

<div>Form 5500-SF</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Short Form Annual Return/Report of Small Employee Benefit Plan</div> <div>This form is required to be filed 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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500-SF.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2023</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 06/01/2019 and ending 12/31/2019	
A	This return/report is for: ☒ a single-employer plan ☐ a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
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	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☒ DFVC program ☐ special extension (enter description)
D	If the plan is a collectively-bargained plan, check here ▶ ☐
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 ETHOENERGY RETIREMENT PLAN FOR EMPLOYEES OF THE EXXONMOBIL COGENERATION FACILITY	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 06/01/2019
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) ETHOENERGY (USA), LLC MATTHIAS PIOTROWICZ 3100 SOUTH SAM HOUSTON PARKWAY EAST HOUSTON, TX 77047	2b Employer Identification Number (EIN) 06-1305671 2c Sponsor's telephone number 346-547-5997 2d Business code (see instructions) 811310
3a	Plan administrator's name and address ☒ Same as Plan Sponsor.	3b Administrator's EIN 3c Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name ETHOENERGY, GTS HOLDINGS (US) LLC c Plan Name ETHOENERGY PENSION PLAN FOR EMPLOYEES OF THE EXXONMOBIL CO-GENERATION FACILITY	4b EIN 76-0466008 4d PN 004
5a	Total number of participants at the beginning of the plan year	5a 66
b	Total number of participants at the end of the plan year	5b 74
c(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	5c(1)
c(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5c(2)
d(1)	Total number of active participants at the beginning of the plan year	5d(1) 66
d(2)	Total number of active participants at the end of the plan year	5d(2) 72
e	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	5e 1

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	08/23/2024	MATTHIAS PIOTROWICZ
	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

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)..... ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4268530. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a		348414
b Total plan liabilities	7b		0
c Net plan assets (subtract line 7b from line 7a)	7c		348414
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	348414	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b		
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		348414
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
e Certain deemed and/or corrective distributions (see instructions) ..	8e		
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		
i Net income (loss) (subtract line 8h from line 8c)	8i		348414
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 1C
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 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)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		500000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below.	☒ Yes ☐ No
a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a 0
b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 _____	

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.	☐ Yes ☒ No
a 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 letter ruling granting the waiver. Month Day Year	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	
b Enter the minimum required contribution for this plan year	12b
c Enter the amount contributed by the employer to the plan for this plan year	12c
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	
☐ Yes ☐ No ☐ N/A	

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?	☐ Yes ☒ No
a If "Yes," enter the amount of any plan assets that reverted to the employer this year.....	13a
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	
☐ Yes ☒ No	
c 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.)	
13c(1) Name of plan(s):	13c(2) EIN(s)
13c(3) PN(s)	

Part VIII IRS Compliance Questions

14a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No	
14b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).	
☐ Design-based safe harbor method	
☐ "Prior year" ADP test	
☐ "Current year" ADP test	
☐ N/A	
15 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.	

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2023 or fiscal plan year beginning 06/01/2019 and ending 12/31/2019	
▶ 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 ETHOSENERGY RETIREMENT PLAN FOR EMPLOYEES OF THE EXXONMOBIL COGENERATION FACILITY	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ETHOSENERGY (USA), LLC	D Employer Identification Number (EIN) 06-1305671
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 06 Day 01 Year 2019			
2	Assets:			
a	Market value	2a	0	
b	Actuarial value	2b	0	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	0	0	0
b	For terminated vested participants	0	0	0
c	For active participants	66	0	0
d	Total	66	0	0
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.68 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a		
b	Expected plan-related expenses	6b		
c	Target normal cost	6c	231286	

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.

