

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2025 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

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

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.			
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.			
SIGN HERE	Filed with authorized/valid electronic signature.	09/16/2026	TODD MUSTARD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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 8208
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) 4749 6a(2) 4519 6b 1972 6c 1421 6d 7912 6e 357 6f 8269 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 179

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

1B

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

- 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 2025	
b Assets	
(1) Current value of assets	1b(1) 999527650
(2) Actuarial value of assets for funding standard account	1b(2) 1035165356
c (1) Accrued liability for plan using immediate gain methods	1c(1) 1033205532
(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) 1033205532
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) 1569834188
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 60393991
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 64562510
(3) Expected plan disbursements for the plan year	1d(3) 64846599

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	09/09/2026
Signature of actuary LADD E PREPPERNAU	Date 26-06705
Type or print name of actuary MILLIMAN, INC.	Most recent enrollment number 503-227-0634
Firm name 1455 SW BROADWAY SUITE 1600 PORTLAND, OR 97201	Telephone number (including area code)
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	999527650
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	2369	734481485
(2) For terminated vested participants	1159	185196373
(3) For active participants:		
(a) Non-vested benefits		45141670
(b) Vested benefits		605014660
(c) Total active	4750	650156330
(4) Total	8278	1569834188
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	63.67 %

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
01/15/2025	287055	0	06/15/2025	6456896	0
02/15/2025	5627520	0	07/15/2025	5390909	0
03/15/2025	5598039	0	08/15/2025	6464544	0
04/15/2025	6074998	0	09/15/2025	7120850	0
05/15/2025	5922099	0	10/15/2025	5548227	0
		Totals ▶	3(b)	73106182	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	100.1 %
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?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐ • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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

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

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

2 Operational information as of beginning of this plan year:

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

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
11/15/2025	5322775	0			
12/15/2025	7553876	0			
01/15/2026	5738394	0			
Totals ▶			3(b)		3(c)
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)

4 Information on plan status:

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

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability			6a	3.44 %
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A		☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:				
(1) Males	6c(1)	8P	8P	
(2) Females	6c(2)	8FP	8FP	
d Valuation liability interest rate	6d	6.75 %	6.75 %	
e Salary scale	6e	% ☒ N/A		
f Withdrawal liability interest rate:				
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A		
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	6.75 %		
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	5.7 %		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	6.9 %		
i Expense load included in normal cost reported in line 9b	6i	☐ N/A		
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%		
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	1305925		
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	9900711	1002289

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	29689780

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)	272499604	41801720
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 4825676**e** Total charges. Add lines 9a through 9d.....**9e** 76317176**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 231529374**g** Employer contributions. Total from column (b) of line 3.....**9g** 73106182**h** Amortization credits as of valuation date.....

	Outstanding balance	
9h	42930054	5068644

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 18011620**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)	314802586	
9j(2)	421756838	
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** 327715820**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 251398644**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:

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

9o(1) 0

(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:

(a) Reconciliation outstanding balance as of valuation date

9o(2)(a) 0

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

9o(2)(b) 0

(3) Total as of valuation date

9o(3) 0**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

BLACKROCK, INC.

32-0174431

(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

GCM GROSVENOR L.P.

20-3979494

(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

HARBOURVEST PARTNERS LP

74-3130888

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

MACQUARIE ASSET MANAGEMENT

99-2713801

(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

37-1424923

(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

QUEST INVESTMENT MANAGEMENT INC

93-0880854

(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

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

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

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

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

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

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	477139	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MFS HERITAGE TRUST COMPANY

02-0507414

(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	376197	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 51	NONE	335810	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

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

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	287135	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PACIFIC INVESTMENT MANAGEMENT CO

33-0629048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	284220	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

WASHINGTON CAPITAL MANAGEMENT INC

91-1042342

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	250635	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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	227777	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ASB CAPITAL MANAGEMENT

80-0618452

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	219668	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DODGE & COX

94-1441976

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 52 68 28	NONE	181631	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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	143632	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

LOOMIS, SAYLES & COMPANY, LP

20-8080381

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	138337	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GUGGENHEIM PARTNERS INVST MGMT LLC

80-0644053

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	116150	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

R.V. KUHNS & ASSOCIATES INC

93-0910652

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

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

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	79051	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	74794	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

STATE STREET GLOBAL ADVISORS

81-4017137

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 19 51	NONE	58892	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

BROWNSTEIN, RASK & SWEENEY

93-0589000

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	30902	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

METROPRESORT

3506 NW 35TH AVE
PORTLAND, OR 97210

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 50	NONE	19091	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

HARRISON ELECTRICAL WORKERS

93-6023048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	COMMON BOARD	15104	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan EDISON PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, EDISON PENSION TRUST		D Employer Identification Number (EIN) 93-6061681
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)		
a Name of MTIA, CCT, PSA, or 103-12 IE: QUEST GROUP TRUST I		
b Name of sponsor of entity listed in (a): QUEST INVESTMENT MANAGEMENT LLC		
c EIN-PN 93-6195889-070	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6072374
a Name of MTIA, CCT, PSA, or 103-12 IE: QUEST GROUP TRUST II		
b Name of sponsor of entity listed in (a): QUEST INVESTMENT MANAGEMENT LLC		
c EIN-PN 93-6195889-071	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8599074
a Name of MTIA, CCT, PSA, or 103-12 IE: QUEST GROUP TRUST III		
b Name of sponsor of entity listed in (a): QUEST INVESTMENT MANAGEMENT LLC		
c EIN-PN 93-6195889-072	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13945589
a Name of MTIA, CCT, PSA, or 103-12 IE: QUEST GROUP TRUST IV		
b Name of sponsor of entity listed in (a): QUEST INVESTMENT MANAGEMENT LLC		
c EIN-PN 93-6195889-073	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10567503
a Name of MTIA, CCT, PSA, or 103-12 IE: QUEST GROUP TRUST V		
b Name of sponsor of entity listed in (a): QUEST INVESTMENT MANAGEMENT LLC		
c EIN-PN 93-6195889-074	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9356000
a Name of MTIA, CCT, PSA, or 103-12 IE: QUEST GROUP TRUST VI		
b Name of sponsor of entity listed in (a): QUEST INVESTMENT MANAGEMENT LLC		
c EIN-PN 93-6195889-075	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3079976
a Name of MTIA, CCT, PSA, or 103-12 IE: QUEST GROUP TRUST VII		
b Name of sponsor of entity listed in (a): QUEST INVESTMENT MANAGEMENT LLC		
c EIN-PN 93-6195889-076	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12463282
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule D (Form 5500) 2025 v. 250312		

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 25338719
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 18068
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 15002
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 1248482
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 19867397
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 67744891
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 29746417
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 23096466
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 41172035
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 63947509

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan EDISON PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, EDISON PENSION TRUST		D Employer Identification Number (EIN) 93-6061681

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	5420472
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	6586706	6734722
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	5387900	13934688
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	47773093	17445445
(2) U.S. Government securities	1c(2)	64615665	63163192
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	7040435	115682664
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	120515826	139982674
(5) Partnership/joint venture interests	1c(5)	247846236	274818828
(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)	217643973	225707318
(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)	109988841	110571466
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	207487355	212186383
(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)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	1034886030	1185647852

Liabilities

1g Benefit claims payable	1g		
1h Operating payables	1h	35340813	1975322
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	17567	50962288
1k Total liabilities (add all amounts in lines 1g through 1j)	1k	35358380	52937610

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	999527650	1132710242
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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)	73106182	
(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)		73106182
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	325327	
(B) U.S. Government securities	2b(1)(B)	1226731	
(C) Corporate debt instruments	2b(1)(C)	2770139	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	2455727	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		6777924
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	1443941	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	5968360	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		7412301
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	1110636861	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1107726039	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		2910822
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	30458945	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		30458945

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		37681251
(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)		10015444
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		31597123
c Other income	2c		1500
d Total income. Add all income amounts in column (b) and enter total	2d		199961492

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	62295394	
(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)		62295394
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)	485499	
(3) Recordkeeping fees	2i(3)	429	
(4) IQPA audit fees	2i(4)	79051	
(5) Investment advisory and investment management fees	2i(5)	2356175	
(6) Bank or trust company trustee/custodial fees	2i(6)	146785	
(7) Actuarial fees	2i(7)	227777	
(8) Legal fees	2i(8)	97156	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	6372	
(11) Other expenses	2i(11)	1084262	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		4483506
j Total expenses. Add all expense amounts in column (b) and enter total	2j		66778900

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		133182592
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **CLIFTONLARSONALLEN LLP**

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

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

(1) ☐ This form is filed for a CCT, PSA, DCG or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	☒		268964991
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 588928.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan EDISON PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, EDISON PENSION TRUST		D Employer Identification Number (EIN) 93-6061681
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3 1
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☒ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2025 v. 250312		

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 **14507677**

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 **6817612**

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 **5757083**

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 **4766434**

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 **2813431**

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 **2688876**

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 **JH KELLY INC**

b EIN **91-1704136**

c Dollar amount contributed by employer **2152934**

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 **STONER ELECTRIC GRP INC**

b EIN **93-0612566**

c Dollar amount contributed by employer **1901370**

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

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

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

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

a Name of contributing employer **COCHRAN BROADWAY**

b EIN **91-0697301**

c Dollar amount contributed by employer **1831463**

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 **MILL PLAIN ELECTRIC**

b EIN **91-1076610**

c Dollar amount contributed by employer **1748797**

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☒ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a	0
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	0
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	0
15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
a The corresponding number for the plan year immediately preceding the current plan year.....	15a	1.08
b The corresponding number for the second preceding plan year.....	15b	1.10
16 Information with respect to any employers who withdrew from the plan during the preceding plan year:		
a Enter the number of employers who withdrew during the preceding plan year.....	16a	0
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	0
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐		

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:

Public Equity: 37.8 % Private Equity: 4.3 % Investment-Grade Debt and Interest Rate Hedging Assets: 24.7 %

High-Yield Debt: 0.7 % Real Assets: 17.3 % Cash or Cash Equivalents: 0.8 % Other: 14.4 %

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 _____.

