

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 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here.▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan EDISON PENSION PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/1970
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES, EDISON PENSION TRUST PO BOX 4148 PORTLAND, OR 97208 12029 NE GLENN WIDING ROAD PORTLAND, OR 97220
2b	Employer Identification Number (EIN) 93-6061681
2c	Plan Sponsor's telephone number 503-282-5581
2d	Business code (see instructions) 238210

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/04/2024	GARTH BACHMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/03/2024	TIM GAUTHIER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 7776
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 4497 6a(2) 4564 6b 1833 6c 1244 6d 7641 6e 320 6f 7961 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 174

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

1B

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☒ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

▶ Round off amounts to nearest dollar.
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan EDISON PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES, EDISON PENSION TRUST	D Employer Identification Number (EIN) 93-6061681

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)

1a Enter the valuation date: Month 01 Day 01 Year 2023	
b Assets	
(1) Current value of assets	1b(1) 841037338
(2) Actuarial value of assets for funding standard account.....	1b(2) 895326839
c (1) Accrued liability for plan using immediate gain methods	1c(1) 970597054
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method.....	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method.....	1c(3) 970597054
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 1786829117
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 71698631
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 60517620
(3) Expected plan disbursements for the plan year	1d(3) 60305335

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	08/29/2024
Signature of actuary LADD E PREPPERNAU	Date 23-06705
Type or print name of actuary MILLIMAN, INC.	Most recent enrollment number 503-227-0634
Firm name 1455 SW BROADWAY, SUITE 1600, PORTLAND, OR 97201	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 ☐

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	841037338
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	2231	801596268
(2) For terminated vested participants	1097	215174804
(3) For active participants:		
(a) Non-vested benefits		48919524
(b) Vested benefits		721138521
(c) Total active	4497	770058045
(4) Total	7825	1786829117
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	47.06 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/15/2023	593590	0	06/15/2023	5198253	0
02/15/2023	4766962	0	07/15/2023	5616226	0
03/15/2023	5266491	0	08/15/2023	4687853	0
04/15/2023	6624969	0	09/15/2023	5846097	0
05/15/2023	5617669	0	10/15/2023	5005318	0
		Totals ▶	3(b)	65797029	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	92.2 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐ • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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

- a** ☐ Attained age normal
b ☐ Entry age normal
c ☒ Accrued benefit (unit credit)
d ☐ Aggregate
e ☐ Frozen initial liability
f ☐ Individual level premium
g ☐ Individual aggregate
h ☐ Shortfall
i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?		☐ Yes ☒ No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		☐ Yes ☐ No
m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

2 Operational information as of beginning of this plan year:

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

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
11/15/2023	5383837	0			
12/15/2023	5861119	0			
01/15/2024	5328645	0			
Totals ▶			3(b)		3(c)
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	%
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

- a** ☐ Attained age normal
b ☐ Entry age normal
c ☐ Accrued benefit (unit credit)
d ☐ Aggregate
e ☐ Frozen initial liability
f ☐ Individual level premium
g ☐ Individual aggregate
h ☐ Shortfall
i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?		☐ Yes ☐ No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		☐ Yes ☐ No
m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a		2.19 %
	Pre-retirement		Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:			
(1) Males	6c(1)	8P	8P
(2) Females	6c(2)	8FP	8FP
d Valuation liability interest rate	6d	6.75 %	6.75 %
e Salary scale	6e	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	6.75 %	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	5.8 %	
h Estimated investment return on current value of assets for year ending on the valuation date	6h	-7.9 %	
i Expense load included in normal cost reported in line 9b	6i	☐ N/A	
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%	
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	1160822	
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐	

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	4664847	472241
4	954340	96612

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date	9b	26069821

c Amortization charges as of valuation date:**(1)** All bases except funding waivers and certain bases for which the amortization period has been extended**(2)** Funding waivers**(3)** Certain bases for which the amortization period has been extended

	Outstanding balance	
9c(1)	313517260	43043396
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c**9d** 4665142**e** Total charges. Add lines 9a through 9d**9e** 73778359**Credits to funding standard account:****f** Prior year credit balance, if any**9f** 174472593**g** Employer contributions. Total from column (b) of line 3**9g** 65797029**h** Amortization credits as of valuation date**9h** 63774452 23579633**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 15253517**j** Full funding limitation (FFL) and credits:**(1)** ERISA FFL (accrued liability FFL)**(2)** "RPA '94" override (90% current liability FFL)**(3)** FFL credit

	Outstanding balance	
9j(1)	352384024	
9j(2)	762262439	
9j(3)		

k (1) Waived funding deficiency**(2)** Other credits**9k(1)****9k(2)****l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 279102772**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 205324413**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the current plan year**9o(1)** 0**(2)** Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:**(a)** Reconciliation outstanding balance as of valuation date**9o(2)(a)** 0**(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))**9o(2)(b)** 0**(3)** Total as of valuation date**9o(3)** 0**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan EDISON PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, EDISON PENSION TRUST	D Employer Identification Number (EIN) 93-6061681

Part I

Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

BANK OF NEW YORK MELLON

52-6220193

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

BARINGS REAL ESTATE ADVISORS LLC

20-5578089

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

CHEVY CHASE TRUST COMPANY

52-2037618

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

FIDELITY INVESTMENTS

04-2647786

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

GI PARTNERS

188 THE EMBARCADERO, SUITE 700
SAN FRANCISCO, CA 94105

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

GMO LLC

45-3846785

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

GROSVENOR CAPITAL MANAGEMENT LP

36-3795985

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

MESIROW FINANCIAL

353 NORTH CLARK STREET
CHICAGO, IL 60654

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

MONARCH ALTERNATIVE CAPITAL

535 MADISON AVENUE
NEW YORK, NY 10022

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

PANTHEON VENTURES US LP

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

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

T ROWE PRICE GROUP, INC

65-1218396

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

VANGUARD GROUP, INC

23-1999975

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

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

WILLIAM C. EARHART CO.

93-0509592

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 13 14 15 50	NONE	362263	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ASB CAPITAL MANAGEMENT

80-0618452

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	281628	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MFS HERITAGE TRUST COMPANY

57-1187281

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	261805	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ULLICO INVESTMENT ADVISORS, INC

52-6435649

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	259357	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WASHINGTON CAPITAL MANAGEMENT INC

91-1042342

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	257411	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PACIFIC INVESTMENT MANAGEMENT CO

33-0629048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	242552	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

MILLIMAN USA

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	236321	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HARBOURVEST PARTNERS LP

74-3130888

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	175555	Yes ☒ No ☐	Yes ☒ No ☐	15260	Yes ☐ No ☒

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

DODGE & COX

94-1441976

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 52 68	NONE	138313	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

R.V. KUHNS & ASSOCIATES INC

93-0910652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	107500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

U.S. BANK NATIONAL ASSOCIATION

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50 62 68	NONE	101415	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

LOOMIS, SAYLES & COMPANY, LP

20-8080381

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	94581	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

QUEST INVESTMENT MANAGEMENT INC

93-0880854

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 52 68	NONE	80548	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

GUGGENHEIM PARTNERS INVST MGMT LLC

80-0644053

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	77128	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET GLOBAL ADVISORS

81-4017137

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 19	NONE	45884	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

OREGON-COLUMBIA CHAPTER, NECA

93-6023048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	PLAN SPONSOR	43053	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CLIFTONLARSONALLEN LLP

41-0746749

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	39005	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BROWNSTEIN, RASK & SWEENEY

93-0589000

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	19908	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

HARRISON ELECTRICAL WORKERS

93-6023048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	COMMON BOARD	14103	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

METROPRESORT

3506 NW 35TH AVE
PORTLAND, OR 97210

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 50	NONE	14070	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	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 D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan EDISON PENSION PLAN	B Three-digit plan number (PN) ▶	001
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, EDISON PENSION TRUST	D Employer Identification Number (EIN) 93-6061681
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Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: QUEST GROUP TRUST I

b Name of sponsor of entity listed in (a): QUEST INVESTMENT MANAGEMENT LLC

c EIN-PN 93-6195889-070	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5465509
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a Name of MTIA, CCT, PSA, or 103-12 IE: QUEST GROUP TRUST II

b Name of sponsor of entity listed in (a): QUEST INVESTMENT MANAGEMENT LLC

c EIN-PN 93-6195889-071	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8014800
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a Name of MTIA, CCT, PSA, or 103-12 IE: QUEST GROUP TRUST III

b Name of sponsor of entity listed in (a): QUEST INVESTMENT MANAGEMENT LLC

c EIN-PN 93-6195889-072	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13500248
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a Name of MTIA, CCT, PSA, or 103-12 IE: QUEST GROUP TRUST IV

b Name of sponsor of entity listed in (a): QUEST INVESTMENT MANAGEMENT LLC

c EIN-PN 93-6195889-073	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11066848
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a Name of MTIA, CCT, PSA, or 103-12 IE: QUEST GROUP TRUST V

b Name of sponsor of entity listed in (a): QUEST INVESTMENT MANAGEMENT LLC

c EIN-PN 93-6195889-074	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9471572
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a Name of MTIA, CCT, PSA, or 103-12 IE: QUEST GROUP TRUST VI

b Name of sponsor of entity listed in (a): QUEST INVESTMENT MANAGEMENT LLC

c EIN-PN 93-6195889-075	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3372578
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a Name of MTIA, CCT, PSA, or 103-12 IE: QUEST GROUP TRUST VII

b Name of sponsor of entity listed in (a): QUEST INVESTMENT MANAGEMENT LLC

c EIN-PN 93-6195889-076	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15750225
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a Name of MTIA, CCT, PSA, or 103-12 IE: WASHINGTON CAPITAL JT MASTER TRUST		
b Name of sponsor of entity listed in (a): WASHINGTON CAPITAL MANAGEMENT, INC.		
c EIN-PN 91-1163419-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24919589
a Name of MTIA, CCT, PSA, or 103-12 IE: HARBOURVEST INT'L PRIVATE EQUITY V		
b Name of sponsor of entity listed in (a): HARBOURVEST PARTNERS, LLC		
c EIN-PN 05-0623924-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3506
a Name of MTIA, CCT, PSA, or 103-12 IE: HARBOURVEST PARTNERS VIII-BUYOUT		
b Name of sponsor of entity listed in (a): HARBOURVEST PARTNERS, LLC		
c EIN-PN 34-2063501-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 142006
a Name of MTIA, CCT, PSA, or 103-12 IE: HARBOURVEST PARTNERS VIII-CAYMAN MZ		
b Name of sponsor of entity listed in (a): HARBOURVEST PARTNERS, LLC		
c EIN-PN 98-0494212-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15386
a Name of MTIA, CCT, PSA, or 103-12 IE: HARBOURVEST PARTNERS VIII-VENTURE		
b Name of sponsor of entity listed in (a): HARBOURVEST PARTNERS, LLC		
c EIN-PN 34-2063502-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 752695
a Name of MTIA, CCT, PSA, or 103-12 IE: ULLICO INFRASTRUCTURE FUND		
b Name of sponsor of entity listed in (a): ULLICO INVESTMENT ADVISORS, INC.		
c EIN-PN 90-0622302-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17268329
a Name of MTIA, CCT, PSA, or 103-12 IE: GUGGENHEIM CORE PLUS FUND		
b Name of sponsor of entity listed in (a): GUGGENHEIM PARTNERS INVESTMENT MANAGEMENT LLC		
c EIN-PN 61-6633273-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22840822
a Name of MTIA, CCT, PSA, or 103-12 IE: ASB ALLEGIANCE REAL ESTATE FUND		
b Name of sponsor of entity listed in (a): CHEVY CHASE TRUST CO		
c EIN-PN 52-6257033-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26407342
a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES CORE PLUS FIXED		
b Name of sponsor of entity listed in (a): LOOMIS SAYLES TRUST COMPANY		
c EIN-PN 84-3691546-010	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33433328
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS INTERNATIONAL GROWTH FUND		
b Name of sponsor of entity listed in (a): MFS HERITAGE TRUST COMPANY		
c EIN-PN 57-1187281-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43333314