<div>SIGN HERE</div>	<div>Signature of actuary</div> <div>DAVID A. SAWYER</div> <div>Type or print name of actuary</div> <div>DEFINITI</div> <div>Firm name</div> <div>3 HOLLAND ST. ERIE, PA 16507</div> <div>Address of the firm</div>	<div>08/01/2024</div> <div>Date</div> <div>23-06271</div> <div>Most recent enrollment number</div> <div>281-286-1100</div> <div>Telephone number (including area code)</div>
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Part II	Beginning of Year Carryover and Prefunding Balances	
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>0.00</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		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 _____ %		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	100.00 %
15 Adjusted funding target attainment percentage	15	100.00 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	%
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
03/06/2020	248414				
04/02/2020	100000				
Totals ▶			18(b)	348414	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	333616
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

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost
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21 Discount rate:			
a Segment rates:	1st segment: 3.74 %	2nd segment: 5.35 %	3rd segment: 6.11 %
	☐ N/A, full yield curve used		
b Applicable month (enter code).....	21b	4	
22 Weighted average retirement age	22	62	
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI	Miscellaneous Items
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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
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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
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31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	231286	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	231286	
	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	231286	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	333616	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	102330	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)
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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

**ETHOSENERGY RETIREMENT PLAN FOR EMPLOYEES OF
THE EXXONMOBIL COGENERATION FACILITY
EIN #06-1305671 / PN 001**

SCHEDULE SB, LINE 26 – SCHEDULE OF ACTIVE PARTICIPANT DATA

Attained Age	Completed Years of Credited Service on June 1, 2019										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & up	
Under 25	3	0	0	0	0	0	0	0	0	0	3
25-29	3	5	0	0	0	0	0	0	0	0	8
30-34	0	1	4	0	0	0	0	0	0	0	5
35-39	2	4	3	0	0	0	0	0	0	0	9
40-44	0	3	3	1	1	0	0	0	0	0	8
45-49	1	0	0	1	0	1	0	0	0	0	3
50-54	2	0	0	0	1	1	1	0	0	0	5
55-59	3	1	0	0	0	0	0	1	5	1	11
60-64	1	0	0	1	0	0	0	0	1	9	12
65-69	1	0	0	0	0	0	0	1	0	0	2
70 & up	0	0	0	0	0	0	0	0	0	0	0
Total	16	14	10	3	2	2	1	2	6	10	66

**ETHOSENERGY RETIREMENT PLAN FOR EMPLOYEES OF
THE EXXONMOBIL COGENERATION FACILITY
EIN #06-1305671 / PN 001**

SCHEDULE SB, PART V - STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Economic Assumptions

Interest Rates:

• PPA Funding Target – After BBA	Segment rates with 4-month lookback
• First Segment Rate	3.74% per annum
• Second Segment Rate	5.35% per annum
• Third Segment Rate	6.11% per annum
• Effective Rate	5.68% per annum
• PPA Funding Target – Before BBA	Segment rates with 4-month lookback
• First Segment Rate	2.60% per annum
• Second Segment Rate	3.94% per annum
• Third Segment Rate	4.49% per annum
• Discount Rate	
• ASC 715 and IAS 19R Disclosure (preliminary)	3.20% per annum December 31, 2020
	3.20% per annum December 31, 2019
• ASC 715 Net Periodic Cost	3.65% per annum December 31, 2019
• IAS 19R DB Cost	3.65% per annum December 31, 2019
• ASC 960 Accounting	6.00% per annum, net of all expenses
• Expected Return on Assets	
• ASC 715	6.00% per annum, net of all expenses
• IAS 19R	3.65% per annum, net of all expenses
Salary Scale	3.00% per annum
Cash Balance Interest Crediting Rate	5.00%

**ETHOSENERGY RETIREMENT PLAN FOR EMPLOYEES OF
THE EXXONMOBIL COGENERATION FACILITY
EIN #06-1305671 / PN 001**

SCHEDULE SB, PART V - STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Demographic Assumptions

Mortality

- ASC 960
with

RP-2014 Mortality tables projected back to 2006

Scale MP-2014 and forward with generational
longevity projection using Scale MP-2018.
- ASC 715 and IAS 19R

- Net Periodic Benefit Cost, RP-2014 Mortality
tables projected back to 2006 with Scale MP-
2014 and forward with generational longevity
projection using Scale MP-2018.

