Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
ENERGY HARBOR PENSION PLAN FOR COLLECTIVELY BARGAINED EMPLOYEES

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 02/27/2020

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)
ENERGY HARBOR CORP

168 E. MARKET STREET
AKRON, OH 44308

2b Employer Identification Number (EIN)
84-3992199

2c Plan Sponsor's telephone number
888-254-4769

2d Business code (see instructions)
221100

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.	10/13/2023	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

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		
5	Total number of participants at the beginning of the plan year	**5**	908
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)**	811
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	726
b	Retired or separated participants receiving benefits	**6b**	51
c	Other retired or separated participants entitled to future benefits	**6c**	123
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	900
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	900
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**	14
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)** [X] 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)** [X] 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)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 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

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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

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

A Name of plan
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: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2022

2 Assets:

a Market value	**2a**	19097120
b Actuarial value	**2b**	18802382

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	30	1080876	1080876
b For terminated vested participants	67	544162	544162
c For active participants	811	13446844	16699167
d Total	908	15071882	18324205

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**	5.66 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	2475387
b Expected plan-related expenses	**6b**	320000
c Total (line 6a + line 6b)	**6c**	2795387

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

Signature of actuary — Date: 09/19/2023

DAVID A. HENDERSON — Type or print name of actuary

23-06905 — 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 [ ]

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 7.11 %	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)		0
	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 5.86 %		0
	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		0
	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	102.60 %
15	Adjusted funding target attainment percentage	15	102.60 %
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	172.60 %
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
09/12/2023	2550000	0			
			Totals ► 18(b)	2550000	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	2322686

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: 5.18 %	3rd segment: 5.92 %	☐ 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 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? 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**	2795387
b Excess assets, if applicable, but not greater than line 31a	**31b**	478177

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	2317210

	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**	2317210
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	2322686

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	5476
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 the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2022** **This Form is Open to Public Inspection.**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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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 3.21

(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:	
d	Address:	**e** Telephone:

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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)	0	2550000
(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)	1668170	694054
(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)	17428950	14483788
(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	19097120	17727842
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	40625	23029
k Total liabilities (add all amounts in lines 1g through1j)	1k	40625	23029
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	19056495	17704813

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	2550000	
(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)		2550000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	340085	
(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)		340085
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-2674462
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		215623
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	801171	
(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)		801171
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)	766134	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		766134
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1567305
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-1351682
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: 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:

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

		Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		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?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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 481637.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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

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** 13

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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_____

BOBER MARKEY FEDOROVICH
CERTIFIED PUBLIC ACCOUNTANTS/BUSINESS ADVISORS
A PROFESSIONAL CORPORATION

3421 RIDGEWOOD ROAD, SUITE 300
AKRON, OH 44333-3119
330.762.9785

600 SUPERIOR AVENUE EAST, SUITE 925
CLEVELAND, OH 44114-2619
216.373.2500

WWW.BMF.CPA

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) Audits
We have performed audits of the accompanying 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). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021 and of accumulated plan benefits as of December 31 2021 and 2020, and the related statements of changes in net assets available for benefits for the years ended December 31, 2022 and 2021 and of changes in accumulated plan benefits for the years ended December 31 2021 and 2020, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2022 and 2021, and for the years then, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion
In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities for the Audits of the Financial Statements section—

- The amounts and disclosures in the 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 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
We conducted our audits 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 Audits of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe

that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements
Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audits 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 Audits of the Financial Statements
Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audits section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 audits.
- 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 audits in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audits 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 audits, significant audit findings, and certain internal control-related matters that we identified during the audits.

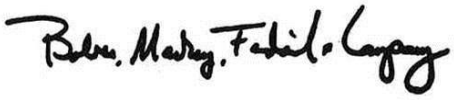
Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2022 and Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 2022 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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).