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

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

c EIN-PN 90-0337987-159	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41518352
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a Name of MTIA, CCT, PSA, or 103-12 IE: GUGGENHEIM CORE PLUS FUND

b Name of sponsor of entity listed in (a): GUGGENHEIM PARTNERS INVESTMENT MANAGEMENT LLC

c EIN-PN 47-6809007-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan EDISON PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, EDISON PENSION TRUST		
		D Employer Identification Number (EIN) 93-6061681

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	6715996	6352563
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	3258432	4045985
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	20397063	27167650
(2) U.S. Government securities	1c(2)	1538	1168
(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)	62972445	76020993
(5) Partnership/joint venture interests	1c(5)	192971332	208443294
(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)	140348776	167533158
(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)	110845166	109743291
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	308602654	323103039
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	846113402	922411141
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	2070194	5778437
i Acquisition indebtedness	1i		
j Other liabilities	1j	3100352	16745
k Total liabilities (add all amounts in lines 1g through 1j)	1k	5170546	5795182
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	840942856	916615959

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)	65797029	
(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)		65797029
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	178638	
(B) U.S. Government securities	2b(1)(B)	105	
(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)	679444	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		858187
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	1196865	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	8993171	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		10190036
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	34898253	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	32322727	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		2575526
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	11059433	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		7564951
(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)		6622486
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		31483214
c Other income	2c		1500
d Total income. Add all income amounts in column (b) and enter total	2d		136152362

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	57111920	
(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)		57111920
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)	355689	
(3) Recordkeeping fees.....	2i(3)	44122	
(4) IQPA audit fees.....	2i(4)	39005	
(5) Investment advisory and investment management fees	2i(5)	2022262	
(6) Bank or trust company trustee/custodial fees	2i(6)	102037	
(7) Actuarial fees	2i(7)	236321	
(8) Legal fees	2i(8)	19908	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	81	
(11) Other expenses	2i(11)	547914	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		3367339
j Total expenses. Add all expense amounts in column (b) and enter total	2j		60479259

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		75673103
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **CLIFTONLARSONALLEN LLP**

(2) EIN: **41-0746749**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?	☒		208101314
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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.			

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 526628.

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 2023 This Form is Open to Public Inspection.	
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023					
A Name of plan EDISON PENSION PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, EDISON PENSION TRUST				D Employer Identification Number (EIN) 93-6061681	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3	2
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					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2023 v. 230707	

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 **ON ELECTRIC GROUP INC**

b EIN **93-0473216**

c Dollar amount contributed by employer **14901905**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **2026**

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

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

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

a Name of contributing employer **E C COMPANY**

b EIN **93-0902566**

c Dollar amount contributed by employer **6305648**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **2026**

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

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

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

a Name of contributing employer **ROSENDIN ELECTRIC INC**

b EIN **94-1242813**

c Dollar amount contributed by employer **5826807**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **2026**

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

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

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

a Name of contributing employer **DYNALECTRIC-OREGON**

b EIN **52-0973205**

c Dollar amount contributed by employer **5090663**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **2026**

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

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

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

a Name of contributing employer **CHRISTENSON ELECTRIC INC**

b EIN **93-0502175**

c Dollar amount contributed by employer **3235801**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **2026**

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 **CHERRY CITY ELECTRIC CO**

b EIN **95-2313206**

c Dollar amount contributed by employer **2851799**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **2026**

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): _____

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 **STONER ELECTRIC GRP INC**

b EIN **93-0612566**

c Dollar amount contributed by employer **1875629**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **2026**

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 **JH KELLY INC**

b EIN **91-1704136**

c Dollar amount contributed by employer **1767973**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **2026**

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 **COCHRAN BROADWAY**

b EIN **91-0697301**

c Dollar amount contributed by employer **1461922**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **2026**

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 **CARR ELECTRICAL**

b EIN **59-3364130**

c Dollar amount contributed by employer **1316019**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **2026**

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	0
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	0
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14c	0
15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
a The corresponding number for the plan year immediately preceding the current plan year	15a	1.04
b The corresponding number for the second preceding plan year	15b	1.05
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	0
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	0
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) and (b):

a Enter the percentage of plan assets held as:

Public Equity: 35.5 % Private Equity: 4.3 % Investment-Grade Debt and Interest Rate Hedging Assets: 22.0 %

High-Yield Debt: 0.6 % Real Assets: 20.9 % Cash or Cash Equivalents: 0.8 % Other: 15.9 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☒ 5-10 years ☐ 10-15 years ☐ 15 years or more

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. _____

Part VII IRS Compliance Questions

21a 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

21b 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

22 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 _____.

EDISON PENSION PLAN

**FINANCIAL STATEMENTS,
ERISA-REQUIRED SUPPLEMENTAL SCHEDULES,
AND SUPPLEMENTAL INFORMATION**

YEARS ENDED DECEMBER 31, 2023 AND 2022



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**EDISON PENSION PLAN
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YEARS ENDED DECEMBER 31, 2023 AND 2022**

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INDEPENDENT AUDITORS' REPORT

Board of Trustees
Edison Pension Plan
Portland, Oregon

Report on the Audit of the Financial Statements

Opinion

We have audited the accompanying financial statements of Edison Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Edison Pension Plan as of December 31, 2023 and 2022, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) and reportable transactions for the year ended December 31, 2023 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The schedules of administrative expenses and investment expenses for the years ended December 31, 2023 and 2022 are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.



CliftonLarsonAllen LLP

Lake Oswego, Oregon
August 12, 2024

EDISON PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
ASSETS		
INVESTMENTS (at Fair Value)		
Interest Bearing Cash (Including Foreign Currency)	\$ 15,590,398	\$ 10,409,845
Short-Term Funds	6,310,645	5,023,770
U.S. Securities	1,168	1,538
Common Stock	76,020,993	62,972,445
Mutual Funds	323,103,039	308,602,654
Collective Funds	167,533,158	140,348,776
Limited Partnerships	186,501,210	174,209,910
Limited Liability Companies	21,600,104	18,898,066
103-12 Investment Entities	109,743,291	110,845,166
Total Investments	<u>906,404,006</u>	<u>831,312,170</u>
RECEIVABLES		
Employer Contributions	6,260,891	6,644,779
Reciprocal Contributions	91,672	71,217
Security Transactions Receivable	30,966	-
Accrued Interest and Dividends	76,325	62,691
Total Receivables	<u>6,459,854</u>	<u>6,778,687</u>
CASH	5,164,374	4,827,801
PREPAID EXPENSES	<u>144,325</u>	<u>142,829</u>
Total Assets	918,172,559	843,061,487
LIABILITIES		
ACCOUNTS PAYABLE	532,682	595,849
RECIPROCAL CONTRIBUTIONS PAYABLE	1,023,918	1,465,456
SECURITY TRANSACTIONS PAYABLE	<u>-</u>	<u>57,326</u>
Total Liabilities	<u>1,556,600</u>	<u>2,118,631</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 916,615,959</u></u>	<u><u>\$ 840,942,856</u></u>

See accompanying Notes to Financial Statements.

EDISON PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
ADDITIONS:		
INVESTMENT INCOME (LOSS)		
Net Appreciation (Depreciation) in Fair Value of Investments	\$ 58,635,597	\$ (85,727,632)
Interest	195,394	46,552
Dividends	10,834,670	13,898,038
Quest Group Trust Distributions	679,444	1,775,254
Other	8,728	2,374
Total Investment Income (Loss)	<u>70,353,833</u>	<u>(70,005,414)</u>
LESS: INVESTMENT EXPENSES		
Investment Manager Fees	(1,914,762)	(1,861,061)
Custodial and Service Fees	(102,037)	(108,185)
Investment Performance Fees	(107,500)	(103,125)
Total Investment Expenses	<u>(2,124,299)</u>	<u>(2,072,371)</u>
Net Investment Income (Loss)	68,229,534	(72,077,785)
CONTRIBUTIONS		
Employer	65,269,322	62,731,411
Reciprocal	527,707	469,807
Total Contributions	<u>65,797,029</u>	<u>63,201,218</u>
OTHER INCOME	<u>1,500</u>	<u>-</u>
Total Additions	134,028,063	(8,876,567)
DEDUCTIONS:		
RETIREMENT AND DEATH BENEFITS	57,111,920	54,973,300
ADMINISTRATIVE EXPENSES	<u>1,243,040</u>	<u>1,138,089</u>
Total Deductions	<u>58,354,960</u>	<u>56,111,389</u>
NET INCREASE (DECREASE)	75,673,103	(64,987,956)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of Year	<u>840,942,856</u>	<u>905,930,812</u>
End of Year	<u><u>\$ 916,615,959</u></u>	<u><u>\$ 840,942,856</u></u>

See accompanying Notes to Financial Statements.

**EDISON PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022**

NOTE 1 DESCRIPTION OF PLAN

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

General

The Plan was formed in 1970, under an agreement between International Brotherhood of Electrical Workers Local 48 and the Oregon-Columbia Chapter, National Electrical Contractor Association. The Plan is a noncontributory defined benefit pension plan providing benefits for individuals who work as members of an eligible bargaining unit, for certain bargaining unit alumni, and for other groups of nonbargaining unit employees covered by participation agreements approved by the Board of Trustees of Edison Pension Plan. The Plan has been most recently restated effective January 1, 2015 and amended on November 14, 2023. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Pension Benefits

An employee is eligible for a normal retirement benefit when the participant attains age 65 and has accumulated at least five years of service or reached his/her fifth anniversary of beginning participation under the Plan. A participant is eligible for a reduced benefit if he/she meets the age requirement and is at least 50% vested. A participant may be eligible for early retirement upon attaining 55 years of age and completing 10 years of credited past and future service, with a minimum of two years being future service. Participants will receive a monthly benefit based on years of service, hours reported, and contributions made or required to be made to the Plan in accordance with the Plan provisions.

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

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

Death and Disability Benefits

If an active participant dies, is not vested, and has not had a permanent break in service or is vested and not married, the beneficiary will receive 60 monthly payments of his/her accrued benefit. If an active participant dies, is vested, and married, then the surviving spouse will receive a life annuity under the 50% joint and survivor spouse's benefit with payment starting at the date of death or, if later, the earliest age the participant could retire (age 55). An active participant who has been permanently disabled for five or more months,

**EDISON PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022**

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Death and Disability Benefits (continued)

has accumulated 10 years of credited service of which two years must be credited future service, and has worked at least 300 covered hours in the calendar year immediately before becoming disabled, is eligible for a full disability retirement. The disability benefit will be payable as of the first day of the sixth month. For participants who entered the Plan on or after July 1, 2011, disability benefits are temporary, and are replaced with retirement benefits upon attaining normal retirement age.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

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

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

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

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

**EDISON PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022**

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Reciprocal Contributions

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

Change in Accounting Policy

The Plan has adopted Financial Accounting Standards Board (FASB) Accounting Standards Update (ASU) 2016-13, *Financial Instruments - Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments*, effective January 1, 2023, utilizing the modified retrospective transition method. The accounting standard modifies the method for estimating credit losses on financial assets from probable or incurred credit losses to lifetime expected future credit losses (CECL). No cumulative effect adjustment to net assets available for benefits as of January 1, 2023, was necessary upon adoption.