- Disclosure, Pri-2012 Mortality tables projected
generationally using Scale MP-2019
- Funding Target

Separate static mortality tables for males and
Females as prescribed in §1.430(h)(3)-1 for the
2019 plan year.

Administrative Expenses

\$25,000

Turnover Percentage of employees terminating during the year of age shown.

<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
26	13.95%	45	5.48%
27	13.35%	46	5.18%
28	12.75%	47	4.95%
29	12.15%	48	4.65%
30	11.63%	49	4.43%
31	11.03%	50	4.20%
32	10.50%	51	3.98%
33	10.05%	52	3.75%
34	9.53%	53	3.53%
35	9.08%	54	3.38%
36	8.63%	55	0.00%
37	8.25%		
38	7.80%		
39	7.43%		
40	7.05%		
41	6.75%		
42	6.38%		
43	6.08%		
44	5.78%		

**ETHOSENERGY RETIREMENT PLAN FOR EMPLOYEES OF
THE EXXONMOBIL COGENERATION FACILITY
EIN #06-1305671 / PN 001**

SCHEDULE SB, PART V - STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Retirement Age

- Active

Percentage of employees retiring during the year of age shown. The 1st set of rates applies to the Legacy Non-union Traditional Participants and the 2nd set of rates applies to all other participants.

<u>Age</u>	<u>1st Set of Rates *</u>	<u>2nd Set of Rates</u>
55	5.00%	5.00%
56	5.00%	5.00%
57	5.00%	5.00%
58	5.00%	5.00%
59	5.00%	5.00%
60	5.00%	5.00%
61	5.00%	5.00%
62	35.00%	35.00%
63	35.00%	35.00%
64	35.00%	35.00%
65	100.00%	50.00%
66		50.00%
67		50.00%
68		100.00%

* 100% retirement at 40 years of credited service

- Vested Terminations

Age 65 benefit commencement

Disability

None

Marriage Assumptions

Males 90% married and females 60% married, with husbands 3 years older than wives.

Other Assumptions

Form of Payment

100% of cash balance participants are assumed to elect a lump sum payment. 100% of all other future retirees are assumed to elect a single life annuity.

Change in Assumptions

For ASC 715 and IAS 19R, the mortality assumption was updated to Pri-2012 Mortality tables projected generationally using Scale MP-2019.

**ETHOSENERGY RETIREMENT PLAN FOR EMPLOYEES OF
THE EXXONMOBIL COGENERATION FACILITY
EIN #06-1305671 / PN 001**

SCHEDULE SB, PART V - STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Methods

Valuation Date	June 1, 2019 (first day of the plan year)
Asset Valuation Method	The value of plan assets is equal to the fair value. For the ERISA funding valuation, discounted receivable contributions are added to the fair value of assets.
Projected Unit Credit Cost Method	The <u>Projected Unit Credit Actuarial Cost Method</u> is used to determine the ASC 715 and IAS 19R Projected Benefit Obligation (PBO) and service cost. Under this method, the normal cost is the actuarial present value of projected benefit allocated to the valuation year. The PBO is the actuarial present value of projected benefits allocated to all periods prior to the valuation year.
Unit Credit Actuarial Cost Method	The <u>Unit Credit Actuarial Cost Method</u> is used to determine the Accumulated Benefit Obligation (ABO) for ASC 715, the Funding Target (FT) for PPA funding purposes and the Present Value of Accumulated Benefits (PVAB) for ASC 960 purposes. The normal cost for each employee is the present value of the benefit which accrues during that current year. The total normal cost is the sum of the normal costs for all active participants. For PPA funding, the Target Normal Cost includes an estimate of the annual administrative expenses expected to be paid from the Trust. The ABO, FT and PVAB measures are the present value of the benefits accrued as of the valuation date for all active participants, plus the present value of all benefits for inactive participants.
Change in Methods	Not applicable.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment 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

2019**This Form is Open to Public
Inspection**

For calendar plan year 2019 or fiscal plan year beginning 06/01/2019 and ending 12/31/2019