COLLABORATORS | COACHES | ADVOCATES | MENTORS
FRIENDS | VOLUNTEERS | REGULARS | DINERS | VISITORS
CPAs | CONSULTANTS | WEALTH ADVISORS | NEIGHBORS
COLLABORATORS | COACHES | ADVOCATES | MENTORS |
CONNOISSEURS | CUSTOMERS | TEACHERS |
| VOLUNTEERS | REGULARS | DINERS | VISITORS

EDISON PENSION PLAN

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

YEARS ENDED DECEMBER 31, 2025 AND 2024

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**EDISON PENSION PLAN
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YEARS ENDED DECEMBER 31, 2025 AND 2024**

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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 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, 2025 and 2024, 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 accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Edison Pension Plan as of December 31, 2025 and 2024, 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 within one year after the date that 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, 2025 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 are 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, 2025 and 2024 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

Bellevue, Washington
August 25, 2026

EDISON PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
ASSETS		
INVESTMENTS (at Fair Value)		
Interest Bearing Cash (Including Foreign Currency)	\$ 4,430,736	\$ 4,381,228
Short-Term Funds	12,837,115	38,044,163
U.S. Securities	63,163,192	64,615,665
Corporate Bonds	115,682,664	7,040,435
Common Stock	139,982,674	120,515,826
Mutual Funds	212,186,383	207,487,355
Collective Funds	225,707,318	217,643,973
103-12 Investment Entities	110,571,466	109,988,841
Limited Partnerships	245,470,037	224,871,674
Limited Liability Companies	<u>23,494,954</u>	<u>22,420,632</u>
Total Investments	1,153,526,539	1,017,009,792
RECEIVABLES		
Employer Contributions	6,610,904	6,498,357
Reciprocal Contributions	123,818	88,349
Security Transactions Receivable	6,752,603	10,483
Accrued Interest and Dividends	<u>1,813,365</u>	<u>478,715</u>
Total Receivables	15,300,690	7,075,904
CASH	5,420,472	5,086,702
PREPAID EXPENSES	<u>126,907</u>	<u>119,500</u>
Total Assets	1,174,374,608	1,029,291,898
LIABILITIES		
ACCOUNTS PAYABLE	959,028	650,345
RECIPROCAL CONTRIBUTIONS PAYABLE	996,328	1,246,475
SECURITY TRANSACTIONS PAYABLE	<u>39,709,010</u>	<u>27,867,428</u>
Total Liabilities	<u>41,664,366</u>	<u>29,764,248</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 1,132,710,242</u></u>	<u><u>\$ 999,527,650</u></u>

See accompanying Notes to Financial Statements.

EDISON PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
ADDITIONS:		
INVESTMENT INCOME		
Net Appreciation in Fair Value of Investments	\$ 112,029,455	\$ 54,107,604
Interest	4,051,135	2,043,478
Dividends	8,036,895	9,081,095
Quest Group Trust Distributions	2,727,530	1,218,134
Other	8,795	30,295
Total Investment Income	<u>126,853,810</u>	<u>66,480,606</u>
LESS: INVESTMENT EXPENSES		
Investment Manager Fees	(2,248,675)	(1,984,345)
Custodial and Service Fees	(146,785)	(120,823)
Investment Performance Fees	(107,500)	(107,500)
Total Investment Expenses	<u>(2,502,960)</u>	<u>(2,212,668)</u>
Net Investment Income	124,350,850	64,267,938
CONTRIBUTIONS		
Employer	72,468,952	78,848,675
Reciprocal	637,230	546,144
Total Contributions	<u>73,106,182</u>	<u>79,394,819</u>
OTHER INCOME	<u>1,500</u>	<u>750</u>
Total Additions	197,458,532	143,663,507
DEDUCTIONS:		
RETIREMENT AND DEATH BENEFITS	62,295,394	59,313,936
ADMINISTRATIVE EXPENSES	<u>1,980,546</u>	<u>1,437,880</u>
Total Deductions	<u>64,275,940</u>	<u>60,751,816</u>
NET INCREASE	133,182,592	82,911,691
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	<u>999,527,650</u>	<u>916,615,959</u>
End of Year	<u><u>\$ 1,132,710,242</u></u>	<u><u>\$ 999,527,650</u></u>

See accompanying Notes to Financial Statements.

**EDISON PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024**

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 January 1, 2026. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Pension Benefits

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

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

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

Death and Disability Benefits

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

**EDISON PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024**

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

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

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

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

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

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.

**EDISON PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024**

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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, 2025 and 2024, the allowance for credit losses was insignificant.

Reclassifications

Certain amounts in the 2024 financial statements have been reclassified to conform with the 2025 presentation. These reclassifications do not affect net assets available for benefits as previously reported.

Subsequent Events

The Plan has evaluated subsequent events through August 25, 2026, 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.

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.

**EDISON PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024**

NOTE 3 FAIR VALUE OF INVESTMENTS (CONTINUED)

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, 2025 and 2024.

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.

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.

EDISON PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024

NOTE 3 FAIR VALUE OF INVESTMENTS (CONTINUED)

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

2025				
	Level 1	Level 2	Level 3	Total
Cash (Including Foreign Currency)	\$ 4,430,736	\$ -	\$ -	\$ 4,430,736
Short-Term Funds	12,837,115	-	-	12,837,115
U.S. Securities	2,380,566	60,782,626	-	63,163,192
Corporate Bonds	-	115,682,664	-	115,682,664
Common Stock	139,982,674	-	-	139,982,674
Mutual Funds	149,322,650	-	-	149,322,650
Total Investments in the Fair Value Hierarchy	<u>\$ 308,953,741</u>	<u>\$ 176,465,290</u>	<u>\$ -</u>	485,419,031
Investments Measured at Net Asset Value				<u>668,107,508</u>
Total Investment Assets at Fair Value				<u>\$ 1,153,526,539</u>

2024				
	Level 1	Level 2	Level 3	Total
Cash (Including Foreign Currency)	\$ 4,381,228	\$ -	\$ -	\$ 4,381,228
Short-Term Funds	38,044,163	-	-	38,044,163
U.S. Securities	-	64,615,665	-	64,615,665
Corporate Bonds	-	7,040,435	-	7,040,435
Common Stock	120,515,826	-	-	120,515,826
Mutual Funds	129,235,335	-	-	129,235,335
Total Investments in the Fair Value Hierarchy	<u>\$ 287,795,324</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>

EDISON PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024

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, 2025 and 2024:

Investment Type	Fair Value		Redemption Frequency (if Currently Eligible)	Redemption Notice Period	Unfunded Commitments	
	2025	2024			2025	2024
Mutual Funds:						
Fixed Income	\$ 62,863,733	\$ 78,252,020	Daily	1 Day	\$ -	\$ -
Collective Funds:						
Fixed Income	70,918,452	103,824,801	Daily	1 Day	-	-
International Equity	131,692,400	91,557,427	Daily	1 Day	-	-
Real Estate	23,096,466	22,261,745	Quarterly (a)	1 Day (a)	-	-
103-12 Investment Entities:						
Infrastructure	19,867,397	18,637,565	Quarterly	45 Days	-	-
Private Equity	1,281,552	979,210	None (b)	N/A (b)	314,000	314,000
Real Estate - Diversified	25,338,719	24,820,735	Monthly (a)(c)	15 Days (a)(c)	-	-
Real Estate - Oregon	64,083,798	65,551,331	Quarterly (c)	1 Day (c)	-	-
Limited Partnerships:						
Infrastructure	23,546,162	20,037,319	None (d)	N/A (d)	8,441,085	12,268,001
Infrastructure	19,143,473	16,759,745	Quarterly (e)	90 Days (e)	-	-
Private Credit	45,657,054	44,309,110	None (f)	N/A (f)	11,702,973	14,952,973
Private Equity	38,661,337	33,493,589	Quarterly	70 Days	-	-
Private Equity	46,419,595	42,631,749	None (g)	N/A (g)	26,122,089	16,064,581
Private Equity	53,027,957	49,297,049	Annually (h)	90 Days (h)	-	-
Real Estate	19,014,459	18,343,113	Quarterly (a)	30 Days (a)	-	-
Limited Liability Company:						
Opportunistic Credit	366,358	789,465	None (i)	N/A (i)	-	-
Opportunistic Credit	23,128,596	21,631,167	None (j)	N/A (j)	-	-
Total	<u>\$ 668,107,508</u>	<u>\$ 653,177,140</u>			<u>\$ 46,580,147</u>	<u>\$ 43,599,555</u>

- (a) The fund had a redemption queue at December 31, 2025 and 2024.
- (b) Transferrable upon written consent of the general partner with 10 days' notice. Two funds are currently in liquidation and the remaining fund is scheduled to terminate September 30, 2026, subject to extension and liquidation processes.
- (c) Redemptions are only made from available cash on a pro rata basis.
- (d) Scheduled to liquidate upon termination of underlying master partnerships, which will occur 10 years after final closing, subject to extension and liquidation processes.
- (e) A five-year lock-up period from commencement date of the fund is scheduled to expire November 24, 2026, upon which redemptions will be permitted. A two-year floating lock-up period will apply to any commitments made after that date.
- (f) The partnerships are scheduled to terminate June 30, 2027 and March 31, 2030, subject to extension and liquidation processes.
- (g) The partnerships are scheduled to terminate at various dates between February 17, 2027 and February 10, 2036, subject to extension and liquidation processes.
- (h) A floating two-year lock-up period applies from the date of each contribution of capital, expiring at the nearest subsequent quarterly valuation date.
- (i) The fund is in the process of liquidating.
- (j) An election to discontinue participation in the fund must be provided at least 90 days prior to December 31 of any year, at which time the participating shares are converted to liquidating shares. Cash is then distributed as soon as reasonably practical, as proceeds are available from the realization of investments held at the conversion date.

**EDISON PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024**

NOTE 3 FAIR VALUE OF INVESTMENTS (CONTINUED)

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.

Limited Partnerships

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.

The private credit focused limited partnerships seek to provide superior risk-adjusted rates of return through investment in inefficient segments of the credit markets, including bank debt, private equity, public and private corporate bonds and real estate.

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

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

Limited Liability Company

The objective of the opportunistic credit limited liability companies is to provide above-average returns through investment in the underlying master funds, which hold portfolios of funds generally implementing nontraditional or alternative investment strategies focused on credit markets.

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.

EDISON PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024

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, credit risk, and interest rate 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. Interest rate risk is defined as that risk associated with fluctuations in value of fixed income securities due to changes in interest rates.