BOBER, MARKEY, FEDOROVICH & COMPANY
Cleveland, Ohio

October 11, 2023

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

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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

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

A Name of plan
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: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2022

2 Assets:

a Market value	**2a**	19,097,120
b Actuarial value	**2b**	18,802,382

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	30	1,080,876	1,080,876
b For terminated vested participants	67	544,162	544,162
c For active participants	811	13,446,844	16,699,167
d Total	908	15,071,882	18,324,205

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**	5.66%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	2,475,387
b Expected plan-related expenses	**6b**	320,000
c Total (line 6a + line 6b)	**6c**	2,795,387

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 DAH — 09/19/2023

Signature of actuary — Date

DAVID A. HENDERSON — 2306905

Type or print name of actuary — Most recent enrollment number

AON CONSULTING, INC. — 216-430-4741

Firm name — 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 [ ]

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 7.11 %	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)		0
	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 5.86 %		0
	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		0
	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	102.60 %
15	Adjusted funding target attainment percentage	15	102.60 %
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	172.60 %
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
09/12/2023	2,550,000	0			
		Totals ► 18(b)	2,550,000	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	2,322,686

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [ ] Yes [X] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [ ] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.75 %	5.18 %	5.92 %	☐ 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 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? 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**	2,795,387
b Excess assets, if applicable, but not greater than line 31a	**31b**	478,177

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	2,317,210

	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**	2,317,210
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	2,322,686

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	5,476
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 the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021

Schedule SB Attachment (Form 5500)—2022 Plan Year
Energy Harbor Pension Plan for Collectively Bargained Employees
EIN: 84-3992199 PN: 002

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2022

Date	Amount	Days to Discount to 1/1/2022 at 5.66%	Interest Adjusted Contribution
September 12, 2023	$ 2,550,000	619	$ 2,322,686
Total Contribution	$ 2,550,000		$ 2,322,686

Schedule SB Attachment (Form 5500)—2022 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)—2022 Plan Year
Energy Harbor Pension Plan for Collectively Bargained Employees
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Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption change:

- A change in the unlimited expected return on assets from 5.17% 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)—2022 Plan Year
Energy Harbor Pension Plan for Collectively Bargained Employees
EIN: 84-3992199 PN: 002

Schedule SB, line 26a—Schedule of Active Participant Data as of January 1, 2022

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	9	11								
25-29	7	43 $125,788 $12,266	16							
30-34	12	32 $132,488 $11,194	55 $142,215 $2,768	11						
35-39	5	11	38 $158,787 $3,732	34 $133,384 $0	11					
40-44	5	15	21 $137,752 $4,164	20 $121,144 $0	37 $127,378 $0	7				
45-49	6	11	17	17	23 $119,869 $0	12	1			
50-54	2	5	7	27 $138,608 $0	36 $116,768 $0	17	1	5	1	
55-59	2	4	6	17	29 $120,476 $0	9	3	21 $129,819 $0	18	2
60-64	1	4	4	8	16	9	1	12	14	20 $132,257 $0
65-69	4			2	2		1	2	4	6
70+					1					1

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Schedule SB Attachment (Form 5500)—2022 Plan Year
Energy Harbor Pension Plan for Collectively Bargained Employees
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Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates	Based on segment rates with a four-month look-back (as of September 2021), 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	5.18%
3rd Segment Rate	5.92%
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	1.07%
2nd Segment Rate	2.68%
3rd Segment Rate	3.36%
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.

Lump Sum Conversion Interest Rate	Current 417(e) interest rates for cash balance participants; 2.25% for grandfathered basis.
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	2022 static mortality table for annuitants and non-annuitants per section 1.430(h)(3)-1(e).
Withdrawal Rates	See Table 3.[1]
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 $245,000 and the 401(a)(17) compensation limit of $305,000.
Valuation of Plan Assets	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. 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).
Expected Return on Assets	
2020 Plan Year	0.00%
2021 Plan Year	5.17%
2022 Plan Year	5.01%
Trust Expenses Included in Target Normal Cost	$320,000

[1] Local 457 (Sammis) employees are assumed to withdrawal by 2025.

Schedule SB Attachment (Form 5500)—2022 Plan Year
Energy Harbor Pension Plan for Collectively Bargained Employees
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Actuarial Method	Standard unit credit cost method.
Plan Year	January 1, 2022 to December 31, 2022.
Valuation Date	January 1, 2022.

Table 1

Salary Increase Rates

Age	Rate	Age	Rate
15	7.25%	45	3.00%
16	7.25%	46	3.00%
17	7.25%	47	3.00%
18	7.25%	48	3.00%
19	7.25%	49	3.00%
20	7.25%	50	3.00%
21	7.25%	51	3.00%
22	7.25%	52	3.00%
23	7.25%	53	3.00%
24	7.25%	54	3.00%
25	6.50%	55	3.00%
26	6.50%	56	3.00%
27	6.50%	57	3.00%
28	6.50%	58	3.00%
29	6.50%	59	3.00%
30	5.00%	60+	2.75%
31	5.00%		
32	5.00%		
33	5.00%		
34	5.00%		
35	4.25%		
36	4.25%		
37	4.25%		
38	4.25%		
39	4.25%		
40	3.50%		
41	3.50%		
42	3.50%		
43	3.50%		
44	3.50%		