▶ **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 EthosEnergy Retirement Plan For Employees of The ExxonMobil Cogeneration Facility		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF EthosEnergy (USA), LLC		D Employer Identification Number (EIN) 06-1305671
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ Other		
F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500		

Part I Basic Information

1 Enter the valuation date: Month <u>06</u> Day <u>01</u> Year <u>2019</u>			
2 Assets:			
a Market value		2a	0
b Actuarial value		2b	0
3 Funding target/participant count breakdown			
	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	0	0	0
b For terminated vested participants.....	0	0	0
c For active participants	66	0	0
d Total.....	66	0	0
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate		5	5.68 %
6 Target normal cost		6	231286

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

David A. Sawyer

Type or print name of actuary

Definiti

Firm name

3 Holland St., Erie, PA 16507

Address of the firm



Date

23-06271

Most recent enrollment number

(281) 296-1107

Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.****Schedule SB (Form 5500) 2019
v. 190130**

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>0.00</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		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 _____ %		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	100.00 %
15 Adjusted funding target attainment percentage	15	100.00 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	%
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
03-06-2020	248414				
04-02-2020	100000				
Totals ▶			18(b)	348414	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	333616

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:
3.74 %2nd segment:
5.35 %3rd segment:
6.11 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

62

23 Mortality table(s) (see instructions) ☐ Prescribed - combined☒ Prescribed - separate☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years**28**

0

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

0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)**30**

0

Part VIII Minimum Required Contribution For Current Year**31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6)**31a**

231286

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

0

32 Amortization installments:**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**

231286

	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**

231286

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

333616

38 Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)**38a**

102330

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances**38b****39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)**39**

0

40 Unpaid minimum required contributions for all years**40**

0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected☐ 2 plus 7 years☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made☐ 2008☐ 2009☐ 2010☐ 2011

**ETHOSENERGY RETIREMENT PLAN FOR EMPLOYEES OF
THE EXXONMOBIL COGENERATION FACILITY
EIN #06-1305671 / PN 001**

Form 5500-SF – Explanation for Amended Filing

We recently discovered that the plan name, plan sponsor name, EIN and plan number on the prior Form 5500 and PBGC filings differed from the plan's determination letter. We are amending all prior filings to correct these items.

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 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 06/01/2019 and ending 12/31/2019

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

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

A Name of plan <u>EthosEnergy Retirement Plan For Employees of The ExxonMobil Cogeneration Facility</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>EthosEnergy (USA), LLC</u>	D Employer Identification Number (EIN) <u>06-1305671</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>06</u> Day <u>01</u> Year <u>2019</u>	
2 Assets:	
a Market value	2a <u>0</u>
b Actuarial value	2b <u>0</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants <u>0</u> (2) Vested Funding Target <u>0</u> (3) Total Funding Target <u>0</u>
b For terminated vested participants.....	<u>0</u> <u>0</u> <u>0</u>
c For active participants	<u>66</u> <u>0</u> <u>0</u>
d Total.....	<u>66</u> <u>0</u> <u>0</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 <u>5.68</u> %
6 Target normal cost.....	6 <u>231286</u>

Statement by Enrolled Actuary

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

SIGN HERE	
Signature of actuary <u>David A. Sawyer</u>	Date <u>23-06271</u>
Type or print name of actuary <u>Definiti</u>	Most recent enrollment number <u>(281) 296-1107</u>
Firm name <u>3 Holland St., Erie, PA 16507</u>	Telephone number (including area code)
Address of the firm	

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

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

Schedule SB (Form 5500) 2019
v. 190130

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>0.00</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		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 _____ %		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	100.00 %
15 Adjusted funding target attainment percentage	15	100.00 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	%
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
03-06-2020	248414				
04-02-2020	100000				
Totals ►			18(b)	348414	18(c) style="text-align: right;">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	333616

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: 3.74 %	2nd segment: 5.35 %	3rd segment: 6.11 %
	☐ N/A, full yield curve used		
b Applicable month (enter code)	21b	4	
22 Weighted average retirement age	22	62	
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI	Miscellaneous Items
----------------	----------------------------

