

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [X] 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) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. [X]
D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan 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
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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for GARTH BACHMAN (09/30/2025) and TIM GAUTHIER (09/28/2025).

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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	7961
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)	4564
	6a(2)	4749
	6b	1887
	6c	1221
	6d	7857
	6e	351
	6f	8208
	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	180

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)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input checked="" type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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 01 Day 01 Year 2024

b Assets		
(1) Current value of assets	1b(1)	<u>916615959</u>
(2) Actuarial value of assets for funding standard account	1b(2)	<u>961418596</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1)	<u>999540880</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>999540880</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>1664220422</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	<u>65293209</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	<u>62693520</u>
(3) Expected plan disbursements for the plan year	1d(3)	<u>62723221</u>

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

SIGN HERE	
Signature of actuary	<u>09/02/2025</u>
<u>LADD E PREPPERNAU</u>	Date
Type or print name of actuary	<u>23-06705</u>
<u>MILLIMAN, INC.</u>	Most recent enrollment number
Firm name	<u>503-227-0634</u>
<u>1455 SW BROADWAY</u> <u>SUITE 1600</u> <u>PORTLAND, OR 97201</u>	Telephone number (including area code)
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	916615959
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	2286	755974935
(2) For terminated vested participants	1167	208679072
(3) For active participants:		
(a) Non-vested benefits		52784689
(b) Vested benefits		646781726
(c) Total active	4564	699566415
(4) Total	8017	1664220422
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	55.07 %

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
01/15/2024	300261	0	06/15/2024	7595845	0
02/15/2024	4575168	0	07/15/2024	6866630	0
03/15/2024	8096440	0	08/15/2024	6397499	0
04/15/2024	6692390	0	09/15/2024	7773791	0
05/15/2024	6683113	0	10/15/2024	6107190	0
			Totals ▶	3(b)	3(c)
				79394819	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	96.1 %
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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> • 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 <input type="checkbox"/> Attained age normal	b <input type="checkbox"/> Entry age normal	c <input checked="" type="checkbox"/> Accrued benefit (unit credit)	d <input type="checkbox"/> Aggregate
e <input type="checkbox"/> Frozen initial liability	f <input type="checkbox"/> Individual level premium	g <input type="checkbox"/> Individual aggregate	h <input type="checkbox"/> Shortfall
i <input type="checkbox"/> 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?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?			<input type="checkbox"/> Yes <input type="checkbox"/> 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
11/15/2024	6961409	0			
12/15/2024	6004852	0			
01/15/2025	5340231	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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> • 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 <input type="checkbox"/> Attained age normal	b <input type="checkbox"/> Entry age normal	c <input type="checkbox"/> Accrued benefit (unit credit)	d <input type="checkbox"/> Aggregate
e <input type="checkbox"/> Frozen initial liability	f <input type="checkbox"/> Individual level premium	g <input type="checkbox"/> Individual aggregate	h <input type="checkbox"/> Shortfall
i <input type="checkbox"/> 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?			<input type="checkbox"/> Yes <input type="checkbox"/> No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?			<input type="checkbox"/> Yes <input type="checkbox"/> 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	2.82 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts.....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	8P
(2) Females	6c(2)	8FP
d Valuation liability interest rate	6d	6.75 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> 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	6.5 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	8.1 %
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> 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)	1209190
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-2376183	-240551

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.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(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	27287699

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)	288730849	42736569
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c.....

9d	4726638
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e Total charges. Add lines 9a through 9d.....

9e	74750906
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Credits to funding standard account:

f Prior year credit balance, if any.....

9f	205324413
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g Employer contributions. Total from column (b) of line 3.....

9g	79394819
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h Amortization credits as of valuation date.....

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h

	Outstanding balance	
9h	45284152	5068644
9i		16492404

j Full funding limitation (FFL) and credits:

- (1) ERISA FFL (accrued liability FFL).....
- (2) "RPA '94" override (90% current liability FFL)
- (3) FFL credit

9j(1)	336835783	
9j(2)	583084681	
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	306280280
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m Credit balance: If line 9l is greater than line 9e, enter the difference

9m	231529374
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n Funding deficiency: If line 9e is greater than line 9l, enter the difference

9n	
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o Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the current plan year.....

9o(1)	0
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(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
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(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....

9o(2)(b)	0
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(3) Total as of valuation date.....

9o(3)	0
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10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....

10	
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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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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

VANGUARD GROUP, INC

23-1999975

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

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?
14 15 50 10 13	NONE	527713	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 21	NONE	299766	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	280022	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

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 50 51	NONE	258480	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(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	245291	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	220942	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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	220229	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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?
51 52 68 28 50	NONE	144356	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

T ROWE PRICE GROUP, INC

65-1218396

(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	139710	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

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	123317	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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?
62 68 19 50	NONE	120470	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

R.V. KUHN & 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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

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	107416	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	64216	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(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?
51 19 28 50	NONE	52223	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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?
51 52 68 28 50	NONE	48606	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(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	43600	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	21535	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

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	18796	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 50	COMMON BOARD	14149	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	13157	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)
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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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <hr/> 2024 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

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 <u>93-6195889-070</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5924637</u>
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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 <u>93-6195889-071</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8226734</u>
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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 <u>93-6195889-072</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13608576</u>
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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 <u>93-6195889-073</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10343896</u>
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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 <u>93-6195889-074</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9495482</u>
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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 <u>93-6195889-075</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3361942</u>
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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 <u>93-6195889-076</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>14590064</u>
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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) 24820735
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) 0
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) 43682
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) 14954
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) 920574
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) 18637565
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) 42367735
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) 22261745
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) 61457066
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) 47706324

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) 43851103
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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)
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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)
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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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SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
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
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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.

		(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)	6352563	6586706
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	4045985	5387900
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	27167650	47773093
(2) U.S. Government securities	1c(2)	1168	64615665
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	0	7040435
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	76020993	120515826
(5) Partnership/joint venture interests	1c(5)	208443294	247846236
(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)	167533158	217643973
(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)	109743291	109988841
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	323103039	207487355
(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	922411141	1034886030
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	5778437	35340813
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	16745	17567
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	5795182	35358380
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	916615959	999527650

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)	79394819	
(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)		79394819
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	546464	
(B) U.S. Government securities.....	2b(1)(B)	711667	
(C) Corporate debt instruments.....	2b(1)(C)	61204	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	633332	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1952667
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	2017627	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	7154281	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		9171908
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	876364389	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	870224697	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		6139692
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	60366215	
(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)		4796839
(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)		1900481
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-17877491
c Other income	2c		31045
d Total income. Add all income amounts in column (b) and enter total	2d		145876175

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	59313936	
(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)		59313936
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)	535233	
(3) Recordkeeping fees	2i(3)	2528	
(4) IQPA audit fees	2i(4)	43600	
(5) Investment advisory and investment management fees	2i(5)	2091845	
(6) Bank or trust company trustee/custodial fees	2i(6)	120823	
(7) Actuarial fees	2i(7)	220229	
(8) Legal fees	2i(8)	18213	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	12744	
(11) Other expenses	2i(11)	605333	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		3650548
j Total expenses. Add all expense amounts in column (b) and enter total	2j		62964484

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		82911691
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.)		X	
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.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		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?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	X		247292306
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?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
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 562837.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____		
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	4

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer **ON ELECTRIC GROUP INC**

b EIN **93-0473216**

c Dollar amount contributed by employer

19988788

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

8009116

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

4242191

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

6951750

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

4289826

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

2147334

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 **2689462**

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 **2145774**

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 **GLOBAL ELECTRIC**

b EIN **20-0107353**

c Dollar amount contributed by employer **1527109**

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 **1760993**

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: <input checked="" type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	0
b The plan year immediately preceding the current plan year. <input type="checkbox"/> 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. <input type="checkbox"/> 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	1.02
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	

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: 34.3 % Private Equity: 4.4 % Investment-Grade Debt and Interest Rate Hedging Assets: 23.5 %
 High-Yield Debt: 0.6 % Real Assets: 18.7 % Cash or Cash Equivalents: 2.8 % Other: 15.7 %

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 SUPPLEMENTARY INFORMATION**

YEARS ENDED DECEMBER 31, 2024 AND 2023



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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, 2024 and 2023, 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, 2024 and 2023, 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 schedule of assets (held at end of year) and schedule of reportable transactions for the year ended December 31, 2024 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, 2024 and 2023 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 1, 2025