Table 2

Retirement Rates

Age	Rate
55	4.00%
56	4.00%
57	6.00%
58	6.00%
59	10.00%
60	17.00%
61	18.00%
62	27.50%
63	20.00%
64	20.00%
65	33.00%
66	33.00%
67	33.00%
68	33.00%
69	33.00%
70+	100.00%

Table 3—Page 1 of 2

Withdrawal Rates

	Years of Service			
Age	**0**	**1**	**2**	**3+**
15	19.30%	11.70%	8.20%	6.30%
16	19.30%	11.70%	8.20%	6.30%
17	19.30%	11.70%	8.20%	6.30%
18	19.30%	11.70%	8.20%	6.30%
19	19.30%	11.70%	8.20%	6.30%
20	19.30%	11.70%	8.20%	6.00%
21	19.30%	11.70%	8.20%	5.70%
22	19.30%	11.70%	8.20%	5.40%
23	19.30%	11.70%	8.20%	5.10%
24	19.30%	11.70%	8.20%	4.80%
25	18.80%	11.00%	7.80%	4.50%
26	18.80%	11.00%	7.80%	4.50%
27	18.80%	11.00%	7.80%	4.30%
28	18.80%	11.00%	7.80%	4.20%
29	18.80%	11.00%	7.80%	4.10%
30	18.50%	9.60%	7.30%	4.10%
31	18.50%	9.60%	7.30%	4.00%
32	18.50%	9.60%	7.30%	3.90%
33	18.50%	9.60%	7.30%	3.80%
34	18.50%	9.60%	7.30%	3.80%
35	18.20%	8.70%	7.20%	3.70%
36	18.20%	8.70%	7.20%	3.60%
37	18.20%	8.70%	7.20%	3.50%
38	18.20%	8.70%	7.20%	3.40%
39	18.20%	8.70%	7.20%	3.40%
40	18.00%	8.40%	7.00%	3.30%
41	18.00%	8.40%	7.00%	3.20%
42	18.00%	8.40%	7.00%	3.10%
43	18.00%	8.40%	7.00%	3.00%
44	18.00%	8.40%	7.00%	3.00%

Table 3—Page 2 of 2

Withdrawal Rates

	Years of Service			
Age	**0**	**1**	**2**	**3+**
45	18.00%	8.40%	6.90%	2.90%
46	18.00%	8.40%	6.90%	2.80%
47	18.00%	8.40%	6.90%	2.70%
48	18.00%	8.40%	6.90%	2.70%
49	18.00%	8.40%	6.90%	2.60%
50	18.00%	8.40%	6.90%	2.40%
51	18.00%	8.40%	6.90%	2.30%
52	18.00%	8.40%	6.90%	2.30%
53	18.00%	8.40%	6.90%	2.20%
54	18.00%	8.40%	6.90%	2.10%
55+	0.00%	0.00%	0.00%	0.00%

Table 4

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.042%	0.042%	45	0.224%	0.336%
16	0.042%	0.042%	46	0.252%	0.378%
17	0.042%	0.042%	47	0.294%	0.420%
18	0.042%	0.042%	48	0.350%	0.462%
19	0.042%	0.042%	49	0.392%	0.504%
20	0.042%	0.042%	50	0.462%	0.560%
21	0.042%	0.042%	51	0.546%	0.616%
22	0.042%	0.042%	52	0.644%	0.686%
23	0.042%	0.042%	53	0.742%	0.756%
24	0.042%	0.042%	54	0.854%	0.826%
25	0.042%	0.042%	55	0.966%	0.896%
26	0.042%	0.042%	56	1.078%	0.966%
27	0.042%	0.042%	57	1.204%	1.036%
28	0.042%	0.056%	58	1.330%	1.120%
29	0.042%	0.056%	59	1.470%	1.190%
30	0.042%	0.056%	60	1.610%	1.260%
31	0.042%	0.070%	61	1.764%	1.344%
32	0.042%	0.070%	62	1.932%	1.414%
33	0.042%	0.084%	63	2.114%	1.470%
34	0.042%	0.084%	64	2.296%	1.526%
35	0.056%	0.098%	65+	0.000%	0.000%
36	0.056%	0.112%			
37	0.070%	0.126%			
38	0.084%	0.140%			
39	0.098%	0.168%			
40	0.112%	0.182%			
41	0.126%	0.210%			
42	0.140%	0.238%			
43	0.168%	0.266%			
44	0.196%	0.308%			