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

Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years
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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
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31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	231286	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	231286	
	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	231286	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	333616	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	102330	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX	Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)
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41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

**ETHOSENERGY RETIREMENT PLAN FOR EMPLOYEES OF
THE EXXONMOBIL COGENERATION FACILITY
EIN #06-1305671 / PN 001**

SCHEDULE SB, LINE 19 – DISCOUNTED EMPLOYER CONTRIBUTIONS

Contribution Dates	Days After Valuation	Contribution Amounts	Effective Interest Rate	Interest Adjustment	Interest Adjusted Contributions
03/06/2020	279	\$248,414	5.68%	(\$10,272)	\$238,142
04/02/2020	306	<u>\$100,000</u>	5.68%	(\$4,526)	<u>\$95,474</u>
2019 Plan Year Contributions		348,414		(14,798)	333,616
2019 Plan Year Contributions					\$348,414
Interest Adjustment for Contributions made after the Beginning of the Plan Year					<u>(\$14,798)</u>
2019 Plan Year Discounted Contributions					\$333,616

**ETHOSENERGY RETIREMENT PLAN FOR EMPLOYEES OF
THE EXXONMOBIL COGENERATION FACILITY
EIN #06-1305671 / PN 001**

SCHEDULE SB, LINE 22 – DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE

As retirement eligibility differs for participants who are Legacy Non-union Traditional Participants or not, two sets of retirement rates are shown. The weighting used is based on the number of active participants applicable to either of the expected retirement ages developed below.

Legacy Non-union Traditional Participants

Age	Rate	Lives	Retiring	Weight
55	5.00%	100.00	5.00	2.75
56	5.00%	95.00	4.75	2.66
57	5.00%	90.25	4.51	2.57
58	5.00%	85.74	4.29	2.49
59	5.00%	81.45	4.07	2.40
60	5.00%	77.38	3.87	2.32
61	5.00%	73.51	3.68	2.24
62	35.00%	69.83	24.44	15.15
63	35.00%	45.39	15.89	10.01
64	35.00%	29.50	10.33	6.61
65	100.00%	19.18	19.18	12.47
				61.67

All Other Participants

Age	Rate	Lives	Retiring	Weight
55	5.00%	100.00	5.00	2.75
56	5.00%	95.00	4.75	2.66
57	5.00%	90.25	4.51	2.57
58	5.00%	85.74	4.29	2.49
59	5.00%	81.45	4.07	2.40
60	5.00%	77.38	3.87	2.32
61	5.00%	73.51	3.68	2.24
62	35.00%	69.83	24.44	15.15
63	35.00%	45.39	15.89	10.01
64	35.00%	29.50	10.33	6.61
65	50.00%	19.18	9.59	6.23
66	50.00%	9.59	4.79	3.16
67	50.00%	4.79	2.40	1.61
68	100.00%	2.40	2.40	1.63
				61.84

Combined Weighted Average = $[12 * 61.67 + 54 * 61.84] / 66 = 62$

**ETHOSENERGY RETIREMENT PLAN FOR EMPLOYEES OF
THE EXXONMOBIL COGENERATION FACILITY
EIN #06-1305671 / PN 001**

SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

Effective Date	June 1, 2019
Coverage	Eligible employees who are employed by EthosEnergy at the Baton Rouge Cogeneration Facility.
Eligibility	New employees at the Baton Rouge Cogeneration Facility are eligible to participate in the plan.
Eligibility Service	All employees are eligible to participate upon date of hire.
Vesting Service	A year of service is credited for any 12 consecutive months worked, including service under the prior plan.
Credited Service	A year of service is credited for any 12 consecutive months worked. Service under the prior plan is included under the plan.
Participant Categories	Participant Categories are as follows:
➤ Legacy Union CB Participant	A Participant covered by a collective bargaining agreement, hired as of the Effective Date and who was eligible to accrue a benefit under the Entergy Union Cash Balance Plan on the day immediately preceding the Effective Date.
➤ Legacy Non-Union CB Participant	A Participant who is not covered by a collective bargaining agreement, hired as of the Effective Date and who was eligible to accrue a benefit under the Entergy Non-Union Cash Balance Plan.
➤ Legacy Non-Union Traditional Participant	A Participant who is not covered by a collective bargaining agreement, hired as of the Effective Date and who was eligible to accrue a benefit under the Entergy Non-Union Retirement Plan.
➤ Non-Legacy Participant	A Participant who does not satisfy the requirements for the Legacy Plans.