EDISON PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023

ASSETS	2024	2023
INVESTMENTS (at Fair Value)		
Interest Bearing Cash (Including Foreign Currency)	\$ 3,554,916	\$ 15,590,398
Short-Term Funds	38,870,475	6,310,645
U.S. Securities	64,615,665	1,168
Corporate Bonds	7,040,435	-
Common Stock	120,515,826	76,020,993
Mutual Funds	207,487,355	323,103,039
Collective Funds	217,643,973	167,533,158
Limited Partnerships	224,871,674	186,501,210
Limited Liability Companies	22,420,632	21,600,104
103-12 Investment Entities	109,988,841	109,743,291
Total Investments	1,017,009,792	906,404,006
RECEIVABLES		
Employer Contributions	6,498,357	6,260,891
Reciprocal Contributions	88,349	91,672
Security Transactions Receivable	10,483	30,966
Accrued Interest and Dividends	478,715	76,325
Total Receivables	7,075,904	6,459,854
CASH	5,086,702	5,164,374
PREPAID EXPENSES	119,500	144,325
Total Assets	1,029,291,898	918,172,559
LIABILITIES		
ACCOUNTS PAYABLE	650,345	532,682
RECIPROCAL CONTRIBUTIONS PAYABLE	1,246,475	1,023,918
SECURITY TRANSACTIONS PAYABLE	27,867,428	-
Total Liabilities	29,764,248	1,556,600
NET ASSETS AVAILABLE FOR BENEFITS	\$ 999,527,650	\$ 916,615,959

See accompanying Notes to Financial Statements.

EDISON PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
ADDITIONS:		
INVESTMENT INCOME		
Net Appreciation in Fair Value of Investments	\$ 54,107,604	\$ 58,635,597
Interest	2,043,478	195,394
Dividends	9,081,095	10,834,670
Quest Group Trust Distributions	1,218,134	679,444
Other	30,295	8,728
Total Investment Income	66,480,606	70,353,833
LESS: INVESTMENT EXPENSES		
Investment Manager Fees	(1,984,345)	(1,914,762)
Custodial and Service Fees	(120,823)	(102,037)
Investment Performance Fees	(107,500)	(107,500)
Total Investment Expenses	(2,212,668)	(2,124,299)
Net Investment Income	64,267,938	68,229,534
CONTRIBUTIONS		
Employer	78,848,675	65,269,322
Reciprocal	546,144	527,707
Total Contributions	79,394,819	65,797,029
OTHER INCOME	750	1,500
Total Additions	143,663,507	134,028,063
DEDUCTIONS:		
RETIREMENT AND DEATH BENEFITS	59,313,936	57,111,920
ADMINISTRATIVE EXPENSES	1,437,880	1,243,040
Total Deductions	60,751,816	58,354,960
NET INCREASE	82,911,691	75,673,103
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	916,615,959	840,942,856
End of Year	\$ 999,527,650	\$ 916,615,959

See accompanying Notes to Financial Statements.

**EDISON PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

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 August 13, 2024. 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.

**EDISON PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

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, 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.

**EDISON PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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.

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.

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, 2024 and 2023, the allowance for credit losses was insignificant.

Subsequent Events

The Plan has evaluated subsequent events through August 1, 2025, the date the financial statements were available to be issued.

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.

**EDISON PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 3 FAIR VALUE OF INVESTMENTS (CONTINUED)

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, 2024 and 2023.

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 net asset value (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.

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

**EDISON PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 3 FAIR VALUE OF INVESTMENTS (CONTINUED)

U.S. Securities and Corporate Bonds: Valued based on closing price in an active market in which the bond is traded or 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:

	2024			
	Level 1	Level 2	Level 3	Total
Cash (Including Foreign Currency)	\$ 3,554,916	\$ -	\$ -	\$ 3,554,916
Short-Term Funds	38,870,475	-	-	38,870,475
U.S. Securities	-	71,656,100	-	71,656,100
Common Stock	120,515,826	-	-	120,515,826
Mutual Funds	129,235,335	-	-	129,235,335
Total Investments in the Fair Value Hierarchy	<u>\$ 292,176,552</u>	<u>\$ 71,656,100</u>	<u>\$ -</u>	363,832,652
Investments Measured at Net Asset Value				<u>653,177,140</u>
Total Investment Assets at Fair Value				<u>\$ 1,017,009,792</u>
	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>\$ 282,766,717</u>	<u>\$ 1,168</u>	<u>\$ -</u>	298,358,283
Investments Measured at Net Asset Value				<u>608,045,723</u>
Total Investment Assets at Fair Value				<u>\$ 906,404,006</u>

**EDISON PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

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, 2024:

2024				
Investment Type	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Mutual Funds:				
Fixed Income	\$ 78,252,020	\$ -	Daily	1 Day
Collective Funds:				
International Equity	91,557,427	-	Daily	1 Day
Fixed Income	61,457,066	-	Daily	3 - 5 Days
Fixed Income	42,367,735	-	Daily	1 Day
Real Estate	22,261,745	-	Quarterly	1 Day
Limited Partnerships:				
Private Equity	33,493,589	-	Quarterly	70 Days
Private Equity	4,579,161	595,000	None	N/A****
Private Equity	14,285,417	3,014,313	None	N/A*****
Private Equity	7,718,740	44,000	None	N/A*****
Private Equity	18,249,025	4,249,172	None	N/A
Private Equity	44,309,110	14,952,973	None	N/A
Private Equity	11,901,948	2,661,268	None	N/A
Private Equity	49,297,049	-	None	90 Days**
Private Equity	4,146,483	9,750,000	None	N/A
Infrastructure	16,759,745	-	Annually	90 Days*****
Infrastructure	1,788,294	8,018,829	None	N/A
Real Estate	18,343,113	-	Quarterly	30 Days
Limited Liability Company:				
Private Equity	789,465	-	None***	N/A***
Private Equity	21,631,167	-	None	N/A
103-12 Investment Entities:				
Private Equity	979,210	314,000	None*	N/A*
Infrastructure	18,637,565	-	None*****	45 Days
Real Estate	90,372,066	-	N/A**/Monthly	1 Day/15 Days
Total	<u>\$ 653,177,140</u>	<u>\$ 43,599,555</u>		

- * Transferrable upon written consent of the general partner with 10 days' notice. Terminated September 30, 2023 and September 30, 2024 and scheduled to terminate September 30, 2025
- ** 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 February 17, 2026
- ***** 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, 2024 AND 2023**

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:

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	-	None	90 Days**
Infrastructure	11,774,510	4,498,477	Annually	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

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, 2024 AND 2023**

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.

The infrastructure focused limited partnerships focus on investments in infrastructure projects, both in the U.S. and internationally, that provide long-term community and economic benefits across the transportation energy transition, and digital sectors.

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 FINANCIAL INSTRUMENTS

As part of the total investment strategy, and to meet the primary objectives established by the Trustees, the Plan utilizes derivative financial instruments. Risks associated with derivatives vary widely but generally may be categorized as market risk and credit risk. Market risk is defined as that risk associated with fluctuations in market prices. Credit risk is defined as that risk associated with an entity not paying.

**EDISON PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 4 FINANCIAL INSTRUMENTS (CONTINUED)

A futures contract is a standardized agreement between two parties to buy and sell an asset at a set price on a future date. The Plan enters into financial futures contracts for the purpose of protecting its existing portfolio securities, or securities the Plan intends to purchase, against fluctuations in fair value caused by changes in prevailing interest rates or as substitutes for cash securities permitted under the relative account guidelines. Upon entering into a financial futures contract, the Plan is required to pledge to the broker an amount in cash, United States government securities, or other assets equal to a certain percentage of the contract amounts (initial margin deposit). These derivatives are not designated as hedging instruments under FASB ASC 815, *Derivatives and Hedging*.

Subsequent payments, known as variation margin, are made or received by the Plan each day, depending on the daily fluctuations in the fair value of the underlying security. The Plan recognizes an unrealized gain or loss equal to the daily variation margin. Should market conditions move unexpectedly, the Plan may not achieve the anticipated benefits of the financial futures contracts and may realize a loss. When the contract is closed, the Plan recognizes a realized gain or loss equal to the difference between the value of the contract at the time it was opened and the value at the time it was closed. The use of futures transactions involves the risk of imperfect correlation in movements in the price of futures contracts, interest rates, and the underlying assets.

At December 31, 2024, total open contracts and unrealized gain (loss) were as follows:

	No. of Contracts	Expiration Date	December 31, 2024		
			Value Upon Entering Contract	Value at Year-End	Unrealized Gain (Loss)
Fixed Income Futures:					
US 2YR Note	(33)	3/31/2025	\$ (6,782,016)	\$ (6,785,109)	\$ (3,093)
US 10YR Note	117	3/21/2025	12,842,760	12,723,750	(119,010)
US 10YR Ultra	(13)	3/21/2025	(1,470,219)	(1,447,063)	23,156
US 30YR Ultra	(40)	3/21/2025	(4,910,312)	(4,756,250)	154,062
Total	31		\$ (319,787)	\$ (264,672)	\$ 55,115

There were no open contracts at December 31, 2023.