Employer Contributions Receivable

Contributions due but not paid prior to year-end are recorded as contributions receivable. Contributions are due from employers as specified in the collective bargaining or participation agreement. In general, contributions are due on the 15th day of each month following the work month. Delinquent contributions and payroll audit findings are individually analyzed for collectability. The estimate for expected credit losses considers historical loss experience, current economic conditions, and forward-looking information, including factors such as payment history, employer financial condition, and labor trends. As of December 31, 2023, the allowance for credit losses was insignificant.

Reclassification

Certain amounts in the 2022 financial statements have been reclassified to conform with the 2023 presentation. This reclassification does not affect the net assets available for benefits as previously reported.

Subsequent Events

The Plan has evaluated subsequent events through August 12, 2024, the date the financial statements were available to be issued.

**EDISON PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022**

NOTE 3 FAIR VALUE OF INVESTMENTS

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

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

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

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

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

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. There have been no changes in the valuation methodologies used at December 31, 2023 and 2022.

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

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

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

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

EDISON PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

NOTE 3 FAIR VALUE OF INVESTMENTS (CONTINUED)

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

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

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

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

2023				
	Level 1	Level 2	Level 3	Total
Cash (Including Foreign Currency)	\$ 15,590,398	\$ -	\$ -	\$ 15,590,398
Short-Term Funds	6,310,645	-	-	6,310,645
U.S. Securities	-	1,168	-	1,168
Common Stock	76,020,993	-	-	76,020,993
Mutual Funds	200,435,079	-	-	200,435,079
Total Investments in the Fair Value Hierarchy	<u>\$ 298,357,115</u>	<u>\$ 1,168</u>	<u>\$ -</u>	298,358,283
Investments Measured at Net Asset Value				608,045,723
Total Investment Assets at Fair Value				<u>\$ 906,404,006</u>

2022				
	Level 1	Level 2	Level 3	Total
Cash (Including Foreign Currency)	\$ 10,409,845	\$ -	\$ -	\$ 10,409,845
Short-Term Funds	5,023,770	-	-	5,023,770
U.S. Securities	-	1,538	-	1,538
Common Stock	62,972,445	-	-	62,972,445
Mutual Funds	212,506,844	-	-	212,506,844
Total Investments in the Fair Value Hierarchy	<u>\$ 290,912,904</u>	<u>\$ 1,538</u>	<u>\$ -</u>	290,914,442
Investments Measured at Net Asset Value				540,397,728
Total Investment Assets at Fair Value				<u>\$ 831,312,170</u>

EDISON PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

NOTE 3 FAIR VALUE OF INVESTMENTS (CONTINUED)

The following table summarizes investments for which fair value is measured using the net asset per share practical expedient as of December 31, 2023:

Investment Type	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Mutual Funds:				
Fixed Income	\$ 122,667,960	\$ -	Daily	1 Day
Collective Funds:				
International Equity	84,851,666	-	Daily	1 Day
Fixed Income	33,433,328	-	Daily	3 - 5 Days
Fixed Income	22,840,822	-	Daily	1 Day
Real Estate	26,407,342	-	Quarterly	1 Day
Limited Partnerships:				
Private Equity	29,690,756	-	Quarterly	70 Days
Private Equity	4,815,012	651,000	None	N/A****
Private Equity	15,830,480	3,014,313	None	N/A*****
Private Equity	7,062,858	44,000	None	N/A*****
Private Equity	17,804,398	3,913,537	None	N/A
Private Equity	26,146,601	4,984,462	None	N/A
Private Equity	9,755,540	3,300,750	None	N/A
Private Equity	45,525,548	-	Annually	90 Days**
Infrastructure	11,774,510	4,498,477	Quarterly	90 Days*****
Real Estate	18,095,507	-	Quarterly	30 Days
Limited Liability Company:				
Private Equity	1,802,682	-	None***	N/A***
Private Equity	19,797,422	-	None	N/A
103-12 Investment Entities:				
Private Equity	913,593	424,380	None*	N/A*
Infrastructure	17,268,329	-	None*****	45 Days
Real Estate	91,561,369	-	N/A**/Monthly	1 Day/15 Days
Total	<u>\$ 608,045,723</u>	<u>\$ 20,830,919</u>		

* Transferrable upon written consent of the general partner with 10 days' notice. Scheduled to terminate June 30, 2023, September 30, 2023, and September 30, 2024.

** Until after the expiration of a two-year lock-up period beginning on admission date.

*** Distributions expected to be completed as soon as administratively possible.

**** Scheduled to terminate by March 30, 2025.

***** Scheduled to terminate June 1, 2026 and August 1, 2028.

***** Scheduled to terminate February 6, 2028.

***** Until after the expiration of a four-year lock-up period beginning on admission date.

***** Unit after the expiration of a five-year lock up period beginning on the commencement date

EDISON PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

NOTE 3 FAIR VALUE OF INVESTMENTS (CONTINUED)

The following table summarizes investments for which fair value is measured using the net asset per share practical expedient as of December 31, 2022:

Investment Type	Fair Value	Unfunded Commitments	Redemption	Redemption Notice Period
Mutual Funds:				
Fixed Income	\$ 96,095,810	\$ -	Daily	1 Day
Collective Funds:				
International Equity	73,273,659	-	Daily/Monthly	1 Day
Fixed Income	16,765,130	-	Daily	3 - 5 Days
Fixed Income	16,350,679	-	Daily	1 Day
Real Estate	33,959,308	-	Quarterly	1 Day
Limited Partnerships:				
Private Equity	27,476,907	-	Monthly	70 Days
Private Equity	5,554,385	651,000	None	N/A****
Private Equity	15,367,178	3,014,313	None	N/A*****
Private Equity	8,205,369	44,000	None	N/A*****
Private Equity	15,154,297	7,472,601	None	N/A
Private Equity	23,516,423	5,000,000	None	N/A
Private Equity	5,927,724	6,089,421	None	N/A
Private Equity	42,635,183	-	None	90 Days**
Infrastructure	7,346,479	7,778,499	Annually	90 Days*****
Real Estate	23,025,965	-	Quarterly	30 Days
Limited Liability Company:				
Private Equity	1,925,167	-	None***	N/A***
Private Equity	16,972,899	1,424,137	None	N/A
103-12 Investment Entities:				
Private Equity	1,576,887	421,040	None*	N/A*
Infrastructure	15,526,746	-	None*****	45 Days
Real Estate	93,741,533	-	N/A**/Monthly	1 Day/15 Days
Total	<u>\$ 540,397,728</u>	<u>\$ 31,895,011</u>		

* Transferrable upon written consent of the general partner with 10 days' notice. Scheduled to terminate June 30, 2023 and September 30, 2024.

** Until after the expiration of a two-year lock-up period beginning on admission date.

*** Distributions expected to be completed as soon as administratively possible.

**** Scheduled to terminate by March 30, 2024.

***** Scheduled to terminate June 1, 2026 and August 1, 2028.

***** Scheduled to terminate February 6, 2028.

***** Until after the expiration of a four-year lock-up period beginning on admission date.

***** Unit after the expiration of a five-year lock up period beginning on the commencement date

Mutual Funds

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

**EDISON PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022**

NOTE 3 FAIR VALUE OF INVESTMENTS (CONTINUED)

Limited Partnerships

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

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

Limited Liability Company

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

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

NOTE 4 PENSION PROTECTION ACT CERTIFICATION

As of January 1, 2023, the actuary reported that the Plan is not in endangered or critical status as identified under the Pension Protection Act of 2006.

NOTE 5 FUNDING POLICY

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

The contributions for 2023 and 2022 exceeded the minimum funding requirements of ERISA.

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

EDISON PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

NOTE 6 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	2023		2022	
	Financial Statements	Form 5500	Financial Statements	Form 5500
Limited Partnerships	\$ 100,083,560	\$ -	\$ 78,317,459	\$ -
Limited Liability Company	21,600,104	-	18,898,066	-
Partnerships/Joint Ventures	-	122,025,644	-	97,078,881
Interest Bearing Cash	-	102,233	-	135,647
Receivable - Other	-	3,794,368	-	3,052,912
Operating Payables	-	(16,745)	-	(8,889)
Other Liabilities	-	(4,221,836)	-	(3,043,026)
Net Investment	<u>\$ 121,683,664</u>	<u>\$ 121,683,664</u>	<u>\$ 97,215,525</u>	<u>\$ 97,215,525</u>

NOTE 7 RISKS AND UNCERTAINTIES

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

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

NOTE 8 PLAN TAX STATUS

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

**EDISON PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022**

NOTE 8 PLAN TAX STATUS (CONTINUED)

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

NOTE 9 PLAN TERMINATION

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

NOTE 10 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

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

Benefits under the Plan are based on vesting service, as defined in the Plan agreement, ending on the date of which the benefit information is presented (December 31, 2022). Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date. The actuarial present value of accumulated Plan benefits is determined by the Plan's actuary, Milliman, and is that amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

**EDISON PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022**

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

The significant actuarial assumptions used in the valuations as of December 31, 2022 and 2021 were:

- 1) Life expectancy of participants (the Pri-2012 Employee/Retiree Mortality Tables for Males and Females projected generationally using the MP-2021 mortality improvement rates).
- 2) Retirement age assumptions (later of age 65 or five years of credited service).
- 3) Investment return (6.75%).

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

The following is a summary of actuarial present value of accumulated Plan benefits as of December 31, 2022:

Actuarial Present Value of Accumulated Plan Benefits:

Vested Benefits:

Participants Currently Receiving Payments	\$ 535,679,391
Other Participants	419,387,469
Total	<u>955,066,860</u>
Nonvested Benefits	<u>15,530,194</u>
Total Actuarial Present Value of Accumulated Plan Benefits	<u><u>\$ 970,597,054</u></u>

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

Actuarial Present Value of Accumulated Plan Benefits:

Beginning of Year	\$ 940,706,179
Increase (Decrease) During the Year Attributable to:	
Benefit Accumulated	25,225,402
Reduction in Discount Period	61,642,318
Benefits Paid	(54,973,300)
Actuarial (Gain)/Loss	(2,957,885)
Change in Actuarial Assumptions	954,340
Net Increase	<u>29,890,875</u>
Actuarial Present Value of Accumulated Plan Benefits - End of Year	<u><u>\$ 970,597,054</u></u>

The computations of the actuarial present value of accumulated Plan benefits were made as of January 1, 2023. Had the valuations been performed as of December 31, there would be no material differences.

**EDISON PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022**

NOTE 11 PARTY-IN-INTEREST TRANSACTIONS

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

NOTE 12 CONCENTRATION

The Plan has a concentration of revenues with contributions from one employer representing 23% of employer contributions for the year ended December 31, 2023 and a concentration of revenues with two employers representing 37% of employer contributions for the year ended December 31, 2022. In the event these employers were to suspend contributions, the Plan would retain the risk of meeting its current obligations until the appropriate adjustments were made.