A futures contract is a standardized agreement between two parties to buy and sell an asset at a set price on a future date and are traded on an exchange. A swap contract is an agreement between two parties to exchange investment cash flows, assets, foreign currencies, or market-linked returns at specified, futures intervals.

The Plan enters into financial futures contracts for the purpose of managing exposure to securities markets or to movements in interest rates and currency values. The Plan enters into swaps contracts for the purpose of managing exposure to credit, currency, and interest rate risks.

Upon entering into a financial futures or swap 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 and swaps 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 and swaps transactions involves the risk of imperfect correlation in movements in the price of futures and swaps contracts, interest rates, and the underlying assets.

At December 31, 2025, total open contracts and unrealized gain (loss) were as follows:

		December 31, 2025			
	No. of Contracts	Expiration Date	Value Upon Entering Contract	Value at Year-End	Unrealized Gain (Loss)
Fixed Income Futures:					
US 2YR Note	(56)	3/31/2025	\$ (11,681,250)	\$ (11,692,188)	\$ (10,938)
US 5YR Note	115	3/21/2025	12,570,938	12,570,039	(899)
US 10YR Note	2	3/21/2025	225,453	224,875	(578)
US 10YR Ultra	(67)	3/21/2025	(7,717,805)	(7,706,047)	11,758
US 30YR Ultra	(74)	3/21/2025	(8,892,036)	(8,732,000)	160,036
Total	(80)		<u>\$ (15,494,700)</u>	<u>\$ (15,335,321)</u>	<u>\$ 159,379</u>

EDISON PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024

NOTE 4 FINANCIAL INSTRUMENTS (CONTINUED)

					December 31, 2025		
					Value Upon Entering Contract	Value at Year-End	Unrealized Gain (Loss)
					Notional Amount	Expiration Date	
Interest Rate Swaps:							
RFR USD SOFR	5YR	3.75%	\$	(1,200,000)	12/18/2029	\$ (23,589)	\$ (16,410) \$ 7,179
RFR USD SOFR	25YR	3.53%		(100,000)	11/15/2049	-	9,996 9,996
RFR USD SOFR	25YR	3.46%		(400,000)	11/15/2049	-	43,867 43,867
RFR USD SOFR	7YR	3.33%		(800,000)	4/30/2031	-	5,783 5,783
RFR USD SOFR	7YR	3.43%		(1,200,000)	4/30/2031	-	2,383 2,383
RFR USD SOFR	7YR	3.30%		(2,400,000)	6/30/2031	47	22,683 22,636
RFR USD SOFR	5YR	3.84%		(200,000)	3/4/2030	-	(3,468) (3,468)
RFR USD SOFR	7YR	3.75%		(6,062,000)	5/15/2032	(5,967)	(71,788) (65,821)
Total			\$	(12,362,000)		\$ (29,509)	\$ (6,954) \$ 22,555

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

					December 31, 2024		
					Value Upon Entering Contract	Value at Year-End	Unrealized Gain (Loss)
					No. of Contracts	Expiration Date	
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

					December 31, 2024		
					Value Upon Entering Contract	Value at Year-End	Unrealized Gain (Loss)
					Notional Amount	Expiration Date	
Interest Rate Swaps:							
RFR USD SOFR	5YR	3.75%	\$	(1,200,000)	12/18/2029	\$ (23,589)	\$ 16,059 \$ 39,648
RFR USD SOFR	10YR	3.68%		(800,000)	8/13/2034	-	25,172 25,172
RFR USD SOFR	25YR	3.53%		(100,000)	11/15/2049	-	7,854 7,854
RFR USD SOFR	25YR	3.46%		(400,000)	11/15/2049	-	35,370 35,370
RFR USD SOFR	10YR	3.59%		(200,000)	8/19/2034	-	7,781 7,781
RFR USD SOFR	7YR	3.33%		(800,000)	4/30/2031	-	32,511 32,511
RFR USD SOFR	7YR	3.43%		(1,200,000)	4/30/2031	-	41,440 41,440
RFR USD SOFR	25YR	3.37%		(600,000)	11/15/2049	-	61,972 61,972
RFR USD SOFR	29YR	3.30%		(300,000)	11/15/2053	(2,598)	33,503 36,101
RFR USD SOFR	7YR	3.30%		(2,400,000)	6/30/2031	47	103,550 103,503
RFR USD SOFR	10YR	3.53%		(200,000)	9/4/2034	-	8,782 8,782
RFR USD SOFR	10YR	3.41%		(300,000)	9/5/2034	-	15,917 15,917
RFR USD SOFR	10YR	3.23%		(150,000)	9/10/2034	-	10,099 10,099
RFR USD SOFR	7YR	3.79%		(1,600,000)	10/31/2031	(8,216)	23,404 31,620
RFR USD SOFR	28YR	3.69%		(300,000)	11/15/2052	(3,621)	13,925 17,546
RFR USD SOFR	28YR	3.62%		(400,000)	11/15/2052	(242)	23,045 23,287
RFR USD SOFR	7YR	3.71%		(4,400,000)	11/30/2031	(1,342)	85,775 87,117
RFR USD SOFR	10YR	3.45%		300,000	10/11/2034	-	(15,100) (15,100)
RFR USD SOFR	10YR	3.47%		200,000	10/30/2034	-	(9,871) (9,871)
RFR USD SOFR	10YR	3.44%		200,000	11/5/2034	-	(10,373) (10,373)
RFR USD SOFR	10YR	3.54%		300,000	11/6/2034	-	(13,137) (13,137)
Total			\$	(14,350,000)		\$ (39,561)	\$ 497,678 \$ 537,239

**EDISON PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024**

NOTE 4 FINANCIAL INSTRUMENTS (CONTINUED)

At December 31, 2025 and 2024, the Plan pledged cash of \$1,022,000 and \$823,000, respectively, to cover initial margin requirements on open futures and swaps contracts.

The Plan recorded realized (losses) of \$(77,112) and \$(326,042) and unrealized gains of \$159,379 and \$55,115 on futures contracts entered into and settled during the periods ended December 31, 2025 and 2024, respectively. The gain and loss activity is reported in Net Appreciation in Fair Value of Investments on the statements of changes in net assets available for benefits.

The Plan recorded realized (losses) of \$(257,296) and \$223,013 and unrealized gains of \$22,555 and \$537,239 on swaps contracts entered into and settled during the periods ended December 31, 2025 and 2024, respectively. The gain and loss activity is reported in Net Appreciation in Fair Value of Investments and Interest on the statements of changes in net assets available for benefits.

NOTE 5 PENSION PROTECTION ACT CERTIFICATION

As of January 1, 2025, 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 2025 and 2024 exceeded the minimum funding requirements of ERISA.

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

EDISON PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024

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, Mesirow Financial Private Equity Fund VII-B, LP, Labor Impact Feeder Fund LP, Grosvenor Infrastructure Advantage Feeder Fund II, LP, and Mesirow Private Equity Co-Investment Fund IX, 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:

	2025		2024	
	Financial Statements	Form 5500	Financial Statements	Form 5500
Limited Partnerships	\$ 126,305,281	\$ -	\$ 110,546,697	\$ -
Limited Liability Company	23,494,954	-	22,420,632	-
Partnerships/Joint Ventures	-	155,654,072	-	133,521,259
Interest Bearing Cash	-	177,594	-	261,000
Receivable - Other	-	5,241,813	-	4,779,202
Operating Payables	-	(19,966)	-	(17,567)
Other Liabilities	-	(11,253,278)	-	(5,576,565)
Net Investment	<u>\$ 149,800,235</u>	<u>\$ 149,800,235</u>	<u>\$ 132,967,329</u>	<u>\$ 132,967,329</u>

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.

EDISON PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024

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.

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, 2024). Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date. The actuarial present value of accumulated Plan benefits is determined by the Plan's actuary, Milliman, and is that amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

**EDISON PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024**

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

The significant actuarial assumptions used in the valuations as of December 31, 2024 and 2023 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, 2024:

Actuarial Present Value of Accumulated Plan Benefits:

Vested Benefits:	
Participants Currently Receiving Payments	\$ 563,862,368
Other Participants	445,165,235
Total	<u>1,009,027,603</u>
Nonvested Benefits	24,177,929
Total Actuarial Present Value of Accumulated Plan Benefits	<u><u>\$ 1,033,205,532</u></u>

The changes in the actuarial present value of accumulated Plan benefits are summarized as follows for the period December 31, 2025:

Actuarial Present Value of Accumulated Plan Benefits:

Beginning of Year	\$ 999,540,880
Increase (Decrease) During the Year Attributable to:	
Benefit Accumulated	27,838,808
Reduction in Discount Period	65,467,165
Benefits Paid	(59,313,936)
Actuarial (Gain)/Loss	<u>(327,385)</u>
Net Increase	<u>33,664,652</u>
Actuarial Present Value of Accumulated Plan Benefits - End of Year	<u><u>\$ 1,033,205,532</u></u>

The computations of the actuarial present value of accumulated Plan benefits were made as of January 1, 2025. Had the valuations been performed as of December 31, there would be no material differences.