At December 31, 2024, the Plan pledged cash of \$823,000 to cover initial margin requirements on open futures contracts.

The Plan recorded realized gains of \$270,927 and unrealized gains of \$55,115 on futures contracts entered into during the period ended December 31, 2024. The gain and loss activity are reported in Net Appreciation in Fair Value of Investments on the statements of changes in net assets available for benefits.

**EDISON PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 5 PENSION PROTECTION ACT CERTIFICATION

As of January 1, 2024, the actuary reported that the Plan is not in endangered or critical status as identified under the Pension Protection Act of 2006.

NOTE 6 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 2024 and 2023 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.

NOTE 7 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 500

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 Mesirov 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:

	2024		2023	
	Financial Statements	Form 5500	Financial Statements	Form 5500
Limited Partnerships	\$ 110,546,697	\$ -	\$ 100,083,560	\$ -
Limited Liability Company	22,420,632	-	21,600,104	-
Partnerships/Joint Ventures	-	133,521,259	-	122,025,644
Interest Bearing Cash	-	261,000	-	102,233
Receivable - Other	-	4,779,202	-	3,794,368
Operating Payables	-	(17,567)	-	(16,745)
Other Liabilities	-	(5,576,565)	-	(4,221,836)
Net Investment	<u>\$ 132,967,329</u>	<u>\$ 132,967,329</u>	<u>\$ 121,683,664</u>	<u>\$ 121,683,664</u>

**EDISON PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 8 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 9 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.

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 10 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.

**EDISON PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 11 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, 2023). 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.

The significant actuarial assumptions used in the valuations as of December 31, 2023 and 2022 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, 2023:

Actuarial Present Value of Accumulated Plan Benefits:

Vested Benefits:	
Participants Currently Receiving Payments	\$ 546,759,198
Other Participants	428,420,116
Total	<u>975,179,314</u>
Nonvested Benefits	<u>24,361,566</u>
Total Actuarial Present Value of Accumulated Plan Benefits	<u><u>\$ 999,540,880</u></u>

**EDISON PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 11 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

The changes in the actuarial present value of accumulated Plan benefits are summarized as follows for the period December 31, 2024:

Actuarial Present Value of Accumulated Plan Benefits:	
Beginning of Year	\$ 970,597,054
Increase (Decrease) During the Year Attributable to:	
Benefit Accumulated	26,590,356
Reduction in Discount Period	63,587,774
Benefits Paid	(57,111,920)
Actuarial (Gain)/Loss	<u>(4,122,384)</u>
Net Increase	<u>28,943,826</u>
Actuarial Present Value of Accumulated Plan Benefits - End of Year	<u>\$ 999,540,880</u>

The computations of the actuarial present value of accumulated Plan benefits were made as of January 1, 2024. Had the valuations been performed as of December 31, there would be no material differences.

NOTE 12 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 13 CONCENTRATION

The Plan has a concentration of revenues with contributions from two employers representing 37% of employer contributions for the year ended December 31, 2024 and a concentration of revenues with one employer representing 23% of employer contributions for the year ended December 31, 2023. 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, 2024

(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	
Short-Term Funds				
DREYFUS GOVERN CASH MGMT	VARIABLE RATE	38,049,074	\$ 38,049,074	\$ 38,049,074
EURO CURRENCY		3,198	3,391	3,312
US BANK CASH		818,089	818,089	818,089
Total Short-Term Funds			38,870,554	38,870,475
U.S. Securities				
F N M A TBA 30YR	4.000% 3/15/44	3,200,000	2,926,500	2,925,024
G N M A I I #002897	8.000% 3/20/30	737	739	775
G N M A #422470	7.500% 3/15/26	38	38	38
G N M A GTD REMIC	5.138% 3/20/61	17,011	16,887	16,986
U S TREASURY BD	2.375% 2/15/42	14,500,000	10,657,500	10,321,970
U S TREASURY BD	4.750% 5/15/54	13,100,000	13,437,187	12,727,960
U S TREASURY BD	4.625% 5/15/44	29,600,000	29,129,435	28,696,016
U S TREASURY BD	4.250% 8/15/44	2,600,000	2,362,430	2,352,922
U S TREASURY NT	4.625% 11/15/44	600,000	583,589	581,766
U S TREASURY I P S	0.125% 10/15/25	851,571	825,641	841,727
U S TREASURY I P S	1.750% 1/15/34	205,376	205,248	196,890
U S TREASURY I P S	0.375% 7/15/25	5,989,770	5,836,554	5,953,592
Total U.S. Securities			65,981,749	64,615,665
Corporate Bonds				
ARES CLO LTD	0.001% 10/28/34	250,000	250,000	250,060
AMERICOLD RLTY OPER	5.409% 9/12/34	100,000	100,000	95,699
ATLANTIC AVENUE	0.001% 1/20/35	250,000	250,000	249,991
BAIN CAPITAL	1.011% 7/24/34	250,000	250,000	250,000
BAIN CAPITAL	0.001% 10/23/34	200,000	200,000	200,231
BAIN CAPITAL	0.001% 10/20/34	300,000	300,000	300,146
BMO	5.566% 11/19/57	300,000	308,998	304,971
CDW LLC CDW FIN	5.550% 8/22/34	100,000	99,742	98,564
CARLYLE GLOBAL	2.521% 7/20/34	300,000	300,000	300,013
CITIZENS FINL GROUP	5.718% 7/23/32	100,000	100,000	100,348
ENTERGY TEXAS INC	5.550% 9/15/54	200,000	198,568	193,782
522 CLO	0.001% 10/23/34	250,000	250,000	250,000
FORD MOTOR CREDIT	6.054% 11/05/31	200,000	200,000	198,360
GREYWOLF CLO LTD	0.001% 4/22/33	250,000	250,000	250,313
ICG US CLO LTD	2.087% 10/20/34	300,000	300,000	300,000
JAMESTOWN CLO	2.977% 7/25/34	500,000	500,000	499,994
JANUS HENDERSON US	5.450% 9/10/34	100,000	99,741	95,604
OCCIDENTAL PETE CORP	5.000% 8/01/27	100,000	99,944	100,048
OSCAR US FUNDING	4.470% 3/12/29	250,000	249,992	245,873
PIKES PEAK	6.178% 10/11/34	250,000	250,000	250,224
RCKT MORTGAGE TRUST	5.846% 7/25/44	234,460	234,457	236,005
SBA TOWER TRUST	4.831% 10/15/54	100,000	100,000	97,667
SIXTH STR LENDING	5.750% 1/15/30	100,000	99,841	98,431
SYNCHRONY FINANCIAL	5.935% 8/02/30	100,000	100,000	100,918
TESLA SUSTAINABLE	5.080% 6/21/50	250,000	249,994	249,640
TOWD POINT MORTGAG	5.132% 7/25/65	366,089	363,065	360,323
UBER TECHNOLOGIES	4.800% 9/15/34	200,000	199,856	191,414
WELLS FARG CML MTG	5.439% 11/19/57	400,000	403,991	404,319
LLOYDS BANKING	5.590% 11/26/35	200,000	200,000	198,246
NATWEST GROUP	4.964% 8/15/30	200,000	200,000	197,000
SAUDI ARABIAN MTN	5.875% 7/17/64	200,000	195,278	186,508
TOTALENERGIES CAP	5.275% 9/10/54	100,000	100,000	92,455
WOODSIDE FIN LTD	5.700% 9/12/54	100,000	99,644	93,288
			7,103,110	7,040,435