Schedule SB Attachment (Form 5500)—2022 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]	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. 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.
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	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). 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 legacy[2] participants, a grandfathered basis also applies.
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)—2022 Plan Year
Energy Harbor Pension Plan for Collectively Bargained Employees
EIN: 84-3992199 PN: 002

Legacy Bargaining Locals 19, 245, 1413[1]

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. For Local 19 employees, the career earnings benefit was frozen as of October 3, 2021.

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

Normal Retirement	Career Earnings Benefit.
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 commencement[2] 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%.

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 commencement[2] 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.

Legacy Bargaining Local 270[1]

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.

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.

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.

Legacy Bargaining Local 29[1]

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:

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 After10/01/2020	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.

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

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

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.

The accrued benefit for Local 29 employees under the above formula was frozen as of December 31, 2021.

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).
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.

Other Legacy Participants[1]

Definitions	
Career Earnings	Includes salary and wages, overtime pay, shift premiums, annual incentive awards and other similar compensation.
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	
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. For Local 270 Perry-Tech employees, the career earnings benefit was frozen as of September 10, 2021. For Local 272 (Little Blue Run) employees, the career earnings benefit was frozen as of May 31, 2021.

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

Normal Retirement	Accrued benefit at the Normal Retirement Date.
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 commencement[1] and election of 100% joint & survivor annuity, commencing immediately.

[1] Maximum early commencement reduction of 30% applies.

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 commencement[1] 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.

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. Additionally, Local 1413 employees are not eligible for a FATP benefit per the terms of their collective bargaining agreement. For Locals 272, 270 Perry-Tech, 19, and 29, benefit accruals were frozen during 2021 at the same date as employees participating in the career earnings formula.

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

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 commencement[1] and election of 100% joint & survivor annuity, commencing immediately.

[1] Maximum early commencement reduction of 28% applies.

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 commencement[1] 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.

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%

See Table A for more information. Local 1413 employees are not eligible for a cash balance benefit per the terms of their collective bargaining agreement.

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.

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)—2022 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	May 31, 2021
Local 1413	Not eligible	Not eligible	December 31, 2020
Local 270 Perry-Techs	January 1, 2005	January 1, 2017	September 10, 2021
Local 29 (except Maintenance Planners)	January 1, 2006	January 1, 2015	December 31, 2021
Local 19	January 1, 2006	January 1, 2017	October 3, 2021
Local 270 (except Perry-Techs)	January 1, 2007	January 1, 2014	

Changes in Plan Provisions Since the Prior Year

The funding valuation reflects the following plan changes from the Second, Third, Fourth and Fifth Amendments:

- Benefit accruals for all employees at Local 272 (Little Blue Run) are frozen as of May 31, 2021.
- Benefit accruals for all employees at Local 270 Perry-Tech are frozen as of September 10, 2021.
- Benefit accruals for all employees at Local 19 are frozen as of October 3, 2021.
- Benefit accruals for all employees at Local 29 are frozen as of December 31, 2021.

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.

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

ENERGY HARBOR PENSION PLAN FOR COLLECTIVELY BARGAINED EMPLOYEES

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

DECEMBER 31, 2022 and 2021

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, 2022 and 2021

	2022	2021
ASSETS		
Investments, at fair value	$ 15,177,842	$ 19,097,120
Contribution receivable from Employer	2,550,000	-
TOTAL ASSETS	17,727,842	19,097,120
LIABILITIES		
Administrative expense payable	23,029	40,625
NET ASSETS AVAILABLE FOR BENEFITS	$ 17,704,813	$ 19,056,495

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 Years Ended December 31, 2022 and 2021

	2022	2021
ADDITIONS		
Investment Income:		
Interest and dividends	$ 340,085	$ 262,992
Net appreciation in fair value of investments	-	1,125,310
Total investment income	340,085	1,388,302
Contributions	2,550,000	-
Total additions	2,890,085	1,388,302
DEDUCTIONS		
Net depreciation in fair value of investments	2,674,462	-
Benefit payments	801,171	1,729,726
Administrative expenses	766,134	361,067
Total deductions	4,241,767	2,090,793
Net change	(1,351,682)	(702,491)
Net assets available for benefits, beginning of year	19,056,495	19,758,986
Net assets available for benefits, end of year	$ 17,704,813	$ 19,056,495