**EDISON PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024**

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 33% and 37% of employer contributions for the years ended December 31, 2025 and 2024, respectively. 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, 2025

(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>Interest-Bearing Cash</u>				
DREYFUS GOVERN CASH MGMT	VARIABLE RATE	12,837,016	\$ 12,837,115	\$ 12,837,115
EURO CURRENCY		3,265	3,466	3,834
BANK OF AMERICA CASH COLLATERAL		992,000	992,000	992,000
UBS CASH COLLATERAL		30,000	30,000	30,000
WELLS FARGO CASH		3,404,902	3,404,902	3,404,902
Total Interest-Bearing Cash			17,267,483	17,267,851
<u>U.S. Government Securities</u>				
F H L B DISC NTS	0.000% Due 02/27/2026	1,200,000	1,185,353	1,193,184
U S TREASURY BILL	0.000% Due 03/31/2026	100,000	98,835	99,141
U S TREASURY BILL	0.000% Due 04/21/2026	1,100,000	1,087,117	1,088,241
F H L M C MLTCL MT	5.301% Due 04/25/2055	162,688	162,840	163,361
F N M A TBA 30YR	4.000% Due 01/15/2044	400,000	378,316	379,372
F N M A TBA 30YR	4.000% Due 02/15/2044	800,000	757,422	758,304
F N M A TBA 30YR	4.500% Due 02/15/2044	2,400,000	2,341,875	2,340,864
F N M A TBA 30YR	5.000% Due 02/15/2045	2,200,000	2,195,359	2,191,838
FHLMC TBA 30YR	6.000% Due 02/15/2053	900,000	926,086	923,598
G N M A I I #002897	8.000% Due 03/20/2030	503	505	527
G N M A GTD REMIC	4.614% Due 03/20/2061	10,284	10,210	10,286
T V A	4.875% Due 05/15/2035	400,000	397,440	413,852
U S TREASURY BD	2.250% Due 08/15/2049	1,300,000	796,363	815,295
U S TREASURY BD	2.375% Due 02/15/2042	12,300,000	9,051,157	9,053,907
U S TREASURY BD	3.375% Due 11/15/2048	4,500,000	3,493,250	3,560,445
U S TREASURY BD	4.125% Due 08/15/2044	2,600,000	2,315,981	2,386,202
U S TREASURY BD	4.625% Due 02/15/2055	1,700,000	1,661,521	1,637,508
U S TREASURY BD	4.625% Due 05/15/2044	16,300,000	16,018,019	16,003,340
U S TREASURY BD	4.625% Due 05/15/2054	6,400,000	6,440,910	6,163,776
U S TREASURY BD	4.750% Due 02/15/2045	2,700,000	2,688,014	2,686,284
U S TREASURY BD	4.750% Due 08/15/2045	142,000	146,924	143,376
U S TREASURY I P S	1.750% Due 01/15/2034	423,668	424,956	421,240
U S TREASURY I P S	1.875% Due 07/15/2034	103,759	105,501	104,167
U S TREASURY I P S	1.875% Due 07/15/2035	1,515,465	1,520,816	1,511,403
U S TREASURY I P S	2.125% Due 01/15/2035	928,494	960,974	944,882
U S TREASURY NT	3.000% Due 08/15/2048	4,600,000	3,377,617	3,405,978
U S TREASURY NT	4.500% Due 11/15/2054	700,000	651,116	660,240
U S TREASURY NT	4.625% Due 11/15/2044	2,100,000	2,068,664	2,057,832
U S TREASURY NT	4.625% Due 11/15/2045	300,000	294,990	293,157
UMBS TBA 30YR	6.500% Due 02/15/2053	500,000	518,652	519,720
UNITED STATES TREAS	5.000% Due 05/15/2045	1,200,000	1,232,259	1,231,872
Total U.S. Government Securities			63,309,042	63,163,192
<u>Corporate Debt Instruments</u>				
522 CLO	5.64163% Due 10/23/2034	250,000	250,000	250,134
ABBOTT LABORATORIES	4.750% Due 11/30/2036	1,200,000	1,183,701	1,207,368
ABBVIE INC	4.050% Due 11/21/2039	1,900,000	1,650,587	1,696,054
ABBVIE INC	4.300% Due 05/14/2036	1,300,000	1,230,410	1,247,298
AMAZON COM INC	3.875% Due 08/22/2037	1,900,000	1,707,245	1,742,642
AMERICAN HONDA MTN	5.050% Due 07/10/2031	900,000	913,311	924,246
AMERICOLD RLTY OPER	5.409% Due 09/12/2034	100,000	100,000	97,587
ARES CLO LTD	5.12071% Due 10/28/2034	250,000	250,000	250,112
ARES STRATEGIC	5.450% Due 09/09/2028	1,600,000	1,597,360	1,613,376
ATHENE GLOBAL MTN	5.033% Due 07/17/2030	100,000	100,000	100,747
ATHENE GLOBAL MTN	5.322% Due 11/13/2031	2,200,000	2,213,596	2,230,426
ATLANTIC AVENUE	5.25876% Due 01/20/2035	250,000	250,000	249,942
BAIN CAPITAL	5.14432% Due 07/24/2034	250,000	250,000	249,739
BAIN CAPITAL	5.18246% Due 10/23/2034	200,000	200,000	200,180

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, 2025

(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
Corporate Debt Instruments (Continued)			
BAIN CAPITAL	5.19743% Due 10/20/2034 300,000	\$ 300,000	\$ 300,232
BAKER HUGHES LLC CO	4.080% Due 12/15/2047 500,000	388,730	397,850
* BANK OF AMER MTN	5.875% Due 02/07/2042 1,300,000	1,351,870	1,381,328
* BANK OF AMERICA MTN	5.000% Due 01/21/2044 300,000	281,370	289,266
BEIGNET INVESTOR LLC	6.581% Due 05/30/2049 660,000	660,000	697,290
BGC GROUP INC	6.150% Due 04/02/2030 800,000	810,272	828,352
BLACK HILLS CORP	3.875% Due 10/15/2049 800,000	581,752	595,552
BLACK HILLS CORP	4.550% Due 01/31/2031 100,000	99,935	100,020
BMO	5.5657% Due 11/19/2057 300,000	308,998	311,538
BRISTOL MYERS SQUIBB	4.250% Due 10/26/2049 1,000,000	809,466	817,060
BRISTOL MYERS SQUIBB	4.350% Due 11/15/2047 1,100,000	907,775	930,270
CARLYLE GLOBAL	5.08498% Due 07/20/2034 300,000	300,000	299,917
CDW LLC CDW FIN	5.550% Due 08/22/2034 100,000	99,742	101,892
CENTERPOINT ENERGY	1.750% Due 10/01/2030 1,300,000	1,133,431	1,158,118
CF INDUSTRIES INC	4.950% Due 06/01/2043 1,300,000	1,147,159	1,164,033
CF INDUSTRIES INC	5.375% Due 03/15/2044 300,000	278,262	281,001
CHENIERE ENERGY L P	5.950% Due 06/30/2033 1,600,000	1,666,816	1,696,592
CIGNA CORP	4.800% Due 08/15/2038 1,300,000	1,209,507	1,244,776
CITADEL LIMITED	6.375% Due 01/23/2032 1,600,000	1,657,744	1,698,176
CITIBANK N A	4.929% Due 08/06/2026 900,000	904,752	904,716
CITIBANK N A SR	4.576% Due 05/29/2027 900,000	904,665	909,180
CITIZENS FINL GROUP	5.718% Due 07/23/2032 100,000	100,000	104,841
COMCAST CORP	4.600% Due 10/15/2038 1,300,000	1,197,599	1,210,313
CONOCOPHILLIPS CO	4.300% Due 11/15/2044 500,000	413,915	422,615
CONSOLIDATED EDISON	4.650% Due 12/01/2048 1,000,000	855,530	865,620
CONSOLIDATED EDISON	6.150% Due 11/15/2052 800,000	844,114	841,320
CSX CORP	6.220% Due 04/30/2040 500,000	537,380	549,015
CVS CAREMARK CORP	5.300% Due 12/05/2043 1,600,000	1,444,832	1,490,208
D R HORTON INC	5.500% Due 10/15/2035 1,300,000	1,316,510	1,353,742
DEVON ENERGY CORP	5.200% Due 09/15/2034 1,600,000	1,548,208	1,592,944
DIAMONDBACK ENERGY	4.400% Due 03/24/2051 700,000	540,050	561,050
DIAMONDBACK ENERGY	5.750% Due 04/18/2054 900,000	833,256	850,536
DTE ELEC CO	5.200% Due 03/01/2034 1,500,000	1,530,735	1,547,385
DUKE ENERGY CAR	4.250% Due 12/15/2041 1,600,000	1,359,744	1,406,192
DUKE ENERGY CORP	4.950% Due 09/15/2035 100,000	99,672	99,161
ENERGY TRANSFER	6.125% Due 12/15/2045 1,600,000	1,564,748	1,570,592
ENERGY TRANSFER PART	6.500% Due 02/01/2042 300,000	312,624	315,927
ENTERGY LA LLC	5.350% Due 03/15/2034 600,000	611,268	623,562
ENTERGY LOUISIANA	4.200% Due 09/01/2048 1,000,000	790,840	808,110
ENTERGY TEXAS INC	5.550% Due 09/15/2054 200,000	198,568	194,124
ENTERPRISE PRODS	5.200% Due 01/15/2036 1,300,000	1,300,598	1,323,322
ESTEE LAUDER CO INC	3.125% Due 12/01/2049 500,000	320,560	331,555
FG GLOBAL MTN	2.300% Due 04/11/2027 1,600,000	1,537,664	1,562,208
FIRST AMERICAN	5.450% Due 09/30/2034 1,600,000	1,562,352	1,600,080
FLORIDA POWER	3.700% Due 12/01/2047 300,000	225,903	230,700
GA GLOBAL FUNDING	5.900% Due 01/13/2035 1,600,000	1,624,608	1,637,440
GEORGIA PWR CO	4.950% Due 05/17/2033 1,600,000	1,606,912	1,631,296
GILEAD SCIENCES INC	4.000% Due 09/01/2036 1,900,000	1,729,056	1,767,836
GREYWOLF CLO LTD	5.2004% Due 04/22/2033 217,830	217,830	217,813
HAT HLDGS I LLC L P	3.750% Due 09/15/2030 1,700,000	1,543,668	1,573,435
HOME DEPOT INC	5.950% Due 04/01/2041 1,100,000	1,153,768	1,177,242
HPS CORPORATE	6.750% Due 01/30/2029 2,000,000	2,070,120	2,088,860
HSBC USA INC	5.294% Due 03/04/2027 500,000	507,145	507,825
ICG US CLO LTD	5.14632% Due 10/20/2034 300,000	300,000	300,000
JACKSON NATL LIFE	4.700% Due 06/05/2028 1,300,000	1,303,744	1,313,026
JAMESTOWN CLO	5.03329% Due 07/25/2034 500,000	500,000	499,934