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, 2024

(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
Common Stock			
ADOBE INC	1,133	\$ 283,826	\$ 503,822
ADVANCED MICRO DEVICES INC	2,465	302,862	297,747
AEGON LTD AMER REG G D R	50,707	303,508	298,664
AFFIRM HLDGS INC	1,236	15,560	75,272
AIR PRODUCTS CHEMICALS INC	2,600	669,084	754,104
ALNYLAM PHARMACEUTICALS INC	1,300	103,167	305,903
ALPHABET INC CL C	5,000	186,445	952,200
ALPHABET INC CL C	7,889	766,899	1,502,381
ALPHABET INC CL A	4,900	385,113	927,570
ALPHABET INC CL A	16,967	900,900	3,211,853
AMAZON COM INC	5,900	673,351	1,294,401
AMAZON COM INC	24,820	1,562,405	5,445,260
AMERICAN ELEC PWR CO INC COM	3,900	327,840	359,697
AMPHENOL CORP CL A	15,838	520,448	1,099,949
ANHEUSER BUSCH INBEV NV A D R	15,500	881,651	776,085
APPLE INC COM	24,845	1,708,119	6,221,685
ARGENX SE A D R	747	168,436	459,405
ASML HOLDING NV NY REG SHS A D R	580	238,463	401,986
ATLISSIAN CORPORATION CL A	2,091	201,441	508,908
AURORA INNOVATION INC CLASS A COM	17,843	65,733	112,411
AVANTOR INC	34,500	704,957	726,915
BAKER HUGHES COMPANY	18,400	501,248	754,768
BANK OF AMERICA CORP	11,600	283,123	509,820
BANK OF NEW YORK MELLON CORP	16,500	555,167	1,267,695
BAXTER INTERNATIONAL INC	17,800	637,882	519,048
BECTON DICKINSON AND CO	1,859	187,476	421,751
BIOMARIN PHARMACEUTICAL INC	5,100	381,760	335,223
BOEING CO THE	2,434	303,391	430,818
BOOKING HOLDINGS INC	200	331,965	993,684
BOOKING HOLDINGS INC	210	375,783	1,043,368
BRIGHTHOUSE FINL INC	2,200	99,703	105,688
BRISTOL MYERS SQUIBB CO	6,200	345,223	350,672
THE CIGNA GROUP	3,100	693,422	856,034
THE CIGNA GROUP	3,013	428,123	832,010
CVS HEALTH CORP	24,000	1,584,255	1,077,360
CAPITAL ONE FINL CORP	6,400	449,553	1,141,248
CARRIER GLOBAL CORPORATION COM	5,400	110,167	368,604
CELANESE CORP SER A	4,900	342,281	339,129
CHARTER COMMUNICATIONS INC NEW	3,925	1,157,728	1,345,372
CHIPOTLE MEXICAN GRILL INC	7,386	185,446	445,376
CISCO SYSTEMS INC	9,300	351,329	550,560
COGNIZANT TECH SOLUTIONS CL A	7,501	485,621	576,827
COHERENT CORP	4,300	252,577	407,339
COMCAST CORP CLASS A	26,590	748,209	997,923
CONOCOPHILLIPS	3,998	192,380	396,482
COUPANG INC CL A	23,002	247,104	505,584
DANAHER CORP	1,816	249,931	416,863
DOMINION ENERGY INC	8,800	464,165	473,968
DYNATRACE INC	5,518	118,248	299,903
ECHOSTAR CORP A	4,421	427,650	101,241
ELANCO ANIMAL HEALTH INC	29,100	634,067	352,401
ENTEGRIS INC	4,100	430,625	406,146
EQUIFAX INC	2,049	321,281	522,188
META PLATFORMS INC	1,225	287,002	717,250
META PLATFORMS INC	5,824	1,227,461	3,410,010
FAIR ISAAC CORPORATION	229	159,972	455,923

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, 2024

(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	
Common Stock (Continued)				
FED EX CORP	4,800	\$ 817,759	\$ 1,350,384	
FIDELITY NATIONAL INFO SERV	11,900	862,411	961,163	
FISERV INC	11,400	1,226,687	2,341,788	
FISERV INC	9,282	625,178	1,906,708	
FORTIVE CORP WI	3,200	240,789	240,000	
FOX CORP CL A	5,466	186,343	265,538	
FOX CORP CLASS B	7,500	269,955	343,050	
GE HEALTHCARE TECHNOLOGIES INC	5,600	350,035	437,808	
GAMING & LEISURE PROPE W I	5,288	252,308	254,670	
THE GAP INC	11,500	251,237	271,745	
GE AEROSPACE	5,500	268,601	917,345	
GILEAD SCIENCES INC	12,500	854,991	1,154,625	
GOLDMAN SACHS GROUP INC	1,400	208,952	801,668	
GSK PLC SPONSORED A D R	26,420	976,258	893,524	
HALEON PLC SPON ADS A D R	67,906	494,943	647,823	
HP INC	13,200	225,027	430,716	
HONDA MOTOR CO LTD A D R	8,600	256,503	245,530	
HOWMET AEROSPACE INC COM	4,832	177,281	528,476	
HUBSPOT INC	779	338,283	542,784	
HUMANA INC	3,550	1,073,382	900,671	
INCYTE CORP	5,300	412,095	366,071	
INGERSOLL RAND INC	5,673	227,273	513,180	
INTL FLAVORS FRAGRANCES	8,100	611,407	684,855	
INTUITIVE SURGICAL INC	2,637	505,795	1,376,409	
INTUIT INC	3,129	954,883	1,966,577	
JOHNSON CTLS INTL PLC SHS	23,100	1,027,729	1,823,283	
LEGEND BIOTECH CORP SPONSORED A D R	3,905	79,048	127,069	
LPL FINANCIAL HOLDINGS INC	500	115,834	163,255	
ELI LILLY CO	1,705	466,603	1,316,260	
LULULEMON ATHLETICA INC COM	840	268,154	321,224	
LYONDELLBASELL INDUSTRIES N V SHS A	5,800	443,705	430,766	
MASTERCARD INC	4,280	896,174	2,253,720	
MEDTRONIC PLC SHS	3,200	275,078	255,616	
MERCADOLIBRE INC	197	170,999	334,987	
METLIFE INC	20,900	923,247	1,711,292	
MICROSOFT CORP COM	3,100	250,237	1,306,650	
MICROSOFT CORP COM	17,999	2,047,590	7,586,579	
MOLSON COORS BEVERAGE COMPANY	5,600	295,280	320,992	
NATERA INC	1,300	168,603	205,790	
NETFLIX COM INC	1,228	306,165	1,094,541	
NEUROCRINE BIOSCIENCES INC	1,250	156,601	170,625	
NEWS CORP NEW CL A W	4,125	48,284	113,603	
NORFOLK SOUTHN CORP COM	4,400	946,305	1,032,680	
NOVARTIS AG A D R	4,600	298,769	447,626	
NVIDIA CORP	45,780	1,222,878	6,147,796	
OCCIDENTAL PETROLEUM CORPORATION	25,800	1,122,654	1,274,778	
OCCIDENTAL PETROLEUM CORP WT 8/03/27	2,675	13,241	73,696	
RTX CORPORATION	16,700	1,196,444	1,932,524	
REGENERON PHARMACEUTICALS INC	775	472,764	552,056	
ROCHE HOLDINGS LTD SPON A D R	11,600	458,566	404,608	
ROSS STORES INC	3,900	249,113	589,953	
SANOFI A D R	29,876	1,351,153	1,440,919	
SBA COMMUNICATIONS CORP	2,600	555,048	529,880	
SCHLUMBERGER LTD	7,578	150,435	290,541	
SCHWAB CHARLES CORP COM	31,500	1,100,583	2,331,315	
SCHWAB CHARLES CORP COM	5,431	205,787	401,948	
SERVICENOW INC	1,132	399,805	1,200,056	