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

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

	2021	2020
Actuarial present value of accumulated plan benefits		
Vested Plan Benefits		
Participant currently receiving payment	$ 1,355,413	$ 98,898
Vested benefits for other participants	21,267,938	13,424,834
Total Vested Plan Benefits	22,623,351	13,523,732
Nonvested Benefits	5,405,101	5,662,315
Total actuarial present value of accumulated plan benefits	$ 28,028,452	$ 19,186,047

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 Years Ended December 31, 2021 and 2020

	2021	2020
Actuarial present value of accumulated plan benefits, beginning of year	$ 19,186,047	$ 8,363,459
Increase (decrease) during the year attributable to:		
Interest accumulation	590,163	233,734
Benefits paid	(1,729,726)	(358,806)
Plan amendments	-	(753,852)
Assumption changes	(653,575)	651,030
Benefit accruals	10,635,543	11,050,482
Net increase	8,842,405	10,822,588
Actuarial present value of accumulated plan benefits, end of year	$ 28,028,452	$ 19,186,047

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

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.

The significant actuarial assumptions used in the valuation of accumulated plan benefits as of December 31, 2021 and December 31, 2020 were:

a) Life Expectancy - The mortality basis is derived from Pri-2012 combined healthy mortality table projected generationally using scale MP-2021 (base year 2012) at December 31, 2021 and MP-2020 (base year 2012) at December 31, 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 3.33% and 3.22% at December 31, 2021 and December 31, 2020, respectively.
e) Actuarial Method – Standard unit cost method.

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 2021 Plan year, there was no funding requirement or Company contributions. In September 2023, the Company contributed $2,550,000 for the 2022 Plan year to satisfy the minimum funding requirements as specified in the Employee Retirement Income Security Act of 1974, as amended (ERISA).

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.

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, 2023, 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.

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 years ended December 31, 2022 and 2021, respectively, 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.

NOTE 5 – INVESTMENTS AND FAIR VALUE MEASUREMENTS

The Plan's investments at December 31, 2022 and 2021 are summarized as follows:

	2022	
	Fair Value	Cost
Mutual funds	$ 14,483,788	$ 16,728,475
Money market fund	694,054	681,797
Total assets in the fair value hierarchy	$ 15,177,842	$ 17,410,272

	2021	
	Fair Value	Cost
Mutual funds	$ 17,428,950	$ 16,987,335
Money market fund	1,668,170	1,668,141
Total assets in the fair value hierarchy	$ 19,097,120	$ 18,655,476

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.

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

2022

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 14,483,788	$ -	$ -	$ 14,483,788
Money market fund	694,054	-	-	694,054
Total assets in the fair value hierarchy	$ 15,177,842	$ -	$ -	$ 15,177,842

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	$ 19,097,120	$ -	$ -	$ 19,097,120

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 years ended December 31, 2022 and 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, 2022

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	First American Government Obligations Fund; Z	Money Market Fund	$ 681,797	$ 694,054
	Carillon Eagle Mid Cap Growth Fund	Mutual Funds - Equity	646,381	476,131
	American Euro Pac Growth Fdcl R6	Mutual Funds - Equity	1,317,543	946,108
	Fidelity 500 Index Fund	Mutual Funds - Equity	2,926,075	2,872,575
	Goldman Sachs Small Cap Value R6	Mutual Funds - Equity	322,775	238,583
	Loomis Sayles Small Cap Growth Fund	Mutual Funds - Equity	296,115	204,752
	MFS Mid Cap Value Fund Class R6	Mutual Funds - Equity	506,175	507,939
	T Rowe Price Overseas Stock Fund I	Mutual Funds - Equity	1,239,922	1,102,444
	Versus Cap Mm Real Estate I	Mutual Funds - Equity	803,148	844,211
	JP Morgan Core Bond Fund Ultra	Mutual Funds - Fixed Income	3,199,364	2,666,149
	Mainstay MackKay Hi Yld COR Bd Fd R6	Mutual Funds - Fixed Income	630,136	551,369
	Versus Cap RI Est	Mutual Funds - Fixed Income	786,514	836,644
	Allspring Core Bond Fund	Mutual Funds - Fixed Income	3,473,101	2,674,387
	Blackstone Alternative Multi	Mutual Funds - Balanced	581,226	562,496
			$ 17,410,272	$ 15,177,842

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

ENERGY HARBOR PENSION PLAN FOR COLLECTIVELY BARGAINED EMPLOYEES
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
EIN: 84-3992199
PLAN 002
For the Year Ended December 31, 2022

(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.