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, 2025

(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
	Corporate Debt Instruments (Continued)			
	JANUS HENDERSON US	5.450% Due 09/10/2034 100,000	\$ 99,741	\$ 101,612
	JPMORGAN CHASE	5.500% Due 10/15/2040 1,600,000	1,617,568	1,667,456
	KENTUCKY UTIL	5.125% Due 11/01/2040 1,100,000	1,069,640	1,077,747
	KINDER MORGAN ENER	5.500% Due 03/01/2044 1,000,000	936,620	957,990
	KINDER MORGAN INC	5.550% Due 06/01/2045 600,000	559,638	580,092
	KKR GROUP FIN CO L P	3.250% Due 12/15/2051 1,300,000	852,852	862,550
	KKR GROUP FIN CO L P	3.500% Due 08/25/2050 1,100,000	756,679	773,399
	LADDER CAPITAL FIN	7.000% Due 07/15/2031 2,000,000	2,085,160	2,120,500
	MADISON PARK	5.01353% Due 10/15/2034 250,000	250,000	249,701
	MARRIOTT INTL INC NE	5.500% Due 04/15/2037 1,600,000	1,595,264	1,637,888
	MARS INC	5.650% Due 05/01/2045 1,400,000	1,382,745	1,411,228
	MORGAN STANLEY	3.971% Due 07/22/2038 1,600,000	1,401,344	1,441,968
	NARRAGANSETT	5.350% Due 05/01/2034 300,000	304,665	309,093
	NORTHERN TRUST	1.950% Due 05/01/2030 600,000	538,716	548,802
	NORTHWELL HEALTHCARE	4.260% Due 11/01/2047 300,000	237,267	246,324
	NY STATE ELECTRIC	3.250% Due 12/01/2026 1,500,000	1,476,645	1,489,020
	OKLAHOMA GAS ELEC CO	5.400% Due 01/15/2033 1,500,000	1,542,795	1,569,795
	OSCAR US FUNDING	4.470% Due 03/12/2029 250,000	249,992	251,206
	PACIFIC GAS ELEC	6.150% Due 03/01/2055 200,000	199,400	197,854
	PACIFIC GAS ELEC CO	6.950% Due 03/15/2034 1,600,000	1,718,016	1,779,392
	PACIFICORP	4.150% Due 02/15/2050 400,000	301,736	296,604
	PACIFICORP	5.350% Due 12/01/2053 1,300,000	1,155,921	1,139,788
	PEAC SOLUTIONS	4.940% Due 10/20/2028 250,000	249,982	251,547
	PENNSYLVANIA ELEC CO	5.150% Due 03/30/2026 1,600,000	1,605,168	1,603,792
	PHILIP MORRIS INTL	4.375% Due 11/15/2041 1,600,000	1,378,816	1,424,640
	PIKES PEAK	5.21787% Due 10/11/2034 250,000	250,000	250,228
	PNC BANK NA MTN	3.250% Due 01/22/2028 1,300,000	1,269,268	1,285,843
	PNC FINANCIAL	3.150% Due 05/19/2027 900,000	884,211	891,567
	PUBLIC SERVICE	5.350% Due 05/15/2034 1,600,000	1,624,288	1,643,984
	PUGET ENERGY INC	5.685% Due 06/15/2054 800,000	794,461	792,208
	RAYMOND JAMES	4.950% Due 07/15/2046 900,000	816,228	822,951
	RCKT MORTGAGE TRUST	5.846% Due 07/25/2044 165,574	165,572	167,198
	SAFEHOLD OPER	5.650% Due 01/15/2035 1,600,000	1,599,328	1,642,608
	SAMMONS FIN MTN	5.100% Due 12/10/2029 1,000,000	1,018,460	1,024,040
	SBA TOWER TRUST	4.831% Due 10/15/2054 100,000	100,000	100,683
	SHELL FIN US INC	4.000% Due 05/10/2046 2,100,000	1,662,255	1,697,745
	SIXTH STR	5.750% Due 01/15/2030 100,000	99,841	101,335
	SLM CORP	6.500% Due 01/31/2030 100,000	99,777	103,506
	SOUTHERN CA GAS CO	6.350% Due 11/15/2052 1,400,000	1,496,236	1,513,232
	SOUTHERN CALIF GAS	3.750% Due 09/15/2042 700,000	540,302	560,175
	SYNCHRONY FINANCIAL	5.935% Due 08/02/2030 100,000	100,000	104,218
	TARGET CORP	5.250% Due 02/15/2036 500,000	504,810	513,580
	TESLA SUSTAINABLE	5.080% Due 06/21/2050 198,121	198,116	198,902
	TOWD POINT MORTGAG	5.03731% Due 07/25/2065 297,159	294,704	300,039
	TRUIST FINL CORP MTN	1.950% Due 06/05/2030 600,000	533,106	544,992
	UBER TECHNOLOGIES	4.800% Due 09/15/2034 200,000	199,856	199,942
	UNITEDHEALTH GROUP	3.500% Due 08/15/2039 2,200,000	1,757,030	1,831,852
	UNUM GROUP	5.750% Due 08/15/2042 1,600,000	1,550,992	1,586,400
*	US BANCORP MTN	3.150% Due 04/27/2027 1,300,000	1,275,911	1,289,925
	VIRGINIA ELEC POWER	4.450% Due 02/15/2044 1,000,000	844,210	864,280
	VIRGINIA ELEC POWER	4.650% Due 08/15/2043 300,000	262,104	268,596
	WALT DISNEY COMPANY	6.650% Due 11/15/2037 1,300,000	1,474,265	1,484,444
	WELLS FARG CML MTG	5.439% Due 11/19/2057 400,000	403,991	413,884
*	WELLS FARGO COMPANY	3.000% Due 10/23/2026 1,600,000	1,573,872	1,588,304
	WMG ACQUISITION CORP	3.750% Due 12/01/2029 2,000,000	1,887,740	1,925,140
	APTIV IRISH HOLDINGS	5.150% Due 09/13/2034 1,500,000	1,448,775	1,513,650

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, 2025

(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>Corporate Debt Instruments (Continued)</u>				
AS MILEAGE	5.308% Due 10/20/2031 500,000	\$ 496,315	\$ 504,510	
ISRAEL ST SR	5.375% Due 02/19/2030 300,000	297,438	310,296	
LLOYDS BANKING	5.590% Due 11/26/2035 200,000	200,000	209,016	
SAUDI ARABIAN MTN	5.875% Due 07/17/2064 200,000	195,278	194,240	
TOTALENERGIES CAP	5.275% Due 09/10/2054 100,000	100,000	93,960	
WASTE CONNECTIONS	5.250% Due 09/01/2035 700,000	709,282	724,507	
WOODSIDE FIN LTD	5.700% Due 09/12/2054 100,000	99,644	93,857	
Total Corporate Debt Instruments		113,696,013	115,682,664	
<u>Corporate Stocks</u>				
ADOBE INC	900	321,506	314,991	
ADVANCED MICRO DEVICES INC	400	59,083	85,664	
AIR PRODUCTS CHEMICALS INC	3,400	902,048	839,868	
ALNYLAM PHARMACEUTICALS INC	700	55,551	278,355	
ALPHABET INC CL A	23,463	1,734,109	7,343,919	
ALPHABET INC CL C	4,000	149,156	1,255,200	
AMAZON COM INC	20,527	1,808,711	4,738,042	
AMERICAN ELEC PWR CO INC COM	3,100	260,591	357,461	
AMPHENOL CORP CL A	14,138	567,528	1,910,609	
APPLE INC COM	25,865	2,349,733	7,031,659	
APPLOVIN CORP COM CL A	1,130	304,296	761,417	
ARCHER DANIELS MIDLAND CO	6,200	352,319	356,438	
ARES MANAGEMENT CORP A	1,050	138,851	169,711	
ARISTA NETWORKS INC	9,100	1,130,052	1,192,373	
ARTHUR J GALLAGHER CO	300	76,416	77,637	
AVANTOR INC	39,800	784,647	456,108	
BAKER HUGHES COMPANY	16,900	460,385	769,626	
BANK OF NEW YORK MELLON CORP	10,700	360,017	1,242,163	
BAXTER INTERNATIONAL INC	21,100	724,586	403,221	
BIOMARIN PHARMACEUTICAL INC	5,900	428,160	350,637	
BLOCK INC CL A	28,467	1,615,233	1,852,917	
BOEING CO COM	3,022	414,157	656,137	
BOOKING HOLDINGS INC	371	694,692	1,986,827	
BRISTOL MYERS SQUIBB CO	3,200	178,180	172,608	
BROADCOM INC	11,356	2,868,611	3,930,312	
CAPITAL ONE FINL CORP	3,800	266,922	920,968	
CARRIER GLOBAL CORPORATION COM	5,400	110,167	285,336	
CELANESE CORP DEL COM	5,300	368,804	224,084	
CHARTER COMMUNICATIONS INC NEW	5,350	1,522,576	1,116,812	
CHIPOTLE MEXICAN GRILL INC	12,475	437,549	461,575	
CIENA CORP	1,800	279,109	420,966	
COGNIZANT TECH SOLUTIONS CL A	6,501	420,881	539,583	
COMCAST CORP CLASS A	40,990	1,263,546	1,225,191	
CONOCOPHILLIPS	3,998	192,380	374,253	
COUPANG INC CL A	19,167	214,026	452,150	
CVS HEALTH CORP	23,200	1,514,799	1,841,152	
DANAHER CORP	1,959	287,851	448,454	
DATADOG INC CLASS A	4,200	569,234	571,158	
DOMINION ENERGY INC	8,800	464,165	515,592	
DOORDASH INC CL A	2,500	522,773	566,200	
ELANCO ANIMAL HEALTH INC	29,100	634,067	658,533	
ELI LILLY CO	1,583	492,520	1,701,218	
ENTEGRIS INC	8,422	802,692	709,553	
EQUIFAX INC	1,034	165,648	224,357	
FED EX CORP	6,000	1,084,259	1,733,160	
FIDELITY NATIONAL INFO SERV	18,100	1,286,641	1,202,926	