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, 2024

(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>				
SHOPIFY INC A	6,582	\$ 218,626	\$ 699,864	
SONOVA HOLDING UNSPON A D R	5,587	396,229	363,378	
STATE STR CORP	3,400	232,071	333,710	
STRYKER CORP	2,485	317,914	894,724	
SUN COMMUNITIES INC	3,900	494,667	479,583	
T MOBILE US INC	3,700	435,990	816,701	
TE CONNECTIVITY PLC ORD SHS	4,100	213,840	586,177	
TRADEWEB MARKETS INC CLASS A	2,147	97,078	281,085	
UBS GROUP AG	8,300	144,244	251,656	
UNITEDHEALTH GROUP INC COM	1,400	228,323	708,204	
UNITEDHEALTH GROUP INC COM	2,973	647,228	1,503,922	
V F CORP COM	14,100	245,453	302,586	
VISA INC COM CL A	4,696	485,267	1,484,124	
WELLS FARGO CO NEW COM	26,800	1,001,870	1,882,432	
WILLIAMS COS INC COM	13,800	283,371	746,856	
ZIMMER BIOMET HOLDINGS INC COM	6,500	755,036	686,595	
Total Common Stock		63,069,985	120,515,826	
<u>Mutual Funds</u>				
AFL-CIO HOUSING INVT TR	27,670	28,906,459	26,581,953	
BLACKROCK ADVANTAGE SMALL CAP CORE	393,135	6,104,271	7,237,615	
DODGE COX INTERNATIONAL STOCK FD I	938,945	37,374,065	46,853,346	
FIDELITY MID CAP INDEX FUND	550,542	12,842,365	18,591,791	
ISHARES CORE S P SMALL CAP ETF	62,250	6,339,789	7,172,445	
VANGUARD INSTL INDEX INSTL#94	81,548	25,386,728	39,053,390	
PAPS LONG DURATION CREDIT BOND	5,545,319	52,467,438	51,072,385	
GMO BENCHMARK FREE ALLOC III	401,663	10,418,462	10,326,747	
PIMCO PAPS SHORT-TERM FLTG NAV II	59,667	597,682	597,682	
Total Mutual Funds		180,437,258	207,487,355	
<u>Collective Funds</u>				
ASB ALLEGIANCE REAL ESTATE FUND		18,040,072	22,261,745	
GUGGENHEIM CORE PLUS CIT		40,435,902	42,367,735	
LOOMIS SAYLES CORE PFI FD		57,880,818	61,457,066	
MFS INTL GROWTH FUND		18,892,548	47,706,324	
SSGA MSCI ACWI EX USA		21,948,588	43,851,103	
Total Collective Funds		157,197,928	217,643,973	
<u>Limited Partnerships</u>				
BARINGS CORE PROPERTY FUND LP		19,735,256	18,343,113	
DOVER STREET XI FEEDER FUND		4,146,483	4,146,483	
GI PARTNERS FUND VI-A LP		9,338,732	11,901,948	
GROSVENOR INFRASTRUCTURE ADVANTAGE FF III		1,981,171	1,788,294	
GROSVENOR INSTITUTIONAL PARTNERS LP		33,493,589	33,493,589	
HARBOURVEST CO-INVEST FD IV LP		2,934,932	2,934,932	
HARBOURVEST PTR COINV V FF LP		11,350,484	11,350,484	
LABOR IMPACT FEEDER FUND LP		14,750,828	18,249,025	
MACQUARIE GLOBAL INFRA FD SCSP		14,853,771	16,759,745	
MESIROW FINANCIAL PRIV EQ FD VII-B		1	7,718,740	
MONARCH CAPITAL PTR OS V LP		14,094,620	23,483,248	
MONARCH CAPITAL PTR VI LP		17,750,000	20,825,862	
PANTHEON USA FUND IX, LP		4,579,161	4,579,161	
PIMCO PRIVATE INCOME OS FDR III		43,000,000	49,297,050	
Total Limited Partnerships		192,009,028	224,871,674	

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, 2024

(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>Limited Liability Companies - Other</u>				
GROSVENOR OPPORTUNISTIC CREDIT FD IV		\$ 789,465	\$ 789,465	
GROSVENOR OPPORTUNISTIC CREDIT FD, LTD.		21,631,167	21,631,167	
Total Limited Liability Companies		<u>22,420,632</u>	<u>22,420,632</u>	
<u>103-12 Investment Entities</u>				
HARBOURVEST VIII CAYMAN BUYOUT		43,682	43,682	
HARBOURVEST VIII CAYMAN MEZZANINE		14,953	14,953	
HARBOURVEST VIII CAYMAN VENTURE		920,574	920,574	
ULLICO INFRASTRUCTURE TAX-EXEMPT		9,194,582	18,637,565	
QUEST GROUP TRUST I		3,056,596	5,924,636	
QUEST GROUP TRUST II		2,465,074	8,226,734	
QUEST GROUP TRUST III		2,970,000	13,608,576	
QUEST GROUP TRUST IV		2,700,000	10,343,896	
QUEST GROUP TRUST V		2,140,242	9,495,482	
QUEST GROUP TRUST VI		1,193,576	3,361,942	
QUEST GROUP TRUST VII		10,373,067	14,590,065	
WASHINGTON CAPITAL EQUITY FUND		14,774,623	24,820,736	
Total 103-12 Investment Entities		<u>49,846,969</u>	<u>109,988,841</u>	
Total Investments Held		<u>\$ 769,012,624</u>	<u>\$ 1,013,454,876</u>	
<u>Interest Bearing Operating Cash</u>				
WELLS FARGO		\$ 3,554,916	\$ 3,554,916	
Total Interest Bearing Operating Cash		<u>\$ 3,554,916</u>	<u>\$ 3,554,916</u>	

EDISON PENSION PLAN
E.I.N. 93-6073069 PLAN NO. 001
SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2024

(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 (i) - Single Transaction</u>						
Dreyfus Govern Cash Mgmt	Variable Rate	\$ 49,538,196	\$ -	\$ 49,538,196	\$ 49,538,196	\$ -
PIMCO PAPS Long Duration Credit Bond	Mutual Fund	54,800,000	-	54,800,000	54,800,000	-
<u>Category (iii) - Series of Transactions</u>						
Dreyfus Govern Cash Mgmt	Variable Rate	\$ 249,311,965	\$ -	\$ 249,311,965	\$ 249,311,965	\$ -
Dreyfus Govern Cash Mgmt	Variable Rate	-	217,427,401	217,427,401	217,427,401	-
U S Treasury Bond	4.250% 8/15/2044	54,730,811	-	54,730,811	54,730,811	-
U S Treasury Bond	4.625% 5/15/2044	743,196,396	-	743,196,396	743,196,396	-
PIMCO PAPS Long Duration Credit Bond	Mutual Fund	56,401,721	-	56,401,721	56,401,721	-
PIMCO PAPS Long Duration Credit Bond	Mutual Fund	-	4,050,000	3,934,282	4,050,000	115,718
U S Treasury Bond	4.250% 8/15/2044	-	42,201,375	52,368,380	52,201,375	(167,005)
U S Treasury Bond	4.625% 5/15/2044	-	713,343,897	714,066,961	713,343,897	(723,064)
PIMCO All Asset Fund Instl	Mutual Fund	411,651	-	411,651	411,651	-
PIMCO All Asset Fund Instl	Mutual Fund	-	45,626,501	48,568,326	45,626,501	(2,941,825)

There were no category (ii) or (iv) reportable transactions during the year ended December 31, 2024.
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, 2024 AND 2023

	2024	2023
ADMINISTRATIVE EXPENSES		
Actuarial Fees	\$ 220,229	\$ 236,321
Administrative Fees	535,233	369,792
Audit Fees	44,866	40,074
Collection Expenses	(3,322)	19,290
Participant Notices and Mailings	27,113	20,340
Insurance	262,123	241,007
Dues and Registration	5,061	-
Legal Fees	21,535	19,908
Meetings and Conferences	12,744	81
NECA Processing	16,479	23,763
Pension Medical Review	1,262	304
PBGC Insurance	294,557	272,160
Total Administrative Expenses	\$ 1,437,880	\$ 1,243,040
INVESTMENT EXPENSES		
Custodial and Service Fees	\$ 120,823	\$ 102,037
Investment Monitor - RV Kuhns	107,500	107,500
Investment Counsel Fees:		
ASB Capital Management	220,942	281,628
Dodge & Cox	144,356	138,313
Guggenheim	123,317	77,128
HarbourVest	64,216	175,555
Loomis Sayles	107,416	94,581
MFS Investment Management	299,766	261,805
PIMCO	258,480	242,552
Quest Investment Management	48,606	80,548
State Street Global Advisors	52,223	45,884
T Rowe Price	139,710	-
ULLICO	280,022	259,357
Washington Capital Management	245,291	257,411
Total Investment Expenses	\$ 2,212,668	\$ 2,124,299



CLA (CliftonLarsonAllen LLP) is a network member of CLA Global. See CLGlobal.com/disclaimer. Investment advisory services are offered through CliftonLarsonAllen Wealth Advisors, LLC, an SEC-registered investment advisor.