EDISON PENSION PLAN
E.I.N. 93-6073069 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2023

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
<u>Short-Term Funds</u>				
DREYFUS GOVERN CASH MGMT	VARIABLE RATE	6,164,510	\$ 6,164,510	\$ 6,164,510
EURO CURRENCY		68,643	73,751	75,827
US BANK CASH		70,308	70,308	70,308
TOTAL SHORT-TERM FUNDS			6,308,569	6,310,645
<u>U.S. Securities</u>				
G N M A I I #002897	8.000% 3/20/30	1,011	1,013	1,064
G N M A #422470	7.500% 3/15/26	104	104	104
TOTAL U.S. SECURITIES			1,117	1,168
<u>Common Stock</u>				
ABBOTT LABS COM		2,419	250,178	266,259
ACCENTURE PLC IRELAND SHS CLASS A		1,244	331,381	436,532
ADOBE INC		608	238,263	362,733
AEGON LTD AMER REG G D R		54,007	323,260	311,080
ALNYLAM PHARMACEUTICALS INC		1,300	103,167	248,833
ALPHABET INC CL A		4,900	385,113	684,481
ALPHABET INC CL C		20,720	1,348,641	2,920,070
AMAZON COM INC		14,699	1,613,528	2,233,366
AMETEK INC		2,667	375,871	439,762
ANALOG DEVICES INC		1,845	296,100	366,343
ANHEUSER BUSCH INBEV NV A D R		12,600	722,277	814,212
APPLE INC COM		10,812	1,170,392	2,081,634
APTIV PLC SHS		3,095	273,170	277,683
ARISTA NETWORKS INC		1,588	231,539	373,990
AVANTOR INC		24,000	475,692	547,920
BAKER HUGHES COMPANY		17,800	482,971	608,404
BANK OF AMERICA CORP		25,500	601,387	858,585
BANK OF NEW YORK MELLON CORP		20,400	686,388	1,061,820
BAXTER INTERNATIONAL INC		9,900	363,069	382,734
BIOMARIN PHARMACEUTICAL INC		4,700	355,408	453,174
BOOKING HOLDINGS INC		290	591,718	1,028,694
BRIGHTHOUSE FINL INC		3,100	140,490	164,052
BRISTOL MYERS SQUIBB CO		6,200	345,223	318,122
THE CIGNA GROUP		5,000	1,118,422	1,497,250
CVS HEALTH CORP		11,600	843,169	915,936
CAPITAL ONE FINL CORP		9,300	653,257	1,219,416
CARRIER GLOBAL CORPORATION COM		6,400	130,569	367,680
CELANESE CORP SER A		2,400	138,852	372,888
CHARTER COMMUNICATIONS INC NEW		2,875	853,613	1,117,455
CISCO SYSTEMS INC		9,900	373,996	500,148
COGNIZANT TECH SOLUTIONS CL A		7,901	511,518	596,763
COHERENT CORP		5,400	317,190	235,062
COMCAST CORP CLASS A		25,390	662,972	1,113,352
CONOCOPHILLIPS		4,498	216,440	522,083
COSTCO WHSL CORP		408	188,882	269,313

EDISON PENSION PLAN
E.I.N. 93-6073069 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2023

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	<u>Common Stock (Continued)</u>			
	COSTAR GROUP INC	3,745	\$ 294,409	\$ 327,276
	DISH NETWORK CORP CL A	12,600	427,654	72,702
	DOMINION ENERGY INC	8,800	464,165	413,600
	E O G RES INC	1,760	219,231	212,872
	ECOLAB INC	1,483	290,692	294,153
	ELANCO ANIMAL HEALTH INC	29,100	634,067	433,590
	META PLATFORMS INC	2,675	707,288	946,843
	FED EX CORP	4,900	810,051	1,239,553
	FIDELITY NATIONAL INFO SERV	13,200	970,532	792,924
	FISERV INC	12,800	1,377,333	1,700,352
	FOX CORP CLASS A W I	9,566	326,117	283,823
	FOX CORP CLASS B	7,500	269,955	207,375
	GE HEALTHCARE TECHNOLOGIES INC	6,200	383,906	479,384
	GAMING & LEISURE PROPE W I	2,788	125,082	137,588
	THE GAP INC	13,800	301,485	288,558
	GENERAL ELEC CO	6,600	406,552	842,358
	GILEAD SCIENCES INC	13,300	909,711	1,077,433
	GOLDMAN SACHS GROUP INC	2,150	320,891	829,406
	GSK PLC SPONSORED A D R	27,320	1,009,514	1,012,479
	GUIDEWIRE SOFTWARE INC	3,382	253,211	368,773
	HALEON PLC SPON ADS A D R	47,700	328,579	392,571
	HCA HEALTHCARE INC	994	260,189	269,056
	HONDA MOTOR CO LTD A D R	12,700	378,789	392,557
	HP INC	14,500	247,189	436,305
	HEWLETT PACKARD ENTERPRIS CO	23,100	312,940	392,238
	HOME DEPOT INC	788	228,616	273,081
	HONEYWELL INTERNATIONAL INC	2,114	427,318	443,327
	IDEXX LABS INC	472	190,275	261,984
	ILLUMINA INC	2,002	264,954	278,758
	INCYTE CORP	5,500	427,646	345,345
	INTL FLAVORS FRAGRANCES	4,400	314,713	356,268
	INTUIT INC	611	244,931	381,893
	JOHNSON CTLS INTL PLC SHS	17,000	661,515	979,880
	JUNIPER NETWORKS INC	14,000	383,352	412,720
	ELI LILLY CO	780	391,373	454,678
	LINDE PLC SHS	673	243,294	276,408
	LULULEMON ATHLETICA INC	554	207,864	283,255
	LYONDELLBASELL INDUSTRIES N V SHS A	5,500	417,287	522,940
	MASTERCARD INC	1,083	358,461	461,910
	MCDONALDS CORP COM	928	241,657	275,161
	MEDTRONIC PLC SHS	2,900	253,546	238,902
	MERCK CO INC	2,510	268,648	273,640
	METLIFE INC	20,600	878,396	1,362,278
	MICROSOFT CORP COM	10,342	1,348,708	3,889,006
	MICROCHIP TECHNOLOGY INC	6,400	274,368	577,152
	MOLSON COORS BEVERAGE COMPANY	6,000	316,371	367,260
	MONOLITHIC POWER SYSTEMS INC	578	307,896	364,591
	NETFLIX COM INC	564	245,726	274,600

EDISON PENSION PLAN
E.I.N. 93-6073069 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2023

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	<u>Common Stock (Continued)</u>			
	NEUROCRINE BIOSCIENCES INC	500	\$ 54,090	\$ 65,880
	NEWS CORP NEW CL A W	4,125	48,284	101,269
	NORFOLK SOUTHN CORP COM	3,300	695,633	780,054
	NOVARTIS AG A D R	5,200	337,739	525,044
	NVIDIA CORP	2,105	661,506	1,042,438
	O REILLY AUTOMOTIVE INC	294	270,098	279,324
	OCCIDENTAL PETROLEUM CORPORATION	30,900	1,344,574	1,845,039
	OCCIDENTAL PETROLEUM CORP WT 8/03/27	2,675	13,241	104,138
	OTIS WORLDWIDE CORP	2,100	138,532	187,887
	PALO ALTO NETWORKS INC	1,217	215,170	358,869
	PEPSICO INC	1,300	217,959	220,792
	PROCTER GAMBLE CO	1,513	231,381	221,715
	RTX CORPORATION	15,800	1,099,769	1,329,412
	REGENERON PHARMACEUTICALS INC	800	488,015	702,632
	ROCHE HOLDINGS LTD SPON A D R	12,100	478,332	438,383
	S P GLOBAL INC	672	226,766	296,029
	SALESFORCE INC	1,435	318,261	377,606
	SANOFI A D R	31,776	1,437,081	1,580,220
	SCHWAB CHARLES CORP	31,800	1,039,289	2,187,840
	STARBUCKS CORP COM	2,894	261,090	277,853
	STATE STR CORP	8,400	573,353	650,664
	STRYKER CORP	865	227,494	259,033
	TJX COMPANIES INC	2,980	248,434	279,554
	T MOBILE US INC	4,000	471,341	641,320
	TE CONNECTIVITY LTD SHS	4,500	234,702	632,250
	TESLA INC	1,424	353,207	353,836
	THERMO FISHER SCIENTIFIC INC	491	209,669	260,618
	TRUIST FINANCIAL CORP	19,300	620,094	712,556
	UBS GROUP AG	12,100	214,519	373,890
	UNION PACIFIC CORP COM	1,793	382,985	440,397
	UNITEDHEALTH GROUP INC COM	1,815	411,535	955,543
	V F CORP COM	11,400	209,160	214,320
	VISA INC COM CL A	1,759	354,701	457,956
	WELLS FARGO CO NEW COM	44,400	1,637,539	2,185,368
	WILLIAMS COS INC COM	15,300	314,173	532,899
	WORKDAY INC	1,352	235,673	373,233
	ZIMMER BIOMET HOLDINGS INC COM	5,000	581,096	608,500
	TOTAL COMMON STOCK		55,497,034	76,020,993
	<u>Mutual Funds</u>			
	AFL-CIO HOUSING INVT TR	26,671	28,023,285	25,969,568
	BLACKROCK ADVANTAGE SMALL CAP CORE	466,888	7,235,844	7,736,326
	DODGE COX INTERNATIONAL STOCK FD I	918,224	36,341,981	45,139,910
	FIDELITY MID CAP INDEX FUND	571,608	13,192,731	17,119,674
	GMO BENCHMARK FREE ALLOC III	469,535	12,186,236	12,175,035
	ISHARES CORE S P SMALL CAP ETF	62,250	6,339,789	6,738,563
	PIMCO ALL ASSET FUND INSTITU	4,069,305	48,156,675	44,803,046

EDISON PENSION PLAN
E.I.N. 93-6073069 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2023

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	<u>Mutual Funds (Continued)</u>			
	PIMCO ALL ASSETS ALL AUTH IS	604,141	\$ 5,217,548	\$ 3,920,872
	PIMCO PAPS ASSET BACKED SECURITIES	1,344,839	16,116,875	15,465,647
	PIMCO PAPS EMERGING MARKETS	250,640	2,291,845	2,220,671
	PIMCO PAPS HIGH YIELD	151,491	1,126,126	1,071,038
	PIMCO PAPS INTERNATIONAL	524,000	3,464,155	3,233,081
	PIMCO PAPS INVESTMENT GRADE CORP	2,792,619	26,654,245	24,714,678
	PIMCO PAPS MORTGAGE	1,709,045	16,973,968	13,911,630
	PIMCO PAPS MUNICIPAL SECTOR	192,621	1,426,005	1,190,399
	PIMCO PAPS REAL RETURN BOND	309,935	4,089,725	3,709,923
	PIMCO PAPS SHORT-TERM FLTG NAV II	1,241,920	12,428,318	12,436,586
	PIMCO PAPS US GOVERNMENT SECTOR	2,888,250	24,739,121	18,744,740
	T ROWE PRICE LARGE CAP GWTH I	479,669	16,296,001	31,552,652
	VANGUARD INSTL INDEX INSTL#94	79,417	24,397,231	31,249,001
	TOTAL MUTUAL FUNDS		306,697,704	323,103,039
	<u>Collective Funds</u>			
	ASB ALLEGIANCE REAL ESTATE FUND		18,213,577	26,407,342
	GUGGENHEIM CORE PLUS CIT		22,153,920	22,840,822
	LOOMIS SAYLES CORE PFI FD		30,596,531	33,433,328
	MFS INTL GROWTH FUND		18,892,548	43,333,314
	SSGA MSCI ACWI EX USA		21,948,588	41,518,353
	TOTAL COLLECTIVE FUNDS		111,805,165	167,533,158
	<u>Limited Partnerships</u>			
	BARINGS CORE PROPERTY FUND LP		19,101,924	18,095,507
	GI PARTNERS FUND VI-A LP		8,699,250	9,755,540
	GROSVENOR INSTITUTIONAL PARTNERS LP		29,690,756	29,690,756
	HARBOURVEST CO-INVEST FD IV LP		3,285,195	3,285,195
	HARBOURVEST PTR COINV V FF LP		12,545,285	12,545,285
	LABOR IMPACT FEEDER FUND LP		15,086,463	17,804,398
	MACQUARIE GLOBAL INFRA FD SCSP		10,355,293	11,774,510
	MESIROW FINANCIAL PRIV EQ FD VII-B		1	7,062,858
	MONARCH CAPITAL PTR OS V LP		20,015,538	26,146,601
	PANTHEON USA FUND IX, LP		4,815,012	4,815,012
	PIMCO PRIVATE INCOME OS FDR III		43,000,000	45,525,548
	TOTAL LIMITED PARTNERSHIPS		166,594,717	186,501,210
	<u>Limited Liability Companies - Other</u>			
	GROSVENOR OPPORTUNISTIC CREDIT FD IV		1,802,682	1,802,682
	GROSVENOR OPPORTUNISTIC CREDIT FD, LTD.		19,797,422	19,797,422
	TOTAL LIMITED LIABILITY COMPANIES		21,600,104	21,600,104
	<u>103-12 Investment Entities</u>			
	HARBOURVEST VIII CAYMAN BUYOUT		142,006	142,006
	HARBOURVEST VIII CAYMAN MEZZANINE		15,386	15,386
	HARBOURVEST VIII CAYMAN VENTURE		752,695	752,695