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				**19,097,119.79**		
	COMPARATIVE VALUE (5%)				**954,855.98**		

CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE
NO TRANSACTIONS QUALIFIED FOR THIS SECTION

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: 31846V567 - First Am Govt Ob Fd Cl Z

01/04/2022	B	28.550	1.0000		- 29	29
02/02/2022	B	28.240	1.0000		- 28	28
03/02/2022	B	24.600	1.0000		- 25	25
04/04/2022	B	103.140	1.0000		- 103	103
05/03/2022	B	211.510	1.0000		- 212	212
06/02/2022	B	686.840	1.0000		- 687	687
07/05/2022	B	1,105.660	1.0000		- 1,106	1,106
08/02/2022	B	1,143.200	1.0000		- 1,143	1,143
09/02/2022	B	1,480.870	1.0000		- 1,481	1,481
10/04/2022	B	1,463.790	1.0000		- 1,464	1,464
11/02/2022	B	1,723.880	1.0000		- 1,724	1,724
12/02/2022	B	1,109.020	1.0000		- 1,109	1,109
12/21/2022	B	.140	1.0000			
12/28/2022	B	600,000.000	1.0000		- 600,000	600,000

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 Buys			**0**	**609,111**	**609,111**	**0**
01/03/2022	S	- 6,020.200	1.0000		6,020	6,020	
02/01/2022	S	- 30,186.870	1.0000		30,187	30,187	
02/09/2022	S	- 40,624.810	1.0000		40,625	40,625	
03/01/2022	S	- 17,989.740	1.0000		17,990	17,990	
03/01/2022	S	- 12,651.470	1.0000		12,651	12,651	
03/07/2022	S	- 5,050.100	1.0000		5,050	5,050	
03/22/2022	S	- 16,815.690	1.0000		16,816	16,816	
03/28/2022	S	- 10,533.130	1.0000		10,533	10,533	
04/01/2022	S	- 6,998.350	1.0000		6,998	6,998	
04/21/2022	S	- 17,309.120	1.0000		17,309	17,309	
05/02/2022	S	- 9,707.820	1.0000		9,708	9,708	
05/02/2022	S	- 20,634.460	1.0000		20,634	20,634	
05/31/2022	S	- 4,253.250	1.0000		4,253	4,253	
06/01/2022	S	- 9,405.600	1.0000		9,406	9,406	
06/28/2022	S	- 141,213.100	1.0000		141,213	141,213	
06/30/2022	S	- 5,510.360	1.0000		5,510	5,510	
07/01/2022	S	- 49,504.880	1.0000		49,505	49,505	
07/07/2022	S	- 337,162.280	1.0000		337,162	337,162	
07/19/2022	S	- 18,256.300	1.0000		18,256	18,256	
08/01/2022	S	- 10,280.850	1.0000		10,281	10,281	

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
08/17/2022	S	- 16,772.640	1.0000		16,773	16,773	
08/24/2022	S	- 16,709.120	1.0000		16,709	16,709	
09/01/2022	S	- 42,864.680	1.0000		42,865	42,865	
09/20/2022	S	- 83,757.240	1.0000		83,757	83,757	
09/27/2022	S	- 6,646.080	1.0000		6,646	6,646	
10/03/2022	S	- 12,559.490	1.0000		12,559	12,559	
10/21/2022	S	- 22,146.860	1.0000		22,147	22,147	
11/01/2022	S	- 28,459.610	1.0000		28,460	28,460	
11/03/2022	S	- 299,932.550	1.0000		299,933	299,933	
11/15/2022	S	- 17,258.860	1.0000		17,259	17,259	
11/29/2022	S	- 5,123.370	1.0000		5,123	5,123	
12/01/2022	S	- 240,030.170	1.0000		240,030	240,030	
12/30/2022	S	- 33,085.170	1.0000		33,085	33,085	
	Total For Sells			**0**	**1,595,453**	**1,595,453**	**0**
	Total First Am Govt Ob Fd Cl Z			**0**	**2,204,564**	**2,204,564**	**0**
	GRAND TOTAL			**0**	**2,204,564**	**2,204,564**	**0**

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

NO TRANSACTIONS QUALIFIED FOR THIS SECTION