E. Distribution of Active Participants and Average Monthly Accrued Benefit (AB) by Age and Years of Credited Service as of January 1, 2024

Age	YEARS OF CREDITED SERVICE							
	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	\$ *	2	\$ *	0	\$ *	0	\$ *
20 to 24	55	26	196	148	4	*	0	*
25 to 29	42	29	307	239	151	625	0	*
30 to 34	51	32	334	270	225	759	57	1,320
35 to 39	23	33	226	283	228	823	141	1,339
40 to 44	10	*	167	315	192	828	135	1,388
45 to 49	8	*	96	318	122	848	120	1,392
50 to 54	5	*	56	345	90	798	103	1,432
55 to 59	6	*	25	343	44	857	62	1,393
60 to 64	0	*	20	342	32	888	38	1,445
65 to 69	1	*	11	*	11	*	13	*
70 & Up	0	*	0	*	1	*	1	*
Totals	206	\$ 31	1,440	\$ 262	1,100	\$ 788	670	\$ 1,381

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	1	*	0	*	0	*
35 to 39	49	1,774	1	*	0	*
40 to 44	102	1,751	47	2,476	0	*
45 to 49	88	1,783	103	2,623	46	3,216
50 to 54	80	1,803	84	2,608	93	3,568
55 to 59	47	1,875	68	2,560	96	3,425
60 to 64	32	1,862	48	2,497	37	3,334
65 to 69	9	*	7	*	8	*
70 & Up	1	*	1	*	1	*
Totals	409	\$ 1,794	359	\$ 2,571	281	\$ 3,426

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	18	*	0	*	0	*
55 to 59	38	4,489	7	*	0	*
60 to 64	20	4,667	8	*	1	*
65 to 69	3	*	1	*	2	*
70 & Up	1	*	0	*	0	*
Totals	80	\$ 4,480	16	\$ *	3	\$ *

* 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.

The amortization period is the number of years necessary for a level excess of anticipated employer contributions over the normal cost to pay off the unfunded actuarial liability or funding shortfall. The unfunded actuarial liability is the difference between the actuarial liability and the actuarial value of assets. The funding shortfall is the difference between the actuarial liability and the market value of assets.

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, 2024 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, 2024 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, 2024 which includes both accruing and non-accruing contributions.

Type of Employment	Hourly Rate
Commercial	
Journeyman	\$10.40
Foreman	10.65
General Foreman	10.90
Traffic Tech 1	8.84
Support Tech 1	5.93
Residential	9.58
Sound & Communication	
Foreman	9.45
General Foreman	10.31
Licensed Journeyman	8.59
Installer	7.99

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

\$1,250,000 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
2.82%	RP-2014 Tables for 2024 with projections as prescribed by IRS regulations.

EDISON PENSION PLAN

PLAN EIN 93-6061681

PN 001

FYE 12/31/2024

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

SCHEDULE MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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 2024

b Assets		
(1) Current value of assets	1b(1)	916,615,959
(2) Actuarial value of assets for funding standard account.....	1b(2)	961,418,596
c (1) Accrued liability for plan using immediate gain methods	1c(1)	999,540,880
(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)	999,540,880
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)	1,664,220,422
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	65,293,209
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	62,693,520
(3) Expected plan disbursements for the plan year	1d(3)	62,723,221

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	Ladd E. Preppernau <i>LEP</i> Signature of actuary	<u>9/2/25</u> Date 2306705
	LADD E PREPPERNAU Type or print name of actuary	Most recent enrollment number 503-227-0634
	MILLIMAN, INC. Firm name	Telephone number (including area code)
	1455 SW Broadway Portland OR 97201 Suite 1600 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

- 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 2.82%
- | | Pre-retirement | Post-retirement |
|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| b Rates specified in insurance or annuity contracts | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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 % <input checked="" type="checkbox"/> N/A | |
| f Withdrawal liability interest rate: | | |
| (1) Type of interest rate | 6f(1) <input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> 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 | 6.5% |
| h Estimated investment return on current value of assets for year ending on the valuation date | 6h | 8.1% |
| i Expense load included in normal cost reported in line 9b | 6i | <input type="checkbox"/> 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) | 1,209,190 |
| (3) If neither (1) nor (2) describes the expense load, check the box | 6i(3) | <input type="checkbox"/> |

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-2,376,183	-240,551

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 the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(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	27,287,699
c Amortization charges as of valuation date:		
	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	288,730,849
(2) Funding waivers	9c(2)	42,736,569
(3) Certain bases for which the amortization period has been extended	9c(3)	
d Interest as applicable on lines 9a, 9b, and 9c	9d	4,726,638
e Total charges. Add lines 9a through 9d.....	9e	74,750,906
Credits to funding standard account:		
f Prior year credit balance, if any	9f	205,324,413
g Employer contributions. Total from column (b) of line 3	9g	79,394,819
	Outstanding balance	
h Amortization credits as of valuation date.....	9h	45,284,152
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	5,068,644
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL).....	9j(1)	336,835,783
(2) "RPA '94" override (90% current liability FFL)	9j(2)	583,084,681
(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	306,280,280
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	231,529,374
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		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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
2024	\$ 2,360,937	\$ 4,278,982	\$ 56,908,681	\$ 63,548,601	2049	\$ 37,377,543	\$ 9,574,898	\$ 13,380,425	\$ 60,332,867
2025	5,419,956	4,972,886	55,700,343	66,093,185	2050	37,219,011	9,388,795	11,784,213	58,392,019
2026	8,372,836	5,734,267	54,432,765	68,539,868	2051	36,903,215	9,061,805	10,291,242	56,256,262
2027	11,265,945	6,575,595	53,042,625	70,884,165	2052	36,422,761	8,700,755	8,908,895	54,032,411
2028	13,927,209	7,130,521	51,646,442	72,704,172	2053	35,871,083	8,301,143	7,642,653	51,814,878
2029	16,230,953	7,333,298	50,233,735	73,797,987	2054	35,163,439	7,892,019	6,495,904	49,551,361
2030	18,358,680	8,028,917	48,770,170	75,157,766	2055	34,454,994	7,450,281	5,469,593	47,374,868
2031	20,461,403	8,472,748	47,191,801	76,125,952	2056	33,663,796	7,016,041	4,562,222	45,242,058
2032	22,458,635	8,817,390	45,568,778	76,844,803	2057	32,831,953	6,612,796	3,770,025	43,214,774
2033	24,287,231	9,324,577	43,831,832	77,443,639	2058	31,740,506	6,187,252	3,087,097	41,014,855
2034	25,980,774	9,599,476	42,087,851	77,668,101	2059	30,614,318	5,779,400	2,505,822	38,899,541
2035	27,591,144	9,894,872	40,292,568	77,778,584	2060	29,444,350	5,360,249	2,017,258	36,821,857
2036	29,153,216	10,218,468	38,440,245	77,811,928	2061	28,245,031	4,945,593	1,611,643	34,802,268
2037	30,614,270	10,564,795	36,537,066	77,716,131	2062	26,896,193	4,557,232	1,278,955	32,732,380
2038	31,858,376	10,856,979	34,590,436	77,305,792	2063	25,582,062	4,173,294	1,009,274	30,764,629
2039	33,036,363	11,075,878	32,608,955	76,721,196	2064	24,241,485	3,806,081	793,098	28,840,664
2040	33,974,829	11,119,560	30,602,452	75,696,842	2065	22,848,550	3,457,416	621,637	26,927,603
2041	34,819,581	11,093,092	28,581,805	74,494,477	2066	21,412,262	3,127,490	486,959	25,026,711
2042	35,634,776	11,019,124	26,558,742	73,212,642	2067	19,998,757	2,816,038	382,102	23,196,897
2043	36,265,283	10,983,743	24,545,572	71,794,599	2068	18,607,867	2,524,332	301,083	21,433,282
2044	36,833,534	10,828,145	22,554,848	70,216,528	2069	17,251,248	2,252,222	238,859	19,742,329
2045	37,142,389	10,627,033	20,599,356	68,368,778	2070	15,941,632	1,999,788	191,274	18,132,694
2046	37,445,691	10,375,530	18,691,930	66,513,152	2071	14,686,004	1,766,932	154,952	16,607,888
2047	37,487,551	10,195,200	16,845,079	64,527,829	2072	13,485,932	1,553,342	127,196	15,166,470
2048	37,515,947	9,910,817	15,070,820	62,497,584	2073	12,342,662	1,358,511	105,888	13,807,062

* 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
2024	64,700,000	0	64,700,000
2025	57,800,000	0	57,800,000
2026	55,000,000	0	55,000,000
2027	52,100,000	0	52,100,000
2028	52,100,000	0	52,100,000
2029	52,100,000	0	52,100,000
2030	52,100,000	0	52,100,000
2031	52,100,000	0	52,100,000
2032	52,100,000	0	52,100,000
2033	52,100,000	0	52,100,000