EDISON PENSION PLAN
E.I.N. 93-6073069 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2023

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	<u>103-12 Investment Entities (Continued)</u>			
	HARBOURVEST INTL PE V LP		\$ 3,506	\$ 3,506
	ULLICO INFRASTRUCTURE TAX-EXEMPT		9,067,633	17,268,330
	QUEST GROUP TRUST I		3,056,596	5,465,509
	QUEST GROUP TRUST II		2,465,074	8,014,800
	QUEST GROUP TRUST III		2,970,000	13,500,248
	QUEST GROUP TRUST IV		2,700,000	11,066,848
	QUEST GROUP TRUST V		2,140,242	9,471,571
	QUEST GROUP TRUST VI		1,193,576	3,372,578
	QUEST GROUP TRUST VII		10,373,067	15,750,225
	WASHINGTON CAPITAL EQUITY FUND		14,774,623	24,919,589
	TOTAL 103-12 INVESTMENT ENTITIES		<u>49,654,404</u>	<u>109,743,291</u>
	TOTAL INVESTMENTS HELD		<u>\$ 718,014,754</u>	<u>\$ 890,813,608</u>
	<u>Interest Bearing Operating Cash</u>			
	WELLS FARGO		\$ 15,441,254	\$ 15,441,254
	GROSVENOR ESCROW CREDIT FUND V		149,144	149,144
	TOTAL INTEREST BEARING OPERATING CASH		<u>\$ 15,590,398</u>	<u>\$ 15,590,398</u>

EDISON PENSION PLAN
SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2023

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Assets (Include Interest Rate and Maturity in Case of a Loan)	Purchase Price	Selling Price	Cost of Assets	Current Value of Assets on Transaction Date	Net Gain or (Loss)
<u>Category (iii) - Series of Transactions</u>						
Dreyfus Govern Cash Mgmt	Variable Rate	\$ 69,467,507	\$ -	\$ 69,467,507	\$ 69,467,507	\$ -
Dreyfus Govern Cash Mgmt	Variable Rate	-	68,325,848	68,325,848	68,325,848	-

There were no category (i), (ii), or (iv) reportable transactions during the year ended December 31, 2023.
Columns (e) and (f) are omitted as they are not applicable.

EDISON PENSION PLAN
SCHEDULES OF ADMINISTRATIVE EXPENSES AND INVESTMENT EXPENSES
YEARS ENDED DECEMBER 31, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
ADMINISTRATIVE EXPENSES		
Actuarial Fees	\$ 236,321	\$ 210,772
Administrative Fees	369,792	348,980
Audit Fees	40,074	34,212
Collection Expenses	19,290	14,046
Participant Notices and Mailings	20,340	25,765
Fiduciary Insurance	241,007	221,993
Dues and Registration	-	7,355
Legal Fees	19,908	23,228
Meetings and Conferences	81	3,549
NECA Processing	23,763	7,383
Pension Medical Review	304	-
PBGC Insurance	272,160	240,806
Total Administrative Expenses	<u>\$ 1,243,040</u>	<u>\$ 1,138,089</u>
INVESTMENT EXPENSES		
Custodial and Service Fees	\$ 102,037	\$ 108,185
Investment Monitor - RV Kuhns	107,500	103,125
Investment Counsel Fees:		
ASB Capital Management	281,628	325,803
Dodge & Cox	138,313	127,724
Guggenheim	77,128	37,688
HarbourVest	175,555	163,093
Loomis Sayles	94,581	51,692
MFS Investment Management	261,805	239,785
Miscellaneous	-	13,756
PIMCO	242,552	218,736
Quest Investment Management	80,548	71,450
State Street Global Advisors	45,884	43,247
ULLICO	259,357	261,901
Voya	-	44,879
Washington Capital Management	257,411	261,307
Total Investment Expenses	<u>\$ 2,124,299</u>	<u>\$ 2,072,371</u>

E. Distribution of Active Participants and Average Monthly Accrued Benefit (AB) by Age and Years of Credited Service as of January 1, 2023

YEARS OF CREDITED SERVICE								
Age	Under 1		1 to 4		5 to 9		10 to 14	
	No.	Avg. AB	No.	Avg. AB	No.	Avg. AB	No.	Avg. AB
Under 20	5	\$ *	1	\$ *	0	\$ 0	0	\$ 0
20 to 24	57	23	180	175	4	*	0	*
25 to 29	56	34	310	255	101	602	1	*
30 to 34	60	33	351	267	185	788	60	1,235
35 to 39	37	39	232	287	201	821	125	1,265
40 to 44	21	40	182	307	177	851	148	1,294
45 to 49	13	*	95	305	129	849	111	1,316
50 to 54	10	*	76	374	77	843	98	1,354
55 to 59	5	*	34	331	49	864	59	1,300
60 to 64	7	*	21	399	35	890	34	1,472
65 to 69	1	*	10	*	16	*	11	*
70 & Up	0	*	0	*	0	*	0	*
Totals	272	\$ 34	1,492	\$ 273	974	\$ 808	647	\$ 1,309

Age	15 to 19		20 to 24		25 to 29	
	No.	Avg. AB	No.	Avg. AB	No.	Avg. AB
Under 20	0	\$ *	0	\$ *	0	\$ *
20 to 24	0	*	0	*	0	*
25 to 29	0	*	0	*	0	*
30 to 34	0	*	0	*	0	*
35 to 39	49	1,710	0	*	0	*
40 to 44	77	1,751	58	2,448	1	*
45 to 49	78	1,708	110	2,588	42	3,260
50 to 54	62	1,747	100	2,631	81	3,624
55 to 59	48	1,851	72	2,474	95	3,369
60 to 64	30	1,825	47	2,515	37	3,323
65 to 69	6	*	9	*	9	*
70 & Up	1	*	1	*	1	*
Totals	351	\$ 1,753	397	\$ 2,551	266	\$ 3,424

Age	30 to 34		35 to 39		40 & Up	
	No.	Avg. AB	No.	Avg. AB	No.	Avg. AB
Under 20	0	\$ *	0	\$ *	0	\$ *
20 to 24	0	*	0	*	0	*
25 to 29	0	*	0	*	0	*
30 to 34	0	*	0	*	0	*
35 to 39	0	*	0	*	0	*
40 to 44	0	*	0	*	0	*
45 to 49	0	*	0	*	0	*
50 to 54	15	*	0	*	0	*
55 to 59	41	4,528	8	*	0	*
60 to 64	23	4,712	6	*	3	*
65 to 69	0	*	0	*	2	*
70 & Up	0	*	0	*	0	*
Totals	79	\$ 4,495	14	\$ *	5	\$ *

* Average monthly benefit not provided for groupings with less than 20 participants per Schedule MB instructions.

B. Actuarial Cost Method

Background

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

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

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

Our actuarial assumptions include these probabilities and the investment return.

Cost Method

Unit Credit Actuarial Cost Method as specified in IRS Revenue Procedure 2000-40.

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

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

Amortization Method

The amortization method for determining the current annual cost is the method used to determine the amount, timing, and pattern of recognizing changes in the unfunded actuarial accrued liability. We apply the amortization schedule defined in Section 431 of the Internal Revenue Code.

After the enactment of the Pension Protection Act of 2006 (PPA), changes in the unfunded actuarial accrued liability related to changes in plan amendments, actuarial assumptions, and experience gains and losses are amortized over 15 years. Prior to PPA, these changes were amortized over 30 years. Changes related to the actuarial cost method or asset valuation method are amortized over 10 years. In addition, the Trustees elected to amortize net investment loss for the plan year ending December 31, 2008 over the 29-year period beginning with the loss year as provided by the Pension Relief Act of 2010.

Asset Valuation Method

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

- 1) Market value of assets on the valuation date;
- 2) 80% of the difference between actual investment return and expected investment return for the plan year prior to the valuation date;

- 3) 60% of the difference between actual investment return and expected investment return for the plan year prior to the plan year in (2) above;
- 4) 40% of the difference between actual investment return and expected investment return for the plan year prior to the plan year in (3) above.
- 5) 20% of the difference between actual investment return and expected investment return for the plan year prior to the plan year in (4) above.

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

January 1, 2023 Market Value of Assets

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

Change in Actuarial Cost Method for the January 1, 2023 Valuation

None.

C. Actuarial Assumptions

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

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

Investment Return

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

Mortality

Healthy Lives

Healthy mortality assumption is based on the amount weighted Base Tables from the Pri-2012 Employee/Retiree Mortality Tables for Males and Females projected generationally using the MP-2021 mortality improvement rates.

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

Disabled Lives

Disabled life mortality assumption is based on the Pri-2012 amount weighted Disability Mortality Tables for Males and Females projected generationally using the MP-2021 mortality improvement rates.

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

Older Vested Inactive Participants

Vested inactive participants over the age of 65 and less than 80 are assumed to receive their normal retirement benefit actuarially increased to their current age. Vested inactive participants aged 80 or older as of the valuation date that have not commenced are assumed deceased with no surviving beneficiary.

Retirement

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

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

Age	Rates	
	< 25 Years	>= 25 Years*
55-56	2%	2%
57-59	5%	5%
60	5%	60%
61	15%	50%
62	30%	40%
63	15%	50%
64	30%	40%
65-69	40%	100%
70	100%	100%
Average Retirement Age	62.5	60.2
* Only applies to the 1970 Structure participants.		

It is also assumed that all vested inactive participants will take retirement at age 62 for the 1970 Structure and 65 for the 2011 Structure or their current age if older.

The early retirement factors for post-2003 accruals for current and future vested terminated participants were assumed to be a 50%/50% blend of subsidized and unsubsidized Plan factors for the 1970 Structure to reflect the fact that some vested terminated participants are likely working in employment that will qualify them for subsidized factors.

Withdrawals

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

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

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

Disability

Active Lives

Sample Disability Rates are shown below:

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

Death Benefit Commencement

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

Employer Contributions

It was assumed that future contributions would be made to the Trust at the rates currently specified in the collective bargaining agreement and the same hours as the prior year. Below is a summary of the most prevalent current rates by employment type effective January 1, 2023 which includes both accruing and non-accruing contributions.

Type of Employment	Hourly Rate
Commercial	
Journeyman	\$9.50
Foreman	9.75
General Foreman	10.00
Traffic Tech 1	8.08
Support Tech 1	5.42
Residential	8.75
Sound & Communication	
Foreman	8.35
General Foreman	9.11
Licensed Journeyman	7.59
Installer	6.99

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

Future Service and Benefits

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

Spouse's Age

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

Incomplete Data

The data for a small percentage of active participants lacked a birth date. They were assumed to have been hired at the average hire age of participants with complete data at 31.

Expenses

\$1,200,000 per year, payable mid-year.