**ETHOSENERGY RETIREMENT PLAN FOR EMPLOYEES OF
THE EXXONMOBIL COGENERATION FACILITY
EIN #06-1305671 / PN 001**

SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

➤ Legacy Union Traditional Participant	A Participant who is covered by a collective bargaining agreement, hired as of the Effective Date and who was eligible to accrue a benefit under Appendix B of the Entergy Union Retirement Plan on the day immediately preceding the Effective Date.
Cash Balance Participant	A Participant who is a Legacy Union CB Participant, a Legacy Non-Union CB Participant, a Legacy Non-Union Traditional Participant or a Non-Legacy Participant.
Traditional Participant	A Participant who is a Legacy Union Traditional Participant.
Retirement Dates:	
➤ Normal	The first day of the month coincident with or next following the participant's 65 th birthday.
➤ Early	A participant may elect to retire early on the first day of any month after he has attained age 55 and completed 10 years of Vesting Service.
➤ Late	The first day of the month coincident with or next following the date the participant terminates employment, if such termination occurs after his Normal Retirement Date.
Compensation	A Participant's wages excluding overtime, commissions, discretionary bonuses and compensation paid to the participant prior to becoming an Eligible Employee, but including bonuses granted under the Facility Incentive Plan, Military Differential Pay. Compensation also includes amounts contributed by the Employer pursuant to a salary reduction agreement and which are not included in gross income under Code Sections 125, 132(f)(4), 402(e)(3), 402(h)(1)(B), 403(b) or 457(b).

**ETHOSENERGY RETIREMENT PLAN FOR EMPLOYEES OF
THE EXXONMOBIL COGENERATION FACILITY
EIN #06-1305671 / PN 001**

SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

Traditional Pension Benefit

Final Average Monthly Earnings

The average monthly Compensation for the 60 consecutive months during the last 120 months which yields the highest amount.

Accrued Benefit

The Traditional Pension Benefit is a monthly benefit payable as a single life annuity for the life of the Participant starting on the Participant's Normal Retirement Date equal to:

(a) (i) 1.5% multiplied by (ii) the Participant's Final Average Monthly Earnings multiplied by (iii) the Participant's Credited Service (limited to 40 years); minus

(b) (i) 1.5% multiplied by (ii) the Participant's monthly Compensation for the calendar month commencing with the Effective Date multiplied by (iii) the Participant's Prior Plan Credited Service.

Early Retirement Benefit

The Early Retirement Benefit is equal to the Participant's Normal Retirement Benefit reduced for early commencement by one-twelfth (1/12th) of 2% for each month that the Participant's Annuity Starting Date precedes his Normal Retirement Date.

Benefit Upon Termination

If a participant terminates employment after completing at least five years of Vesting Service, he will be entitled to his full Accrued Benefit payable at age 65. If such participant is eligible and elects to receive his Accrued Benefit prior to age 65, the monthly benefit will be reduced by one-twelfth (1/12th) of 7% for each of the first 60 months that the Participant's Annuity Starting Date precedes the Participant's Normal Retirement Date; and by one-twelfth (1/12th) of 6% for each additional month that the Participant's Annuity Starting Date precedes the Participant's Normal Retirement Date.

**ETHOSENERGY RETIREMENT PLAN FOR EMPLOYEES OF
THE EXXONMOBIL COGENERATION FACILITY
EIN #06-1305671 / PN 001**

SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

Traditional Pension Benefit (Continued)

Late Retirement Benefit

For a Participant who terminates employment on or before his Normal Retirement Date, the Late Retirement Benefit is equal to the Participant's Normal Retirement Benefit actuarially increased from the Participant's Normal Retirement Date to the Annuity Starting Date using the General Actuarial Factors.