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	5.20	HOURLY
ON ELECTRIC GROUP INC	93-0473216	6.24	HOURLY
ON ELECTRIC GROUP INC	93-0473216	7.28	HOURLY
ON ELECTRIC GROUP INC	93-0473216	10.65	HOURLY
ON ELECTRIC GROUP INC	93-0473216	10.90	HOURLY
ON ELECTRIC GROUP INC	93-0473216	10.40	HOURLY
ON ELECTRIC GROUP INC	93-0473216	10.65	HOURLY
ON ELECTRIC GROUP INC	93-0473216	5.93	HOURLY
ON ELECTRIC GROUP INC	93-0473216	4.26	HOURLY
ON ELECTRIC GROUP INC	93-0473216	3.64	HOURLY
ON ELECTRIC GROUP INC	93-0473216	10.05	HOURLY
ON ELECTRIC GROUP INC	93-0473216	6.01	HOURLY
ON ELECTRIC GROUP INC	93-0473216	6.87	HOURLY
ON ELECTRIC GROUP INC	93-0473216	9.45	HOURLY
ON ELECTRIC GROUP INC	93-0473216	10.31	HOURLY
ON ELECTRIC GROUP INC	93-0473216	7.99	HOURLY
ON ELECTRIC GROUP INC	93-0473216	8.59	HOURLY

<u>Employer Name</u>	<u>EIN</u>	<u>Contribution Rate</u>	<u>Base Unit</u>
E C COMPANY	93-0902566	5.28	HOURLY
E C COMPANY	93-0902566	6.24	HOURLY
E C COMPANY	93-0902566	7.28	HOURLY
E C COMPANY	93-0902566	8.84	HOURLY
E C COMPANY	93-0902566	10.65	HOURLY
E C COMPANY	93-0902566	10.90	HOURLY
E C COMPANY	93-0902566	10.40	HOURLY
E C COMPANY	93-0902566	5.93	HOURLY
E C COMPANY	93-0902566	5.20	HOURLY
E C COMPANY	93-0902566	4.26	HOURLY
E C COMPANY	93-0902566	3.64	HOURLY
E C COMPANY	93-0902566	5.93	HOURLY
E C COMPANY	93-0902566	9.58	HOURLY
E C COMPANY	93-0902566	5.58	HOURLY
E C COMPANY	93-0902566	6.01	HOURLY
E C COMPANY	93-0902566	6.87	HOURLY
E C COMPANY	93-0902566	7.73	HOURLY
E C COMPANY	93-0902566	9.45	HOURLY
E C COMPANY	93-0902566	10.31	HOURLY
E C COMPANY	93-0902566	7.99	HOURLY
E C COMPANY	93-0902566	6.79	HOURLY
E C COMPANY	93-0902566	8.59	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	5.28	HOURLY
ROSENDIN ELECTRIC INC	94-1242813	6.24	HOURLY
ROSENDIN ELECTRIC INC	94-1242813	7.28	HOURLY
ROSENDIN ELECTRIC INC	94-1242813	8.84	HOURLY
ROSENDIN ELECTRIC INC	94-1242813	10.65	HOURLY
ROSENDIN ELECTRIC INC	94-1242813	10.90	HOURLY
ROSENDIN ELECTRIC INC	94-1242813	10.40	HOURLY
ROSENDIN ELECTRIC INC	94-1242813	5.93	HOURLY
ROSENDIN ELECTRIC INC	94-1242813	5.20	HOURLY
ROSENDIN ELECTRIC INC	94-1242813	4.26	HOURLY
ROSENDIN ELECTRIC INC	94-1242813	3.64	HOURLY
ROSENDIN ELECTRIC INC	94-1242813	9.45	HOURLY
ROSENDIN ELECTRIC INC	94-1242813	10.31	HOURLY
ROSENDIN ELECTRIC INC	94-1242813	7.99	HOURLY
ROSENDIN ELECTRIC INC	94-1242813	8.59	HOURLY

<u>Employer Name</u>	<u>EIN</u>	<u>Contribution Rate</u>	<u>Base Unit</u>
DYNALECTRIC OREGON	52-0973205	5.28	HOURLY
DYNALECTRIC OREGON	52-0973205	6.24	HOURLY
DYNALECTRIC OREGON	52-0973205	7.28	HOURLY
DYNALECTRIC OREGON	52-0973205	8.84	HOURLY
DYNALECTRIC OREGON	52-0973205	10.65	HOURLY
DYNALECTRIC OREGON	52-0973205	10.90	HOURLY
DYNALECTRIC OREGON	52-0973205	10.40	HOURLY
DYNALECTRIC OREGON	52-0973205	5.93	HOURLY
DYNALECTRIC OREGON	52-0973205	5.20	HOURLY
DYNALECTRIC OREGON	52-0973205	4.26	HOURLY
DYNALECTRIC OREGON	52-0973205	3.64	HOURLY
DYNALECTRIC OREGON	52-0973205	5.93	HOURLY
DYNALECTRIC OREGON	52-0973205	5.15	HOURLY
DYNALECTRIC OREGON	52-0973205	5.58	HOURLY
DYNALECTRIC OREGON	52-0973205	6.01	HOURLY
DYNALECTRIC OREGON	52-0973205	6.87	HOURLY
DYNALECTRIC OREGON	52-0973205	7.73	HOURLY
DYNALECTRIC OREGON	52-0973205	9.45	HOURLY
DYNALECTRIC OREGON	52-0973205	10.31	HOURLY
DYNALECTRIC OREGON	52-0973205	7.99	HOURLY
DYNALECTRIC OREGON	52-0973205	8.59	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	5.28	HOURLY
CHRISTENSON ELECTRIC INC	93-0502175	6.24	HOURLY
CHRISTENSON ELECTRIC INC	93-0502175	7.28	HOURLY
CHRISTENSON ELECTRIC INC	93-0502175	8.84	HOURLY
CHRISTENSON ELECTRIC INC	93-0502175	10.65	HOURLY
CHRISTENSON ELECTRIC INC	93-0502175	10.90	HOURLY
CHRISTENSON ELECTRIC INC	93-0502175	10.40	HOURLY
CHRISTENSON ELECTRIC INC	93-0502175	5.93	HOURLY
CHRISTENSON ELECTRIC INC	93-0502175	5.20	HOURLY
CHRISTENSON ELECTRIC INC	93-0502175	4.26	HOURLY
CHRISTENSON ELECTRIC INC	93-0502175	3.64	HOURLY
CHRISTENSON ELECTRIC INC	93-0502175	9.58	HOURLY
CHRISTENSON ELECTRIC INC	93-0502175	5.15	HOURLY
CHRISTENSON ELECTRIC INC	93-0502175	5.58	HOURLY
CHRISTENSON ELECTRIC INC	93-0502175	6.01	HOURLY
CHRISTENSON ELECTRIC INC	93-0502175	6.87	HOURLY
CHRISTENSON ELECTRIC INC	93-0502175	7.73	HOURLY
CHRISTENSON ELECTRIC INC	93-0502175	9.45	HOURLY
CHRISTENSON ELECTRIC INC	93-0502175	10.31	HOURLY
CHRISTENSON ELECTRIC INC	93-0502175	7.99	HOURLY
CHRISTENSON ELECTRIC INC	93-0502175	8.59	HOURLY