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, 2025

(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
	Corporate Stocks (Continued)			
	FIRST CTZNS BANCSHARES INC CL A	50	\$ 94,360	\$ 107,309
	FISERV INC	17,675	1,894,961	1,187,230
	FORTIVE CORP WI	18,200	975,886	1,004,822
	FOX CORP CL A	1,466	49,978	107,121
	FOX CORP CLASS B	7,500	269,955	486,975
	GAMING & LEISURE PROPE W I	5,588	267,176	249,728
	GE AEROSPACE	2,400	117,208	739,272
	GE HEALTHCARE TECHNOLOGIES INC	11,500	746,734	943,230
	GILEAD SCIENCES INC	11,500	786,592	1,411,510
	GOLDMAN SACHS GROUP INC	650	97,014	571,350
	HOWMET AEROSPACE INC COM	5,371	272,624	1,101,162
	HP INC	14,400	258,950	320,832
	HUBSPOT INC	2,626	1,213,194	1,053,814
	HUMANA INC	4,225	1,243,551	1,082,149
	IDEX CORP	800	130,218	142,352
	INCYTE CORP	5,000	388,769	493,850
	INGERSOLL RAND INC COM	4,673	194,733	370,195
	INTL FLAVORS FRAGRANCES	9,400	707,288	633,466
	INTUIT COM	2,859	929,017	1,893,859
	INTUITIVE SURGICAL INC	2,892	663,703	1,637,913
	LATTICE SEMICONDUCTOR CORP	7,895	377,218	580,914
	LPL FINANCIAL HOLDINGS INC	1,550	455,202	553,613
	MASTERCARD INC	4,143	1,020,740	2,365,156
	MERCADOLIBRE INC	397	598,207	799,661
	META PLATFORMS INC	6,203	1,669,958	4,094,538
	METLIFE INC	21,300	959,524	1,681,422
	MICROCHIP TECHNOLOGY INC	2,200	81,937	140,184
	MICROSOFT CORP COM	21,364	3,127,472	10,332,058
	MOLSON COORS BEVERAGE COMPANY	7,600	395,490	354,768
	MONGODB INC CL A	1,417	420,331	594,701
	NATERA INC	3,274	474,829	750,041
	NETFLIX COM INC	9,153	334,097	858,185
	NEUROCRINE BIOSCIENCES INC	2,250	275,305	319,117
	NEWS CORP NEW CL A W	5,425	84,248	141,701
	NORFOLK SOUTHN CORP COM	4,500	968,242	1,299,240
	NVIDIA CORP	46,290	2,046,271	8,633,085
	OCCIDENTAL PETROLEUM CORPORATION	30,075	1,255,258	1,236,684
	RALLIANT CORP COM	4,933	257,053	251,139
	REGENERON PHARMACEUTICALS COM	1,700	973,610	1,312,179
	ROCKET COS INC COM CL A	9,700	192,631	187,792
	RTX CORPORATION	16,700	1,196,444	3,062,780
	SBA COMMUNICATIONS CORP	4,250	887,141	822,077
	SCHWAB CHARLES CORP COM	29,325	1,054,834	2,929,861
	SERVICENOW INC COM	6,235	550,017	955,140
	STATE STR CORP	2,300	156,989	296,723
	STRYKER CORP	2,579	451,217	906,441
	SUN COMMUNITIES INC	5,775	729,998	715,580
	T MOBILE US INC	2,600	386,966	527,904
	TELEDYNE TECHNOLOGIES INC COM	750	372,350	383,048
	THE CIGNA GROUP	5,503	1,203,363	1,514,591
	TRADEWEB MARKETS INC CLASS A	5,453	516,021	586,416
	TRANSUNION	3,800	301,305	325,850
	UNITEDHEALTH GROUP INC COM	6,681	1,645,501	2,205,465
	V F CORP COM	14,100	245,453	254,928
	VISA INC COM CL A	5,611	898,294	1,967,834
*	WELLS FARGO CO NEW COM	13,100	489,720	1,220,920

EDISON PENSION PLAN
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SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2025

(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	
Corporate Stocks (Continued)				
ZIMMER BIOMET HOLDINGS INC COM	8,300	\$ 926,515	\$ 746,336	
ADYEN NV UNSPON A D R	30,100	499,802	480,697	
AEGON LTD AMER REG G D R	39,007	233,477	300,744	
ANHEUSER BUSCH INBEV NV A D R	14,200	804,712	909,368	
AON PLC SHS CL A	2,000	711,799	705,760	
ASML HOLDING NV NY REG SHS A D R	733	194,451	616,416	
BROOKFIELD CORP	11,200	503,877	513,968	
FABRINET	1,030	439,719	468,938	
GSK PLC SPONSORED A D R	28,120	1,036,489	1,379,005	
HONDA MOTOR CO LTD A D R	62,606	456,313	632,947	
LEGEND BIOTECH CORP SPONSORED A D R	20,700	920,952	2,478,825	
LYONDELLBASELL INDUSTRIES N V SHS A	6,200	466,858	268,460	
MEDTRONIC PLC SHS	3,200	275,078	307,392	
NOVARTIS AG A D R	3,900	253,304	537,693	
ROCHE HOLDINGS LTD SPON A D R	10,400	411,129	536,328	
SANOFI A D R	23,776	1,075,278	1,152,185	
SONOVA HOLDING UNSPON A D R	3,344	141,312	538,284	
TE CONNECTIVITY PLC ORD SHS	4,400	307,765	1,001,044	
* UBS GROUP AG	2,900	341,257	340,518	
WILLIS TOWERS WATSON PLC LTD SHS	1,950	610,894	640,770	
Total Corporate Stocks		80,605,355	139,982,674	
Partnership Interests				
BARINGS CORE PROPERTY FUND LP		20,202,762	19,014,459	
DOVER STREET XI FEEDER FUND		8,077,504	8,077,504	
GI PARTNERS FUND VI-A LP		10,301,224	13,054,013	
GROSVENOR INFRASTRUCTURE ADVANTAGE FF III		2,912,804	2,912,804	
GROSVENOR INSTITUTIONAL PARTNERS LP		38,661,337	38,661,337	
HARBOURVEST CO-INVEST FD IV LP		2,106,021	2,106,021	
HARBOURVEST PTR COINV V FF LP		8,379,168	8,379,168	
LABOR IMPACT FEEDER FUND LP		16,999,285	20,633,358	
MACQUARIE GLOBAL INFRA FD SCSP		14,853,770	19,143,473	
MESIROW FINANCIAL PRIV EQ FD VII-B		-	6,730,224	
MESIROW PRIVAT EQ CO-INVEST FD IX		4,339,601	4,339,601	
MONARCH CAPITAL PTR OS V LP		8,751,364	19,202,100	
MONARCH CAPITAL PTR VI LP		21,000,000	26,454,954	
PANTHEON USA FUND IX, LP		3,733,064	3,733,064	
PIMCO PRIVATE INCOME OS FDR III		43,000,000	53,027,957	
Total Limited Partnerships		203,317,904	245,470,037	
Collective Trusts				
ASB ALLEGIANCE REAL ESTATE FUND		17,866,751	23,096,466	
GUGGENHEIM CORE PLUS CIT		26,283,885	29,746,417	
LOOMIS SAYLES CORE PFI FD		36,078,787	41,172,035	
MFS INTL GROWTH FUND		23,492,548	63,947,509	
SSGA MSCI ACWI EX USA		29,693,008	67,744,891	
Total Collective Funds		133,414,979	225,707,318	
103-12 Investment Entities				
HARBOURVEST VIII CAYMAN BUYOUT		18,068	18,068	
HARBOURVEST VIII CAYMAN MEZZANINE		15,002	15,002	
HARBOURVEST VIII CAYMAN VENTURE		1,248,482	1,248,482	
QUEST GROUP TRUST I		3,056,596	6,072,374	
QUEST GROUP TRUST II		2,465,074	8,599,074	
QUEST GROUP TRUST III		2,970,000	13,945,589	
QUEST GROUP TRUST IV		2,700,000	10,567,503	

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, 2025

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
<u>103-12 Investment Entities (Continued)</u>				
QUEST GROUP TRUST V		\$ 2,140,242	\$ 9,356,000	
QUEST GROUP TRUST VI		1,193,575	3,079,976	
QUEST GROUP TRUST VII		10,373,067	12,463,282	
ULLICO INFRASTRUCTURE TAX-EXEMPT		8,991,341	19,867,397	
WASHINGTON CAPITAL EQUITY FUND		14,774,623	25,338,719	
Total 103-12 Investment Entities		49,946,070	110,571,466	
<u>Registered Investment Companies</u>				
AFL-CIO HOUSING INVT TR	28,716	30,014,400	28,496,881	
BLACKROCK ADVANTAGE SMALL CAP CORE	411,451	6,482,986	8,229,021	
DODGE COX INTERNATIONAL STOCK FD I	4,157,876	44,034,638	68,438,646	
FIDELITY MID CAP INDEX FUND	556,647	13,066,864	20,556,967	
ISHARES CORE S P SMALL CAP ETF	62,250	6,339,789	7,481,205	
PIMCO PAPS LONG DURATION CREDIT BOND	3,443,118	32,628,771	32,744,049	
PIMCO PAPS SHORT-TERM FLTG NAV II	22,019	220,563	220,563	
VANGUARD INSTL INDEX INSTL#94	83,356	26,337,976	46,019,051	
Total Mutual Funds		159,125,987	212,186,383	
<u>Other Investments - Limited Liability Companies</u>				
GROSVENOR OPPORTUNISTIC CREDIT FD IV		366,358	366,358	
GROSVENOR OPPORTUNISTIC CREDIT FD LTD		23,128,596	23,128,596	
Total Limited Liability Companies		23,494,954	23,494,954	
Total Investments Held		<u>\$ 844,177,787</u>	<u>\$ 1,153,526,539</u>	

* *Party-In-Interest*

EDISON PENSION PLAN
E.I.N. 93-6073069 PLAN NO. 001
SCHEDULE H, LINE 4j-SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2025