Probability of Marriage

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

Form of Payment

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

Current Liability

Interest Rate	Mortality
2.19%	RP-2014 Tables (adjusted to base year 2006) with projections as prescribed by IRS regulations.

EDISON PENSION PLAN

PLAN EIN 93-6061681

PN 001

FYE 12/31/2023

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

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
For calendar plan year 2023 or fiscal plan year beginning <u>01/01/2023</u> and ending <u>12/31/2023</u>		
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>EDISON PENSION PLAN</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>BOARD OF TRUSTEES, EDISON PENSION TRUST</u>	D Employer Identification Number (EIN) <u>93-6061681</u>	
E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)		
1a Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2023</u>		
b Assets		
(1) Current value of assets	1b(1)	<u>841,037,338</u>
(2) Actuarial value of assets for funding standard account.....	1b(2)	<u>895,326,839</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1)	<u>970,597,054</u>
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method.....	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method.....	1c(3)	<u>970,597,054</u>
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	<u>1,786,829,117</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	<u>71,698,631</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	<u>60,517,620</u>
(3) Expected plan disbursements for the plan year.....	1d(3)	<u>60,305,335</u>
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.		
SIGN HERE	<u>Ladd E. Preppernau</u> <i>LEP</i>	<u>8/29/24</u>
	Signature of actuary	Date
<u>LADD E PREPPERNAU</u>		<u>2306705</u>
	Type or print name of actuary	Most recent enrollment number
<u>MILLIMAN, INC.</u>		<u>503-227-0634</u>
	Firm name	Telephone number (including area code)
<u>1455 SW Broadway</u> <u>Suite 1600</u>		
<u>Portland</u> <u>OR</u> <u>97201</u>		
	Address of the firm	
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.		
Schedule MB (Form 5500) 2023 v. 230728		

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	841,037,338
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	2,231	801,596,268
(2) For terminated vested participants	1,097	215,174,804
(3) For active participants:		
(a) Non-vested benefits		48,919,524
(b) Vested benefits		721,138,521
(c) Total active	4,497	770,058,045
(4) Total	7,825	1,786,829,117
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	47.06 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/15/2023	593,590	0			
02/15/2023	4,766,962	0			
03/15/2023	5,266,491	0			
04/15/2023	6,624,969	0			
05/15/2023	5,617,669	0			
06/15/2023	5,198,253	0			
07/15/2023	5,616,226	0			
08/15/2023	4,687,853	0			
09/15/2023	5,846,097	0			
10/15/2023	5,005,318	0			
11/15/2023	5,383,837	0			
12/15/2023	5,861,119	0			
01/15/2024	5,328,645	0			
		Totals ▶	3(b)	65,797,029	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	92.2 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here ☐ • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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

a ☐ Attained age normal	b ☐ Entry age normal	c ☒ Accrued benefit (unit credit)	d ☐ Aggregate
e ☐ Frozen initial liability	f ☐ Individual level premium	g ☐ Individual aggregate	h ☐ Shortfall
i ☐ Other (specify):			
j If box h is checked, enter period of use of shortfall method			5j

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

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

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

5m

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability **6a** 2.19 %

b Rates specified in insurance or annuity contracts ☐ Yes ☐ No ☒ N/A ☐ Yes ☐ No ☒ N/A

c Mortality table code for valuation purposes:

(1) Males **6c(1)** 8P 8P

(2) Females **6c(2)** 8FP 8FP

d Valuation liability interest rate **6d** 6.75 % 6.75 %

e Salary scale **6e** % ☒ N/A

f Withdrawal liability interest rate:

(1) Type of interest rate **6f(1)** ☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A

(2) If "Single rate" is checked in (1), enter applicable single rate **6f(2)** 6.75 %

g Estimated investment return on actuarial value of assets for year ending on the valuation date **6g** 5.8 %

h Estimated investment return on current value of assets for year ending on the valuation date **6h** -7.9 %

i Expense load included in normal cost reported in line 9b **6i** ☐ N/A

(1) If expense load is described as a percentage of normal cost, enter the assumed percentage **6i(1)** %

(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b **6i(2)** 1,160,822

(3) If neither (1) nor (2) describes the expense load, check the box **6i(3)** ☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	4,664,847	472,241
4	954,340	96,612

8 Miscellaneous information:

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

8a

b Demographic, benefit, and contribution information

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

(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ☒ Yes ☐ No

(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ☒ Yes ☐ No

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

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

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

(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended.. **8d(2)** ☐ Yes ☐ No

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

(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)) **8d(4)** ☐ Yes ☐ No

(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension **8d(5)** ☐ Yes ☐ No

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

e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	
9 Funding standard account statement for this plan year:		
Charges to funding standard account:		
a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date	9b	26,069,821
c Amortization charges as of valuation date:		
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	313,517,260
(2) Funding waivers	9c(2)	
(3) Certain bases for which the amortization period has been extended	9c(3)	
d Interest as applicable on lines 9a, 9b, and 9c	9d	4,665,142
e Total charges. Add lines 9a through 9d	9e	73,778,359
Credits to funding standard account:		
f Prior year credit balance, if any	9f	174,472,593
g Employer contributions. Total from column (b) of line 3	9g	65,797,029
h Amortization credits as of valuation date		
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	15,253,517
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL)	9j(1)	352,384,024
(2) "RPA '94" override (90% current liability FFL)	9j(2)	762,262,439
(3) FFL credit	9j(3)	
k (1) Waived funding deficiency	9k(1)	
(2) Other credits	9k(2)	
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	279,102,772
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	205,324,413
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	
o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the current plan year	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)	10	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions		

☒ Yes ☐ No

D. Schedule of Projection of Expected Benefit Payments

PLAN YEAR BEGINNING JANUARY 1,	ACTIVE*	VESTED INACTIVE	IN PAY	TOTAL	PLAN YEAR BEGINNING JANUARY 1,	ACTIVE*	VESTED INACTIVE	IN PAY	TOTAL
2023	\$ 2,129,727	\$ 3,793,319	\$ 55,177,764	\$ 61,100,810	2048	\$ 36,320,582	\$ 9,118,709	\$ 13,454,156	\$ 58,893,447
2024	5,460,414	4,369,185	54,159,504	63,989,103	2049	35,996,930	8,799,727	11,863,519	56,660,176
2025	8,281,638	5,100,713	53,015,716	66,398,067	2050	35,652,015	8,621,252	10,371,619	54,644,886
2026	11,027,042	5,786,272	51,725,238	68,538,552	2051	35,177,407	8,264,468	8,986,582	52,428,457
2027	13,717,482	6,480,392	50,385,748	70,583,622	2052	34,537,465	7,884,548	7,714,634	50,136,647
2028	16,119,660	6,609,383	49,005,063	71,734,106	2053	33,820,625	7,501,645	6,559,896	47,882,166
2029	18,214,564	6,954,232	47,613,506	72,782,302	2054	32,956,424	7,110,075	5,524,217	45,590,716
2030	20,142,006	7,556,388	46,162,786	73,861,180	2055	32,081,472	6,688,849	4,606,934	43,377,255
2031	22,073,589	8,007,975	44,598,486	74,680,050	2056	31,156,694	6,266,679	3,804,954	41,228,327
2032	23,904,711	8,349,441	42,994,815	75,248,967	2057	30,203,693	5,865,937	3,113,024	39,182,654
2033	25,573,021	8,920,533	41,340,334	75,833,888	2058	29,018,921	5,454,575	2,523,943	36,997,439
2034	27,092,598	9,198,991	39,634,507	75,926,096	2059	27,818,815	5,055,201	2,029,053	34,903,069
2035	28,548,998	9,494,347	37,869,928	75,913,273	2060	26,585,277	4,661,462	1,618,680	32,865,419
2036	29,967,158	9,797,660	36,051,771	75,816,589	2061	25,329,532	4,281,037	1,282,665	30,893,234
2037	31,293,023	10,066,796	34,186,445	75,546,264	2062	23,976,774	3,919,032	1,010,892	28,906,698
2038	32,411,609	10,283,092	32,281,588	74,976,289	2063	22,659,284	3,568,437	793,640	27,021,361
2039	33,451,836	10,432,155	30,346,049	74,230,040	2064	21,337,070	3,234,289	621,841	25,193,200
2040	34,230,324	10,446,383	28,389,940	73,066,647	2065	19,990,669	2,917,847	487,316	23,395,832
2041	34,927,263	10,376,847	26,424,455	71,728,565	2066	18,629,364	2,619,556	382,888	21,631,808
2042	35,558,333	10,308,791	24,461,645	70,328,769	2067	17,299,012	2,339,769	302,410	19,941,191
2043	36,027,047	10,216,385	22,514,111	68,757,543	2068	16,006,636	2,079,117	240,736	18,326,489
2044	36,396,987	10,072,519	20,594,662	67,064,168	2069	14,761,647	1,837,611	193,637	16,792,895
2045	36,517,900	9,865,520	18,716,268	65,099,688	2070	13,570,573	1,615,187	157,707	15,343,467
2046	36,613,882	9,614,009	16,891,848	63,119,739	2071	12,436,040	1,411,585	130,241	13,977,866
2047	36,482,006	9,400,837	15,133,876	61,016,719	2072	11,358,226	1,226,332	109,132	12,693,690

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

Schedule MB, line 8b(3) - Schedule of Projection of Employer Contributions and Withdrawal Liability Payments			
Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2023	61,300,000	0	61,300,000
2024	54,800,000	0	54,800,000
2025	54,200,000	0	54,200,000
2026	51,400,000	0	51,400,000
2027	51,400,000	0	51,400,000
2028	51,400,000	0	51,400,000
2029	51,400,000	0	51,400,000
2030	51,400,000	0	51,400,000
2031	51,400,000	0	51,400,000
2032	51,400,000	0	51,400,000

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

<u>Employer Name</u>	<u>EIN</u>	<u>Contribution Rate</u>	<u>Base Unit</u>
ON ELECTRIC GROUP INC	93-0473216	10.00	HOURLY
ON ELECTRIC GROUP INC	93-0473216	9.75	HOURLY
ON ELECTRIC GROUP INC	93-0473216	9.50	HOURLY
ON ELECTRIC GROUP INC	93-0473216	8.80	HOURLY
ON ELECTRIC GROUP INC	93-0473216	7.59	HOURLY
ON ELECTRIC GROUP INC	93-0473216	6.99	HOURLY
ON ELECTRIC GROUP INC	93-0473216	6.83	HOURLY
ON ELECTRIC GROUP INC	93-0473216	6.65	HOURLY
ON ELECTRIC GROUP INC	93-0473216	6.07	HOURLY
ON ELECTRIC GROUP INC	93-0473216	5.70	HOURLY
ON ELECTRIC GROUP INC	93-0473216	5.31	HOURLY
ON ELECTRIC GROUP INC	93-0473216	4.93	HOURLY
ON ELECTRIC GROUP INC	93-0473216	4.75	HOURLY
ON ELECTRIC GROUP INC	93-0473216	3.90	HOURLY
ON ELECTRIC GROUP INC	93-0473216	3.33	HOURLY

<u>Employer Name</u>	<u>EIN</u>	<u>Contribution Rate</u>	<u>Base Unit</u>
E C COMPANY	93-0902566	10.00	HOURLY
E C COMPANY	93-0902566	9.75	HOURLY
E C COMPANY	93-0902566	9.50	HOURLY
E C COMPANY	93-0902566	8.08	HOURLY
E C COMPANY	93-0902566	7.59	HOURLY
E C COMPANY	93-0902566	6.99	HOURLY
E C COMPANY	93-0902566	6.83	HOURLY
E C COMPANY	93-0902566	6.65	HOURLY
E C COMPANY	93-0902566	6.07	HOURLY
E C COMPANY	93-0902566	5.70	HOURLY
E C COMPANY	93-0902566	4.93	HOURLY
E C COMPANY	93-0902566	4.80	HOURLY
E C COMPANY	93-0902566	4.75	HOURLY
E C COMPANY	93-0902566	4.17	HOURLY
E C COMPANY	93-0902566	3.90	HOURLY
E C COMPANY	93-0902566	3.33	HOURLY