For a Participant who terminates employment after his Normal Retirement Date, the Late Retirement Benefit is equal to the amount of the Traditional Pension Benefit calculated using the Participant's Final Average Monthly Earnings and Credited Service as of the date that the Participant terminates employment, and as actuarially increased from the first day of the month following the date the Participant terminates employment to the Annuity Starting Date using the General Actuarial Factors.

Pre-Retirement Death Benefit:

Upon the death of a participant, the surviving spouse is entitled to an immediate monthly life annuity equal to one-half of the Qualified Joint and Survivor Annuity which the participant had accrued at death (or, if earlier, the date of separation from service).

**ETHOSENERGY RETIREMENT PLAN FOR EMPLOYEES OF
THE EXXONMOBIL COGENERATION FACILITY
EIN #06-1305671 / PN 001**

SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

Cash Balance Formula

Standard Pay Credit Participant

A cash balance participant who is a Non-Legacy Participant, a Legacy Non-Union CB Participant or a Legacy Union CB Participant.

Enhanced Pay Credit Participant

A cash balance participant who is a Legacy Non-Union Traditional Participant.

Points

Points are determined by adding the age and the service as of the date a Pay Credit is credited.

➤ Account Balance

The account is annually increased with Pay and Interest Credits as of December 31st. However, Pay Credits are also credited as of the Annuity Starting Date (ASD) in the year of termination and Interest Credits are credited pro-rata on the ASD.

➤ Pay Credits

The pay credits are based on Points for Standard and Enhanced participants, as follows:

	Standard	Enhanced
<u>Points</u>	<u>Rate</u>	<u>Rate *</u>
0<=Pts<40	4.00%	14.00%
40<=Pts<50	5.00%	14.00%
50<=Pts<60	6.00%	14.00%
60<=Pts<70	7.00%	16.00%
70<=Pts<80	8.00%	16.00%
80<=Pts<90	8.00%	16.00%
90<=Pts	8.00%	18.00%

* Decrease to 8.00% after 40 years of credited service

➤ Interest Credits

A 5% interest is credited to the cash balance at the end of each plan year.

Vesting

A Cash Balance Participant is vested when they have accrued three years of Vesting Service.

Normal Retirement Benefit

A single life annuity which is actuarially equivalent to the Cash Balance account as of the Normal Retirement Date.

**ETHOSENERGY RETIREMENT PLAN FOR EMPLOYEES OF
THE EXXONMOBIL COGENERATION FACILITY
EIN #06-1305671 / PN 001**

SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

Cash Balance Formula (Continued)

Late Retirement Benefit	A single life annuity which is actuarially equivalent to the Cash Balance account as of the Late Retirement Date.
Vested Termination Benefit	A single life annuity that is Actuarially Equivalent to the Participant's Cash Balance Account as of the Annuity Starting Date.
Pre-Retirement Death Benefit:	Upon the death of a participant, the surviving spouse is entitled to an immediate monthly life annuity equal to one-half of the Qualified Joint and Survivor Annuity which the participant had accrued at death (or, if earlier, the date of separation from service).

General Provisions

Form of Pension	The Normal Form of Pension is a Life Annuity.
Contributions	The employer pays the entire cost of the retirement benefit.
Actuarial Equivalence	
➤ Annuity Conversions	Applicable Mortality Table and 5% interest.
➤ Lump Sum Conversions	Applicable Mortality Table and the 417(e) segment rates for the prior October.
Lump Sum Cash Out	Benefit paid immediately to participant as a lump sum if the Actuarial Equivalent of the age 65 monthly retirement benefit payable as a Life Annuity is less than \$5,000.
Optional Forms of Payment	The optional forms of payment are as follows: <ul style="list-style-type: none">- Life Annuity- 10-Year Certain and Life Annuity- 50%, 75% or 100% Joint & Contingent Annuity- Lump Sum
Prior Plan	Entergy