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Assets (Include Interest Rate and Maturity in Case of a Loan)	Purchase Price	Selling Price	Cost of Assets	Current Value of Assets on Transaction Date	Net Gain or (Loss)
<u>Category (iii) - Series of Transactions</u>						
Dreyfus Govern Cash Mgmt	Variable Rate	\$ 255,913,544	\$ -	\$ 255,913,544	\$ 255,913,544	\$ -
Dreyfus Govern Cash Mgmt	Variable Rate	-	281,098,411	281,098,411	281,098,411	-
US Treasury Bill	0.000% 07/29/2025	40,581,126	-	40,581,126	40,581,126	-
US Treasury Bill	0.000% 07/29/2025	-	40,581,126	40,581,126	40,581,126	-
US Treasury Bond	4.625% 05/15/2044	414,884,963	-	414,884,963	414,884,963	-
US Treasury Bond	4.625% 05/15/2044	-	427,748,633	427,996,381	427,748,633	(247,748)
U S Treasury Bond	4.125% 08/15/2044	40,313,535	-	40,313,535	40,313,535	-
U S Treasury Bond	4.125% 08/15/2044	-	40,313,567	40,359,984	40,313,567	(46,417)
US Treasury Note	4.625% 11/15/2044	54,367,698	-	54,367,698	54,367,698	-
US Treasury Note	4.625% 11/15/2044	-	52,907,242	52,882,624	52,907,242	24,618
US Treasury Bond	4.625% 02/15/2055	31,195,367	-	31,195,367	31,195,367	-
US Treasury Bond	4.625% 02/15/2055	-	29,547,365	29,533,845	29,547,365	13,520
US Treasury Bond	4.750% 02/15/2045	38,808,910	-	38,808,910	38,808,910	-
US Treasury Bond	4.750% 02/15/2045	-	36,199,064	36,120,896	36,199,064	78,168

There were no category (i), (ii), or (iv) reportable transactions during the year ended December 31, 2025.
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, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
ADMINISTRATIVE EXPENSES		
Actuarial Fees	\$ 227,777	\$ 220,229
Administrative Fees	485,499	535,233
Audit Fees	79,335	44,866
Collection Expenses	66,254	(3,322)
Participant Notices and Mailings	27,290	27,113
Insurance	227,974	262,123
Dues and Registration	2,680	5,061
Legal Fees	30,902	21,535
Meetings and Conferences	6,372	12,744
NECA Processing	8,540	16,479
Pension Medical Review	145	1,262
PBGC Insurance	320,112	294,557
Tax Expenses	497,666	-
Total Administrative Expenses	<u><u>\$ 1,980,546</u></u>	<u><u>\$ 1,437,880</u></u>
INVESTMENT EXPENSES		
Custodial and Service Fees	\$ 146,785	\$ 120,823
Investment Monitor - RV Kuhns	107,500	107,500
Investment Counsel Fees:		
ASB Capital Management	219,668	220,942
Dodge & Cox	181,631	144,356
Guggenheim	116,150	123,317
HarbourVest	-	64,216
Loomis Sayles	138,337	107,416
MFS Investment Management	376,197	299,766
PIMCO	284,220	258,480
Quest Investment Management	-	48,606
State Street Global Advisors	58,892	52,223
T Rowe Price	335,810	139,710
ULLICO	287,135	280,022
Washington Capital Management	250,635	245,291
Total Investment Expenses	<u><u>\$ 2,502,960</u></u>	<u><u>\$ 2,212,668</u></u>



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E. Distribution of Active Participants and Average Monthly Accrued Benefit (AB) by Age and Years of Credited Service as of January 1, 2025

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	4	\$ *	0	\$ *	0	\$ *	0	\$ *
20 to 24	51	30	238	147	3	*	0	*
25 to 29	42	37	279	245	186	661	2	*
30 to 34	39	40	315	267	258	760	72	1,415
35 to 39	30	49	207	290	251	800	158	1,460
40 to 44	12	*	156	310	211	832	161	1,449
45 to 49	12	*	87	331	133	841	139	1,508
50 to 54	11	*	57	381	98	859	96	1,535
55 to 59	3	*	28	389	49	919	68	1,490
60 to 64	2	*	22	328	33	979	42	1,554
65 to 69	1	*	5	*	12	*	13	*
70 & Up	0	*	0	*	2	*	1	*
Totals	207	\$ 39	1,394	\$ 262	1,236	\$ 796	752	\$ 1,478

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	54	1,873	0	*	0	*
40 to 44	107	1,920	34	2,556	1	*
45 to 49	95	1,860	89	2,657	47	3,329
50 to 54	88	1,901	88	2,610	87	3,482
55 to 59	52	1,879	59	2,581	103	3,518
60 to 64	31	1,966	39	2,449	45	3,309
65 to 69	6	*	7	*	4	*
70 & Up	1	*	3	*	1	*
Totals	435	\$ 1,892	319	\$ 2,594	288	\$ 3,446

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	24	4,295	0	*	0	*
55 to 59	47	4,242	8	*	0	*
60 to 64	22	4,422	7	*	3	*
65 to 69	6	*	0	*	1	*
70 & Up	0	*	0	*	1	*
Totals	99	\$ 4,278	15	\$ *	5	\$ *

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

B. Actuarial Cost Method

Background

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

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

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

Our actuarial assumptions include these probabilities and the investment return.

Cost Method

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

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

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

Amortization Method

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

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, 2025 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, 2025 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, 2025 which includes both accruing and non-accruing contributions.

Type of Employment	Hourly Rate
Commercial	
Journeyman	\$11.15
Foreman	11.40
General Foreman	11.65
Traffic Tech 1	9.48
Support Tech 1	6.36
Residential	10.75
Sound & Communication	
Foreman	9.80
General Foreman	10.69
Licensed Journeyman	8.91
Installer	8.31

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

\$1,350,000 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
3.44%	RP-2014 Tables for 2025 with projections as prescribed by IRS regulations.

EDISON PENSION PLAN

PLAN EIN 93-6061681

PN 001

FYE 12/31/2025

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

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information	OMB No. 1210-0110
	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).	2025
	▶ File as an attachment to Form 5500 or 5500-SF.	This Form is Open to Public Inspection
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
▶ 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 2025		
b Assets		
(1) Current value of assets	1b(1)	999,527,650
(2) Actuarial value of assets for funding standard account.....	1b(2)	1,035,165,356
c (1) Accrued liability for plan using immediate gain methods	1c(1)	1,033,205,532
(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)	1,033,205,532
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)	1,569,834,188
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	60,393,991
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	64,562,510
(3) Expected plan disbursements for the plan year	1d(3)	64,846,599
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>	9/9/26
	Signature of actuary	Date
LADD E PREPPERNAU		2606705
	Type or print name of actuary	Most recent enrollment number
MILLIMAN, INC.		503-227-0634
	Firm name	Telephone number (including area code)
1455 SW Broadway	Suite 1600	
Portland	OR 97201	
Address of the firm		

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

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

Schedule MB (Form 5500) 2025
v. 250702

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	999,527,650
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	2,369	734,481,485
(2) For terminated vested participants	1,159	185,196,373
(3) For active participants:		
(a) Non-vested benefits		45,141,670
(b) Vested benefits		605,014,660
(c) Total active	4,750	650,156,330
(4) Total	8,278	1,569,834,188
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	63.67 %

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
01/15/2025	287,055	0			
02/15/2025	5,627,520	0			
03/15/2025	5,598,039	0			
04/15/2025	6,074,998	0			
05/15/2025	5,922,099	0			
06/15/2025	6,456,896	0			
07/15/2025	5,390,909	0			
08/15/2025	6,464,544	0			
09/15/2025	7,120,850	0			
10/15/2025	5,548,227	0			
11/15/2025	5,322,775	0			
12/15/2025	7,553,876	0			
01/15/2026	5,738,394	0			
Totals ▶			3(b)	73,106,182	3(c) 0

(d) Total withdrawal liability amounts included in line 3(b) total **3(d)** 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	100.1 %
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?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

j If box h is checked, enter period of use of shortfall method **5j**

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

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

m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method **5m**

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.44 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	8P
(2) Females	6c(2)	8FP
d Valuation liability interest rate	6d	6.75 %
e Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	6.75 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	5.7 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	6.9 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	1,305,925
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	9,900,711	1,002,289

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	
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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	29,689,780	

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)	272,499,604	41,801,720
(2) Funding waivers.....	9c(2)		
(3) Certain bases for which the amortization period has been extended.....	9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c	9d	4,825,676
e Total charges. Add lines 9a through 9d.....	9e	76,317,176

Credits to funding standard account:			
f Prior year credit balance, if any.....	9f	231,529,374	
g Employer contributions. Total from column (b) of line 3.....	9g	73,106,182	

		Outstanding balance	
h Amortization credits as of valuation date.....	9h	42,930,054	5,068,644

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	18,011,620
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j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	314,802,586	
(2) "RPA '94" override (90% current liability FFL).....	9j(2)	421,756,838	
(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	327,715,820
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m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	251,398,644
---	-----------	-------------

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	
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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
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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	11.65	HOURLY
ON ELECTRIC GROUP INC	93-0473216	11.40	HOURLY
ON ELECTRIC GROUP INC	93-0473216	11.15	HOURLY
ON ELECTRIC GROUP INC	93-0473216	10.69	HOURLY
ON ELECTRIC GROUP INC	93-0473216	9.80	HOURLY
ON ELECTRIC GROUP INC	93-0473216	9.48	HOURLY
ON ELECTRIC GROUP INC	93-0473216	8.91	HOURLY
ON ELECTRIC GROUP INC	93-0473216	8.31	HOURLY
ON ELECTRIC GROUP INC	93-0473216	8.02	HOURLY
ON ELECTRIC GROUP INC	93-0473216	7.81	HOURLY
ON ELECTRIC GROUP INC	93-0473216	7.13	HOURLY
ON ELECTRIC GROUP INC	93-0473216	6.69	HOURLY
ON ELECTRIC GROUP INC	93-0473216	6.36	HOURLY
ON ELECTRIC GROUP INC	93-0473216	6.24	HOURLY
ON ELECTRIC GROUP INC	93-0473216	5.79	HOURLY
ON ELECTRIC GROUP INC	93-0473216	5.58	HOURLY
ON ELECTRIC GROUP INC	93-0473216	5.35	HOURLY
ON ELECTRIC GROUP INC	93-0473216	4.57	HOURLY
ON ELECTRIC GROUP INC	93-0473216	3.90	HOURLY