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

<u>Employer Name</u>	<u>EIN</u>	<u>Contribution Rate</u>	<u>Base Unit</u>
ROSENDIN ELECTRIC INC	94-1242813	10.00	HOURLY
ROSENDIN ELECTRIC INC	94-1242813	9.75	HOURLY
ROSENDIN ELECTRIC INC	94-1242813	9.50	HOURLY
ROSENDIN ELECTRIC INC	94-1242813	8.08	HOURLY
ROSENDIN ELECTRIC INC	94-1242813	7.59	HOURLY
ROSENDIN ELECTRIC INC	94-1242813	6.99	HOURLY
ROSENDIN ELECTRIC INC	94-1242813	6.83	HOURLY
ROSENDIN ELECTRIC INC	94-1242813	6.65	HOURLY
ROSENDIN ELECTRIC INC	94-1242813	6.07	HOURLY
ROSENDIN ELECTRIC INC	94-1242813	5.70	HOURLY
ROSENDIN ELECTRIC INC	94-1242813	5.31	HOURLY
ROSENDIN ELECTRIC INC	94-1242813	4.93	HOURLY
ROSENDIN ELECTRIC INC	94-1242813	4.75	HOURLY
ROSENDIN ELECTRIC INC	94-1242813	4.17	HOURLY
ROSENDIN ELECTRIC INC	94-1242813	3.90	HOURLY
ROSENDIN ELECTRIC INC	94-1242813	3.33	HOURLY

<u>Employer Name</u>	<u>EIN</u>	<u>Contribution Rate</u>	<u>Base Unit</u>
DYNALECTRIC OREGON	52-0973205	309.00	HOURLY
DYNALECTRIC OREGON	52-0973205	10.00	HOURLY
DYNALECTRIC OREGON	52-0973205	9.50	HOURLY
DYNALECTRIC OREGON	52-0973205	8.98	HOURLY
DYNALECTRIC OREGON	52-0973205	8.08	HOURLY
DYNALECTRIC OREGON	52-0973205	6.99	HOURLY
DYNALECTRIC OREGON	52-0973205	6.90	HOURLY
DYNALECTRIC OREGON	52-0973205	5.70	HOURLY
DYNALECTRIC OREGON	52-0973205	4.93	HOURLY
DYNALECTRIC OREGON	52-0973205	4.75	HOURLY
DYNALECTRIC OREGON	52-0973205	3.90	HOURLY
DYNALECTRIC OREGON	52-0973205	3.33	HOURLY

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

<u>Employer Name</u>	<u>EIN</u>	<u>Contribution Rate</u>	<u>Base Unit</u>
CHRISTENSON ELECTRIC INC	93-0502175	10.00	HOURLY
CHRISTENSON ELECTRIC INC	93-0502175	9.75	HOURLY
CHRISTENSON ELECTRIC INC	93-0502175	9.50	HOURLY
CHRISTENSON ELECTRIC INC	93-0502175	8.08	HOURLY
CHRISTENSON ELECTRIC INC	93-0502175	7.59	HOURLY
CHRISTENSON ELECTRIC INC	93-0502175	6.99	HOURLY
CHRISTENSON ELECTRIC INC	93-0502175	6.83	HOURLY
CHRISTENSON ELECTRIC INC	93-0502175	6.65	HOURLY
CHRISTENSON ELECTRIC INC	93-0502175	6.07	HOURLY
CHRISTENSON ELECTRIC INC	93-0502175	5.70	HOURLY
CHRISTENSON ELECTRIC INC	93-0502175	5.31	HOURLY
CHRISTENSON ELECTRIC INC	93-0502175	4.93	HOURLY
CHRISTENSON ELECTRIC INC	93-0502175	4.75	HOURLY
CHRISTENSON ELECTRIC INC	93-0502175	4.17	HOURLY
CHRISTENSON ELECTRIC INC	93-0502175	3.90	HOURLY
CHRISTENSON ELECTRIC INC	93-0502175	3.33	HOURLY

<u>Employer Name</u>	<u>EIN</u>	<u>Contribution Rate</u>	<u>Base Unit</u>
CHERRY CITY ELECTRIC CO	95-2313206	10.00	HOURLY
CHERRY CITY ELECTRIC CO	95-2313206	9.75	HOURLY
CHERRY CITY ELECTRIC CO	95-2313206	9.50	HOURLY
CHERRY CITY ELECTRIC CO	95-2313206	8.08	HOURLY
CHERRY CITY ELECTRIC CO	95-2313206	6.65	HOURLY
CHERRY CITY ELECTRIC CO	95-2313206	5.70	HOURLY
CHERRY CITY ELECTRIC CO	95-2313206	4.93	HOURLY
CHERRY CITY ELECTRIC CO	95-2313206	4.75	HOURLY
CHERRY CITY ELECTRIC CO	95-2313206	3.90	HOURLY
CHERRY CITY ELECTRIC CO	95-2313206	3.33	HOURLY

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

<u>Employer Name</u>	<u>EIN</u>	<u>Contribution Rate</u>	<u>Base Unit</u>
STONER ELECTRIC GRP INC	93-0612566	10.00	HOURLY
STONER ELECTRIC GRP INC	93-0612566	9.75	HOURLY
STONER ELECTRIC GRP INC	93-0612566	9.50	HOURLY
STONER ELECTRIC GRP INC	93-0612566	9.11	HOURLY
STONER ELECTRIC GRP INC	93-0612566	8.75	HOURLY
STONER ELECTRIC GRP INC	93-0612566	8.35	HOURLY
STONER ELECTRIC GRP INC	93-0612566	8.08	HOURLY
STONER ELECTRIC GRP INC	93-0612566	7.59	HOURLY
STONER ELECTRIC GRP INC	93-0612566	6.99	HOURLY
STONER ELECTRIC GRP INC	93-0612566	6.83	HOURLY
STONER ELECTRIC GRP INC	93-0612566	6.65	HOURLY
STONER ELECTRIC GRP INC	93-0612566	6.07	HOURLY
STONER ELECTRIC GRP INC	93-0612566	5.94	HOURLY
STONER ELECTRIC GRP INC	93-0612566	5.70	HOURLY
STONER ELECTRIC GRP INC	93-0612566	5.31	HOURLY
STONER ELECTRIC GRP INC	93-0612566	4.93	HOURLY
STONER ELECTRIC GRP INC	93-0612566	4.75	HOURLY
STONER ELECTRIC GRP INC	93-0612566	4.55	HOURLY

<u>Employer Name</u>	<u>EIN</u>	<u>Contribution Rate</u>	<u>Base Unit</u>
JH KELLY LLC	91-1704136	10.00	HOURLY
JH KELLY LLC	91-1704136	9.75	HOURLY
JH KELLY LLC	91-1704136	9.50	HOURLY
JH KELLY LLC	91-1704136	9.11	HOURLY
JH KELLY LLC	91-1704136	8.75	HOURLY
JH KELLY LLC	91-1704136	8.35	HOURLY
JH KELLY LLC	91-1704136	8.08	HOURLY
JH KELLY LLC	91-1704136	7.59	HOURLY
JH KELLY LLC	91-1704136	6.99	HOURLY
JH KELLY LLC	91-1704136	6.83	HOURLY
JH KELLY LLC	91-1704136	6.65	HOURLY
JH KELLY LLC	91-1704136	6.07	HOURLY
JH KELLY LLC	91-1704136	5.94	HOURLY
JH KELLY LLC	91-1704136	5.70	HOURLY
JH KELLY LLC	91-1704136	5.31	HOURLY
JH KELLY LLC	91-1704136	4.93	HOURLY
JH KELLY LLC	91-1704136	4.75	HOURLY
JH KELLY LLC	91-1704136	4.55	HOURLY
JH KELLY LLC	91-1704136	4.03	HOURLY

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

<u>Employer Name</u>	<u>EIN</u>	<u>Contribution Rate</u>	<u>Base Unit</u>
COCHRAN BROADWAY	91-0697301	10.00	HOURLY
COCHRAN BROADWAY	91-0697301	9.75	HOURLY
COCHRAN BROADWAY	91-0697301	9.50	HOURLY
COCHRAN BROADWAY	91-0697301	9.11	HOURLY
COCHRAN BROADWAY	91-0697301	8.75	HOURLY
COCHRAN BROADWAY	91-0697301	8.35	HOURLY
COCHRAN BROADWAY	91-0697301	8.08	HOURLY
COCHRAN BROADWAY	91-0697301	7.59	HOURLY
COCHRAN BROADWAY	91-0697301	6.99	HOURLY
COCHRAN BROADWAY	91-0697301	6.83	HOURLY
COCHRAN BROADWAY	91-0697301	6.65	HOURLY
COCHRAN BROADWAY	91-0697301	6.07	HOURLY
COCHRAN BROADWAY	91-0697301	5.94	HOURLY
COCHRAN BROADWAY	91-0697301	5.70	HOURLY
COCHRAN BROADWAY	91-0697301	5.31	HOURLY
COCHRAN BROADWAY	91-0697301	4.93	HOURLY
COCHRAN BROADWAY	91-0697301	4.75	HOURLY
COCHRAN BROADWAY	91-0697301	4.55	HOURLY

<u>Employer Name</u>	<u>EIN</u>	<u>Contribution Rate</u>	<u>Base Unit</u>
CARR ELECTRICAL	59-3364130	10.00	HOURLY
CARR ELECTRICAL	59-3364130	9.75	HOURLY
CARR ELECTRICAL	59-3364130	9.50	HOURLY
CARR ELECTRICAL	59-3364130	9.11	HOURLY
CARR ELECTRICAL	59-3364130	8.08	HOURLY
CARR ELECTRICAL	59-3364130	7.59	HOURLY
CARR ELECTRICAL	59-3364130	6.99	HOURLY
CARR ELECTRICAL	59-3364130	6.65	HOURLY
CARR ELECTRICAL	59-3364130	5.96	HOURLY
CARR ELECTRICAL	59-3364130	5.70	HOURLY
CARR ELECTRICAL	59-3364130	4.75	HOURLY
CARR ELECTRICAL	59-3364130	4.55	HOURLY
CARR ELECTRICAL	59-3364130	3.68	HOURLY

A. Summary of Present Plan (January 1, 2023)

Plan Changes since the Last Valuation

None that effected the valuation.

Effective Date

Original Plan - January 1, 1970

Latest Restatement - January 1, 2015, as amended through the valuation date.

Plan Structures

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

The 2011 Structure applies to the following Participants:

- (a) Participants whose first Covered Hour of Employment is on or after July 1, 2011;
- (b) Nonvested Participants who suffer a five year Break in Service and next earn a Covered Hour of Employment on or after July 1, 2011; or,
- (c) Vested Terminated Participants with a five year Break in Service as of December 31, 2010 who next earn a Covered Hour of Employment on or after July 1, 2011.

The 1970 Structure applies to all other Participants.

Type of Plan

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

Employers Included

- (a) Any employer represented by an employer association, the members of which are required to contribute to the Edison Pension Trust by a collective bargaining agreement, or
- (b) Any employer required to contribute to the Edison Pension Trust by a collective bargaining agreement, or
- (c) Any employer who becomes a party to the Trust with the approval of the Trustees and contributes to the Trust.