<u>Employer Name</u>	<u>EIN</u>	<u>Contribution Rate</u>	<u>Base Unit</u>
CHERRY CITY ELECTRIC CO	95-2313206	5.28	HOURLY
CHERRY CITY ELECTRIC CO	95-2313206	6.24	HOURLY
CHERRY CITY ELECTRIC CO	95-2313206	7.28	HOURLY
CHERRY CITY ELECTRIC CO	95-2313206	8.84	HOURLY
CHERRY CITY ELECTRIC CO	95-2313206	10.65	HOURLY
CHERRY CITY ELECTRIC CO	95-2313206	10.90	HOURLY
CHERRY CITY ELECTRIC CO	95-2313206	10.40	HOURLY
CHERRY CITY ELECTRIC CO	95-2313206	5.93	HOURLY
CHERRY CITY ELECTRIC CO	95-2313206	5.20	HOURLY
CHERRY CITY ELECTRIC CO	95-2313206	4.26	HOURLY
CHERRY CITY ELECTRIC CO	95-2313206	3.64	HOURLY
CHERRY CITY ELECTRIC CO	95-2313206	6.87	HOURLY
CHERRY CITY ELECTRIC CO	95-2313206	9.45	HOURLY
CHERRY CITY ELECTRIC CO	95-2313206	8.59	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	5.28	HOURLY
STONER ELECTRIC GRP INC	93-0612566	6.24	HOURLY
STONER ELECTRIC GRP INC	93-0612566	7.28	HOURLY
STONER ELECTRIC GRP INC	93-0612566	8.84	HOURLY
STONER ELECTRIC GRP INC	93-0612566	10.65	HOURLY
STONER ELECTRIC GRP INC	93-0612566	10.90	HOURLY
STONER ELECTRIC GRP INC	93-0612566	10.40	HOURLY
STONER ELECTRIC GRP INC	93-0612566	5.93	HOURLY
STONER ELECTRIC GRP INC	93-0612566	5.20	HOURLY
STONER ELECTRIC GRP INC	93-0612566	4.26	HOURLY
STONER ELECTRIC GRP INC	93-0612566	3.64	HOURLY
STONER ELECTRIC GRP INC	93-0612566	9.58	HOURLY
STONER ELECTRIC GRP INC	93-0612566	5.15	HOURLY
STONER ELECTRIC GRP INC	93-0612566	5.58	HOURLY
STONER ELECTRIC GRP INC	93-0612566	6.01	HOURLY
STONER ELECTRIC GRP INC	93-0612566	6.87	HOURLY
STONER ELECTRIC GRP INC	93-0612566	7.73	HOURLY
STONER ELECTRIC GRP INC	93-0612566	9.45	HOURLY
STONER ELECTRIC GRP INC	93-0612566	10.31	HOURLY
STONER ELECTRIC GRP INC	93-0612566	7.99	HOURLY
STONER ELECTRIC GRP INC	93-0612566	6.79	HOURLY
STONER ELECTRIC GRP INC	93-0612566	8.59	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>
GLOBAL ELECTRIC	20-0107353	5.20	HOURLY
GLOBAL ELECTRIC	20-0107353	6.24	HOURLY
GLOBAL ELECTRIC	20-0107353	7.28	HOURLY
GLOBAL ELECTRIC	20-0107353	10.65	HOURLY
GLOBAL ELECTRIC	20-0107353	10.90	HOURLY
GLOBAL ELECTRIC	20-0107353	10.40	HOURLY
GLOBAL ELECTRIC	20-0107353	10.65	HOURLY
GLOBAL ELECTRIC	20-0107353	5.93	HOURLY
GLOBAL ELECTRIC	20-0107353	4.26	HOURLY
GLOBAL ELECTRIC	20-0107353	3.64	HOURLY
GLOBAL ELECTRIC	20-0107353	10.05	HOURLY
GLOBAL ELECTRIC	20-0107353	6.01	HOURLY
GLOBAL ELECTRIC	20-0107353	6.87	HOURLY
GLOBAL ELECTRIC	20-0107353	9.45	HOURLY
GLOBAL ELECTRIC	20-0107353	10.31	HOURLY
GLOBAL ELECTRIC	20-0107353	7.99	HOURLY
GLOBAL ELECTRIC	20-0107353	8.59	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>
JH KELLY LLC	91-1704136	5.20	HOURLY
JH KELLY LLC	91-1704136	6.24	HOURLY
JH KELLY LLC	91-1704136	7.28	HOURLY
JH KELLY LLC	91-1704136	10.90	HOURLY
JH KELLY LLC	91-1704136	10.40	HOURLY
JH KELLY LLC	91-1704136	10.65	HOURLY
JH KELLY LLC	91-1704136	4.15	HOURLY
JH KELLY LLC	91-1704136	4.26	HOURLY
JH KELLY LLC	91-1704136	3.64	HOURLY
JH KELLY LLC	91-1704136	5.15	HOURLY
JH KELLY LLC	91-1704136	9.45	HOURLY
JH KELLY LLC	91-1704136	10.31	HOURLY
JH KELLY LLC	91-1704136	7.99	HOURLY
JH KELLY LLC	91-1704136	8.59	HOURLY
JH KELLY LLC	91-1704136	8.84	HOURLY
JH KELLY LLC	91-1704136	9.58	HOURLY
JH KELLY LLC	91-1704136	4.17	HOURLY
JH KELLY LLC	91-1704136	5.58	HOURLY
JH KELLY LLC	91-1704136	6.01	HOURLY
JH KELLY LLC	91-1704136	6.87	HOURLY
JH KELLY LLC	91-1704136	7.73	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>
CARR ELECTRICAL	59-3364130	5.20	HOURLY
CARR ELECTRICAL	59-3364130	6.24	HOURLY
CARR ELECTRICAL	59-3364130	7.28	HOURLY
CARR ELECTRICAL	59-3364130	10.65	HOURLY
CARR ELECTRICAL	59-3364130	10.90	HOURLY
CARR ELECTRICAL	59-3364130	10.40	HOURLY
CARR ELECTRICAL	59-3364130	10.65	HOURLY
CARR ELECTRICAL	59-3364130	4.15	HOURLY
CARR ELECTRICAL	59-3364130	5.93	HOURLY
CARR ELECTRICAL	59-3364130	5.20	HOURLY
CARR ELECTRICAL	59-3364130	4.26	HOURLY
CARR ELECTRICAL	59-3364130	3.64	HOURLY
CARR ELECTRICAL	59-3364130	5.15	HOURLY
CARR ELECTRICAL	59-3364130	9.45	HOURLY
CARR ELECTRICAL	59-3364130	10.31	HOURLY
CARR ELECTRICAL	59-3364130	7.99	HOURLY
CARR ELECTRICAL	59-3364130	8.59	HOURLY

A. Summary of Present Plan (January 1, 2024)

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 12/31/2024

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, 2024 are determined below.

<u>Date Established</u>	<u>Type of Base</u>	<u>Outstanding Balance 1/1/2024</u>	<u>Remaining Minimum Amortization Period</u>	<u>Minimum Amortization Payment</u>
1/1/1995	Change in Plan	388,116	1	388,116
1/1/1995	Change in Actuarial Assumptions	113,162	1	113,162
1/1/1996	Change in Plan	57,380	2	29,627
1/1/1997	Change in Plan	500,802	3	177,949
1/1/1998	Change in Plan	639,515	4	175,868
1/1/1999	Change in Plan	1,003,840	5	227,813
1/1/2000	Change in Plan	421,444	6	82,189
1/1/2001	Change in Plan	303,018	7	52,213
1/1/2002	Change in Plan	1,486,413	8	230,932
1/1/2002	Change in Actuarial Assumptions	1,608,168	8	249,848
1/1/2003	Change in Negotiated Contributions	3,056,200	9	434,763
1/1/2005	Change in Negotiated Contributions	143,125	11	17,658
1/1/2006	Change in Plan	221,015	12	25,721
1/1/2006	Change in Actuarial Assumptions	4,600,515	12	535,382
1/1/2009	PRA 2010 Base	55,425,435	14	5,848,183
1/1/2010	Change in Actuarial Assumptions	1,435,859	1	1,435,859
1/1/2010	PRA 2010 Base	9,272,093	14	978,339
1/1/2011	PRA 2010 Base	10,282,257	14	1,084,926
1/1/2012	Change in Actuarial Assumptions	2,994,972	3	1,064,196
1/1/2012	Experience Loss	10,381,978	3	3,689,006
1/1/2012	PRA 2010 Base	11,252,214	14	1,187,271
1/1/2013	PRA 2010 Base	18,314,840	14	1,932,480
1/1/2014	PRA 2010 Base	21,597,823	14	2,278,882
1/1/2014	Change in Actuarial Assumptions	3,682,065	5	835,614
1/1/2014	Change in Plan	255,476	5	57,978
1/1/2015	Change in Actuarial Assumptions	9,943,291	6	1,939,099
1/1/2015	Experience Loss	12,935,269	6	2,522,581
1/1/2016	Change in Actuarial Assumptions	5,435,922	7	936,655
1/1/2016	Experience Loss	16,229,784	7	2,796,527
1/1/2017	Experience Loss	16,452,991	8	2,556,170
1/1/2018	Experience Loss	14,249,331	9	2,027,051
1/1/2018	Change in Actuarial Assumptions	15,587,229	9	2,217,376
1/1/2019	Experience Loss	12,287,380	10	1,619,939
1/1/2021	Experience Gain	(14,759,218)	12	(1,717,597)
1/1/2021	Assumption Change	20,780,695	12	2,418,343
1/1/2022	Experience Gain	(26,380,790)	13	(2,915,133)
1/1/2022	Assumption Change	(1,767,961)	13	(195,363)
1/1/2023	Assumption Change	915,625	14	96,612
1/1/2023	Experience Loss	4,475,607	14	472,241
1/1/2024	Experience Gain	<u>(2,376,183)</u>	15	<u>(240,551)</u>
		\$ 243,446,697		\$ 37,667,925

G. Assumption and Method Changes for the January 1, 2024 Valuation

- The current liability interest rate was changed from 2.19% to 2.82% to remain within the IRS prescribed corridor.
- The mortality tables used for the purpose of computing the current liability were updated to the 2024 tables as specified in the IRS regulations.
- Expenses were assumed to increase from \$1,200,000 per year, payable mid-year, to \$1,250,000 per year, payable mid-year to reflect recent and anticipated future experience.