064	835,712	2,352
Issue: 77956H435 - T Rowe Price Overseas Stock Fund I							
01/13/2021	B	20,112.631	12.4300		- 250,000	250,000	
02/05/2021	B	20,226.537	12.3600		- 250,000	250,000	
03/09/2021	B	23,237.179	12.4800		- 290,000	290,000	
08/24/2021	B	16,516.517	13.3200		- 220,000	220,000	
09/23/2021	B	17,228.464	13.3500		- 230,000	230,000	
Total For Buys				0	1,240,000	1,240,000	0
12/21/2021	R	1,850.935	13.0100		- 24,081	24,081	
Total For Reinvestments				0	24,081	24,081	0
09/27/2021	S	- 26,865.672	13.4000		360,000	331,505	28,495



ENERGY HARBOR PENSION PLAN

Period from January 1, 2021 to December 31, 2021

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
Total For Sells				0	360,000	331,505	28,495
Total T Rowe Price Overseas Stock Fund I				0	1,624,081	1,595,586	28,495
Issue: 94975J581 - Allspring Core Bond Fd Inst							
01/13/2021	B	75,075.075	13.3200		- 1,000,000 *	1,000,000	
02/05/2021	B	52,513.128	13.3300		- 700,000	700,000	
03/09/2021	B	34,692.308	13.0000		- 451,000	451,000	
08/24/2021	B	33,157.498	13.2700		- 440,000	440,000	
09/23/2021	B	70,406.627	13.2800		- 935,000 *	935,000	
Total For Buys				0	3,526,000	3,526,000	0
01/31/2021	R	106.111	13.3500		- 1,417	1,417	
02/28/2021	R	183.587	13.1500		- 2,414	2,414	
03/31/2021	R	218.478	12.9800		- 2,836	2,836	
04/30/2021	R	232.685	13.0700		- 3,041	3,041	
05/31/2021	R	226.888	13.0700		- 2,965	2,965	
06/30/2021	R	226.268	13.1600		- 2,978	2,978	
07/31/2021	R	214.853	13.2900		- 2,855	2,855	
08/31/2021	R	209.674	13.2600		- 2,780	2,780	
09/30/2021	R	231.654	13.1400		- 3,044	3,044	
10/31/2021	R	222.835	13.1100		- 2,921	2,921	



ENERGY HARBOR PENSION PLAN

Period from January 1, 2021 to December 31, 2021

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
11/30/2021	R	225.865	13.1200		- 2,963	2,963	
12/15/2021	R	2,239.940	12.9800		- 29,074	29,074	
12/31/2021	R	231.593	12.9500		- 2,999	2,999	
Total For Reinvestments				0	62,287	62,287	0
09/27/2021	S	- 73,540.561	13.1900		970,000 *	1,053,711	- 83,711
Total For Sells				0	970,000	1,053,711	- 83,711
Total Allspring Core Bond Fd Inst				0	4,558,287	4,641,998	- 83,711
GRAND TOTAL				0	44,796,868	44,667,924	128,944

CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE

NO TRANSACTIONS QUALIFIED FOR THIS SECTION