Employees Included

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

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

Credited Service

- (a) Credited Past Service for employees entering the Plan on January 1, 1970.
 - (i) In order to be granted past service, the following conditions must be met:

- (1) The employee must have worked 1,600 hours or more during the combined calendar years 1968 and 1969, and
 - (2) The employee must have worked 1,600 hours or more during the combined calendar years 1970 and 1971.
 - (ii) Upon meeting these requirements, an employee will be granted Credited Past Service for 1968 and 1969, and for each preceding calendar year in which he worked at least 800 hours (up to a maximum of 12 years).
 - (1) The 800-hour requirement may be met by including hours over 800 in either the immediately preceding or immediately succeeding year.
 - (2) Excess hours in any one year can only be carried either forward or back one year.
 - (3) No work performed prior to January 1, 1958 will be recognized as Credited Past Service.
 - (4) The employee has the burden of proof of work prior to the effective date of the Plan.
 - (iii) The word “worked” as used above means:
 - (1) Employment by current employer in an operation covered by the Plan and/or
 - (2) Employment by any other participating employer in an operation covered by the Plan and/or
 - (3) Employment under an agreement between a union participating in the Plan and a concern engaged in similar operations to those covered by the Plan if the concern is no longer in business.
- (b) Credited Past Service for new groups entering the Plan after January 1, 1970.
- (i) The extent of Credited Past Service, if any, granted to new groups will be determined by the Trustees based on the ability of the Trust Fund to finance such Past Service benefits.
- (c) Credited Future Service
- (i) For the period January 1, 1970 through December 31, 1975, one year of Credited Future Service is granted for each plan year in which an employee has at least 1,600 covered hours. An employee working less than 1,600 hours in a plan year shall receive a fraction of a year of Credited Future Service equal to the ratio of covered hours in the plan year to 1,600. Covered hours in excess of 1,600 in a plan year may be carried forward or back to the other plan years.
 - (ii) After December 31, 1975 and before January 1, 2011, an employee shall receive one year of Credited Future Service for each plan year in which he has at least 1,000 covered hours. An employee working at least 400 hours but less than 1,000 hours in a plan year shall receive a fraction of a year of Credited Future Service equal to the ratio of covered hours in a plan year to 1,000. The carry forward and carry back provision does not apply for plan years after December 31, 1975.
 - (iii) On or after January 1, 2011, an employee shall receive one year of Credited Future Service for each plan year in which he has at least 1,000 covered hours. An employee working at least 300 hours but less than 1,000 hours in a plan year shall receive a fraction of a year of Credited Future Service equal to the ratio of covered hours in a plan year to 1,000.

Forfeiture of Benefits

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

- (b) For the period after December 31, 1975, failure to work 400 hours in a plan year prior to 2011 or 300 hours in a plan year after 2010 constitutes a one-year break in service. If an employee who is not vested experiences consecutive one year breaks, he shall suffer a permanent break and previous credited service for benefits and years of service for vesting shall be canceled in the following cases:
- (i) If his consecutive break years equal or exceed his total Years of Service for vesting in the period from 1976-1984.
 - (ii) After 1984 if his consecutive break years equal or exceed the greater of 5 years, or total years of service for vesting.
- (c) An employee will not have a break in service if he has 5 years of Credited Future Service.
- (d) If an employee's failure to earn credited service is due to one of the following causes, then the failure is not counted under (a) or (b) above.
- (i) Service in the armed forces of the United States (subject to USERRA).
 - (ii) Lack of available covered employment for a period not exceeding 12 months, provided the employee is available for covered employment.
 - (iii) Permanent and total disability.
 - (iv) Leave of absence approved by the Trustees.

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

Eligibility for a Normal Retirement Pension

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

Amount of Normal Retirement Pension

1970 STRUCTURE

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

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

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

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

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

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

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

2011 STRUCTURE

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

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

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

Eligibility for an Early Retirement Pension

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

Amount of Early Retirement Pension

1970 STRUCTURE

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

- (a) For early retirements on or after January 1, 1973, the reduction is .25% for each month that the early retirement date precedes age 65, and
- (b) For early retirements on or after January 1, 1985, the .25% reduction does not apply for retirement at or after age 62, and
- (c) For early retirements on or after January 1, 1987, for participants who were active in 1986 or subsequent years, the .25% reduction is calculated from age 62.
- (d) For early retirements on or after January 1, 1996, for participants who are active in 1996 or later, are age 60 with 25 years of supportive service, and have 120 months of supportive service during the last 15 years prior to retirement, the .25% reduction does not apply.

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

2011 STRUCTURE

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

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

Eligibility for a Late Retirement Pension

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

Amount of Late Retirement Benefits

The monthly benefit shall be equal to the benefit earned as of the date of actual retirement for a participant who elects to continue to work after he becomes eligible to receive a normal retirement benefit. Vested inactive participants not accruing benefits are eligible for benefit increases under the Plan’s actuarial equivalence definition for deferring past normal retirement age.

Eligibility for a Disability Pension

An employee is eligible for a disability pension if:

- (a) He is an active participant in the Plan and has completed 5 years of Credited Service including at least two years of Credited Future Service, and
- (b) His disability results from a medically determinable impairment which can be expected to result in death or can be expected to last for 12 months or more, and
- (c) His disability renders him incapable of engaging in any gainful employment which he is reasonably capable of performing in light of his training, experience and ability.

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

Amount of Disability Pension

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

Normal Form of Benefit

- (a) The normal form of retirement benefit for an unmarried employee is a monthly life annuity with 60 payments guaranteed.
- (b) The normal form of retirement benefit for a married employee is a monthly joint and 50% survivor annuity, with the employee's spouse as the survivor beneficiary. The amount of the monthly benefit shall be reduced so as to be actuarially equivalent to the benefit payable to an otherwise similar unmarried employee.

Optional Forms of Payment at Retirement

- (a) Life Annuity
- (b) Life Annuity with 60 or 120 monthly payments guaranteed
- (c) 100%, 75%, or 50% Joint and Survivor Annuity
- (d) 100%, 75%, or 50% Joint and Survivor Annuity with Pop-Up

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

Death Benefit

- (a) If an employee is eligible for retirement, is married, and dies prior to retirement, he will be considered to have retired as of the date of death and a 50% survivor benefit will be payable to his spouse. If the actuarial present value of the participant's normal retirement benefit payable for a period of 60 months is greater than the 50% benefit, the benefit with the greater value will be payable to the spouse.
- (b) If an employee dies prior to retirement and is not covered under (a) above, the spouse shall receive the actuarial present value of:
 - (i) the 50% survivor benefit payable the day the employee would have been eligible for early retirement, and

- (ii) the excess, if any, of the 60-month certain benefit based upon future service only payable immediately.
 - The benefit in (b)(i) is available only to spouses of deceased participants who have 5 years of Credited Service at the time of their death.
- (c) A non-married employee will have the amount of his normal retirement benefit paid to his surviving beneficiary(ies) for 60 months beginning the first day of the month after the employee dies.
- (d) Upon the death of an employee after retirement, no death benefit shall be payable other than that inherent in the form of benefit elected.

Vesting

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

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

- An employee is also 100% vested if he is an active participant on the later of
 - (i) his 65th birthday with completion of his 5th anniversary of participation, or
 - (ii) the date after his 65th birthday when he has completed his 5th anniversary of beginning participation, excluding any participation commencement date forfeited by a permanent break in service.
- (b) From 1984 through 1988, a graded vesting schedule applied to active members providing 50% vesting with 5 years of vesting service, increased at 10% per year. Prior to 1984, vesting is governed by the rules under the plan then in effect.

EDISON PENSION PLAN

PLAN EIN 93-6061681

PN 001

FYE 12/31/2023

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

F. Charges and Credits for Funding Standard Account

The amortization charges and credits for the Funding Standard Account for the plan year beginning January 1, 2023 are determined below.

Date Established	Type of Base	Outstanding Balance 1/1/2023	Remaining Minimum Amortization Period	Minimum Amortization Payment
1/1/1994	Change in Negotiated Contributions	\$ 78,611	1	\$ 78,611
1/1/1995	Change in Plan	751,691	2	388,116
1/1/1995	Change in Actuarial Assumptions	219,169	2	113,162
1/1/1996	Change in Plan	83,379	3	29,627
1/1/1997	Change in Plan	647,084	4	177,949
1/1/1998	Change in Plan	774,945	5	175,868
1/1/1999	Change in Plan	1,168,178	6	227,813
1/1/2000	Change in Plan	476,984	7	82,189
1/1/2001	Change in Plan	336,071	8	52,213
1/1/2002	Change in Plan	1,623,356	9	230,932
1/1/2002	Change in Actuarial Assumptions	1,756,329	9	249,848
1/1/2003	Change in Negotiated Contributions	3,297,714	10	434,763
1/1/2005	Change in Negotiated Contributions	151,733	12	17,658
1/1/2006	Change in Plan	232,761	13	25,721
1/1/2006	Change in Actuarial Assumptions	4,844,998	13	535,382
1/1/2009	Experience Loss	180,275	1	180,275
1/1/2009	PRA 2010 Base	57,768,965	15	5,848,183
1/1/2009	Change in Actuarial Assumptions	47,941	1	47,941
1/1/2010	Change in Actuarial Assumptions	2,780,927	2	1,435,859
1/1/2010	PRA 2010 Base	9,664,140	15	978,339
1/1/2011	PRA 2010 Base	10,717,017	15	1,084,926
1/1/2012	Change in Actuarial Assumptions	3,869,790	4	1,064,196
1/1/2012	Experience Loss	13,414,512	4	3,689,006
1/1/2012	PRA 2010 Base	11,727,987	15	1,187,271
1/1/2013	PRA 2010 Base	19,089,239	15	1,932,480
1/1/2014	PRA 2010 Base	22,511,035	15	2,278,882
1/1/2014	Change in Actuarial Assumptions	4,284,855	6	835,614
1/1/2014	Change in Plan	297,300	6	57,978
1/1/2015	Change in Actuarial Assumptions	11,253,657	7	1,939,099
1/1/2015	Experience Loss	14,639,929	7	2,522,581
1/1/2016	Change in Actuarial Assumptions	6,028,854	8	936,655
1/1/2016	Experience Loss	18,000,072	8	2,796,527
1/1/2017	Experience Loss	17,968,808	9	2,556,170
1/1/2018	Experience Loss	15,375,370	10	2,027,051
1/1/2018	Change in Actuarial Assumptions	16,818,996	10	2,217,376
1/1/2019	Experience Loss	13,130,365	11	1,619,939
1/1/2020	Combined Bases	(18,751,540)	0.84	(18,751,540)
1/1/2021	Experience Gain	(15,543,562)	13	(1,717,597)
1/1/2021	Assumption Change	21,885,036	13	2,418,343
1/1/2022	Experience Gain	(27,627,817)	14	(2,915,133)
1/1/2022	Assumption Change	(1,851,533)	14	(195,363)
1/1/2023	Assumption Change	954,340	15	96,612
1/1/2023	Experience Loss	<u>4,664,847</u>	15	<u>472,241</u>
		\$ 249,742,808		\$ 19,463,763

G. Assumption and Method Changes for the January 1, 2023 Valuation

- The current liability interest rate was changed from 1.91% to 2.19% to remain within the IRS prescribed corridor.
- The mortality tables used for the purpose of computing the current liability were updated to the 2023 tables as specified in the IRS regulations.
- Vested inactive participants older than 65 are assumed to receive actuarial increases to their current age instead of retroactively commencing to age 65 to better approximate anticipated future benefit payments. Previously, these participants were assumed to commence retroactively to their normal retirement age of 65 and receive a retroactive lump sum payment with applicable interest on the valuation date.