<u>Employer Name</u>	<u>EIN</u>	<u>Contribution Rate</u>	<u>Base Unit</u>
E C COMPANY	93-0902566	11.65	HOURLY
E C COMPANY	93-0902566	11.40	HOURLY
E C COMPANY	93-0902566	11.15	HOURLY
E C COMPANY	93-0902566	10.69	HOURLY
E C COMPANY	93-0902566	9.80	HOURLY
E C COMPANY	93-0902566	9.48	HOURLY
E C COMPANY	93-0902566	8.91	HOURLY
E C COMPANY	93-0902566	8.31	HOURLY
E C COMPANY	93-0902566	8.02	HOURLY
E C COMPANY	93-0902566	7.81	HOURLY
E C COMPANY	93-0902566	7.13	HOURLY
E C COMPANY	93-0902566	6.69	HOURLY
E C COMPANY	93-0902566	6.36	HOURLY
E C COMPANY	93-0902566	6.24	HOURLY
E C COMPANY	93-0902566	5.79	HOURLY
E C COMPANY	93-0902566	5.58	HOURLY
E C COMPANY	93-0902566	5.35	HOURLY
E C COMPANY	93-0902566	4.57	HOURLY
E C COMPANY	93-0902566	4.31	HOURLY
E C COMPANY	93-0902566	3.90	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>
DYNALECTRIC OREGON	52-0973205	11.65	HOURLY
DYNALECTRIC OREGON	52-0973205	11.40	HOURLY
DYNALECTRIC OREGON	52-0973205	11.15	HOURLY
DYNALECTRIC OREGON	52-0973205	10.69	HOURLY
DYNALECTRIC OREGON	52-0973205	9.80	HOURLY
DYNALECTRIC OREGON	52-0973205	9.48	HOURLY
DYNALECTRIC OREGON	52-0973205	8.91	HOURLY
DYNALECTRIC OREGON	52-0973205	8.31	HOURLY
DYNALECTRIC OREGON	52-0973205	8.02	HOURLY
DYNALECTRIC OREGON	52-0973205	7.81	HOURLY
DYNALECTRIC OREGON	52-0973205	6.69	HOURLY
DYNALECTRIC OREGON	52-0973205	6.36	HOURLY
DYNALECTRIC OREGON	52-0973205	5.79	HOURLY
DYNALECTRIC OREGON	52-0973205	5.58	HOURLY
DYNALECTRIC OREGON	52-0973205	5.35	HOURLY
DYNALECTRIC OREGON	52-0973205	4.57	HOURLY
DYNALECTRIC OREGON	52-0973205	3.90	HOURLY

<u>Employer Name</u>	<u>EIN</u>	<u>Contribution Rate</u>	<u>Base Unit</u>
CHRISTENSON ELECTRIC INC	93-0502175	11.65	HOURLY
CHRISTENSON ELECTRIC INC	93-0502175	11.40	HOURLY
CHRISTENSON ELECTRIC INC	93-0502175	11.15	HOURLY
CHRISTENSON ELECTRIC INC	93-0502175	10.75	HOURLY
CHRISTENSON ELECTRIC INC	93-0502175	10.69	HOURLY
CHRISTENSON ELECTRIC INC	93-0502175	9.80	HOURLY
CHRISTENSON ELECTRIC INC	93-0502175	9.48	HOURLY
CHRISTENSON ELECTRIC INC	93-0502175	8.91	HOURLY
CHRISTENSON ELECTRIC INC	93-0502175	8.31	HOURLY
CHRISTENSON ELECTRIC INC	93-0502175	8.02	HOURLY
CHRISTENSON ELECTRIC INC	93-0502175	7.81	HOURLY
CHRISTENSON ELECTRIC INC	93-0502175	7.13	HOURLY
CHRISTENSON ELECTRIC INC	93-0502175	6.69	HOURLY
CHRISTENSON ELECTRIC INC	93-0502175	6.36	HOURLY
CHRISTENSON ELECTRIC INC	93-0502175	6.24	HOURLY
CHRISTENSON ELECTRIC INC	93-0502175	5.79	HOURLY
CHRISTENSON ELECTRIC INC	93-0502175	5.58	HOURLY
CHRISTENSON ELECTRIC INC	93-0502175	5.35	HOURLY
CHRISTENSON ELECTRIC INC	93-0502175	4.57	HOURLY
CHRISTENSON ELECTRIC INC	93-0502175	3.90	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	11.65	HOURLY
ROSENDIN ELECTRIC INC	94-1242813	11.40	HOURLY
ROSENDIN ELECTRIC INC	94-1242813	11.15	HOURLY
ROSENDIN ELECTRIC INC	94-1242813	9.48	HOURLY
ROSENDIN ELECTRIC INC	94-1242813	8.91	HOURLY
ROSENDIN ELECTRIC INC	94-1242813	8.31	HOURLY
ROSENDIN ELECTRIC INC	94-1242813	7.81	HOURLY
ROSENDIN ELECTRIC INC	94-1242813	6.69	HOURLY
ROSENDIN ELECTRIC INC	94-1242813	6.36	HOURLY
ROSENDIN ELECTRIC INC	94-1242813	5.58	HOURLY
ROSENDIN ELECTRIC INC	94-1242813	3.90	HOURLY

<u>Employer Name</u>	<u>EIN</u>	<u>Contribution Rate</u>	<u>Base Unit</u>
CHERRY CITY ELECTRIC CO	95-2313206	11.65	HOURLY
CHERRY CITY ELECTRIC CO	95-2313206	11.40	HOURLY
CHERRY CITY ELECTRIC CO	95-2313206	11.15	HOURLY
CHERRY CITY ELECTRIC CO	95-2313206	9.80	HOURLY
CHERRY CITY ELECTRIC CO	95-2313206	9.48	HOURLY
CHERRY CITY ELECTRIC CO	95-2313206	7.81	HOURLY
CHERRY CITY ELECTRIC CO	95-2313206	7.13	HOURLY
CHERRY CITY ELECTRIC CO	95-2313206	6.69	HOURLY
CHERRY CITY ELECTRIC CO	95-2313206	5.58	HOURLY
CHERRY CITY ELECTRIC CO	95-2313206	3.90	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	11.65	HOURLY
JH KELLY LLC	91-1704136	11.40	HOURLY
JH KELLY LLC	91-1704136	11.15	HOURLY
JH KELLY LLC	91-1704136	10.75	HOURLY
JH KELLY LLC	91-1704136	9.80	HOURLY
JH KELLY LLC	91-1704136	9.48	HOURLY
JH KELLY LLC	91-1704136	8.91	HOURLY
JH KELLY LLC	91-1704136	8.31	HOURLY
JH KELLY LLC	91-1704136	8.02	HOURLY
JH KELLY LLC	91-1704136	7.81	HOURLY
JH KELLY LLC	91-1704136	7.80	HOURLY
JH KELLY LLC	91-1704136	7.13	HOURLY
JH KELLY LLC	91-1704136	6.69	HOURLY
JH KELLY LLC	91-1704136	6.36	HOURLY
JH KELLY LLC	91-1704136	5.58	HOURLY
JH KELLY LLC	91-1704136	5.35	HOURLY
JH KELLY LLC	91-1704136	3.90	HOURLY

<u>Employer Name</u>	<u>EIN</u>	<u>Contribution Rate</u>	<u>Base Unit</u>
STONER ELECTRIC GRP INC	93-0612566	11.40	HOURLY
STONER ELECTRIC GRP INC	93-0612566	11.15	HOURLY
STONER ELECTRIC GRP INC	93-0612566	9.80	HOURLY
STONER ELECTRIC GRP INC	93-0612566	9.48	HOURLY
STONER ELECTRIC GRP INC	93-0612566	8.91	HOURLY
STONER ELECTRIC GRP INC	93-0612566	8.31	HOURLY
STONER ELECTRIC GRP INC	93-0612566	8.02	HOURLY
STONER ELECTRIC GRP INC	93-0612566	7.81	HOURLY
STONER ELECTRIC GRP INC	93-0612566	7.13	HOURLY
STONER ELECTRIC GRP INC	93-0612566	7.06	HOURLY
STONER ELECTRIC GRP INC	93-0612566	6.69	HOURLY
STONER ELECTRIC GRP INC	93-0612566	6.36	HOURLY
STONER ELECTRIC GRP INC	93-0612566	5.58	HOURLY
STONER ELECTRIC GRP INC	93-0612566	5.35	HOURLY

Schedule R, Line 13e - Information on Contribution Rates and Base Units (Cont.)

Edison Pension Plan

Board of Trustees, Edison Pension Trust

EIN: 93-6061681

<u>Employer Name</u>	<u>EIN</u>	<u>Contribution Rate</u>	<u>Base Unit</u>
COCHRAN BROADWAY	91-0697301	11.65	HOURLY
COCHRAN BROADWAY	91-0697301	11.40	HOURLY
COCHRAN BROADWAY	91-0697301	11.15	HOURLY
COCHRAN BROADWAY	91-0697301	10.69	HOURLY
COCHRAN BROADWAY	91-0697301	9.80	HOURLY
COCHRAN BROADWAY	91-0697301	8.91	HOURLY
COCHRAN BROADWAY	91-0697301	8.31	HOURLY
COCHRAN BROADWAY	91-0697301	8.02	HOURLY
COCHRAN BROADWAY	91-0697301	7.81	HOURLY
COCHRAN BROADWAY	91-0697301	7.13	HOURLY
COCHRAN BROADWAY	91-0697301	6.69	HOURLY
COCHRAN BROADWAY	91-0697301	5.79	HOURLY
COCHRAN BROADWAY	91-0697301	5.58	HOURLY
COCHRAN BROADWAY	91-0697301	5.35	HOURLY
COCHRAN BROADWAY	91-0697301	4.57	HOURLY

<u>Employer Name</u>	<u>EIN</u>	<u>Contribution Rate</u>	<u>Base Unit</u>
MILL PLAIN ELECTRIC	91-1076610	11.65	HOURLY
MILL PLAIN ELECTRIC	91-1076610	11.40	HOURLY
MILL PLAIN ELECTRIC	91-1076610	11.15	HOURLY
MILL PLAIN ELECTRIC	91-1076610	10.69	HOURLY
MILL PLAIN ELECTRIC	91-1076610	9.48	HOURLY
MILL PLAIN ELECTRIC	91-1076610	8.91	HOURLY
MILL PLAIN ELECTRIC	91-1076610	7.81	HOURLY
MILL PLAIN ELECTRIC	91-1076610	6.69	HOURLY
MILL PLAIN ELECTRIC	91-1076610	6.36	HOURLY
MILL PLAIN ELECTRIC	91-1076610	5.79	HOURLY
MILL PLAIN ELECTRIC	91-1076610	5.58	HOURLY
MILL PLAIN ELECTRIC	91-1076610	4.57	HOURLY
MILL PLAIN ELECTRIC	91-1076610	4.31	HOURLY
MILL PLAIN ELECTRIC	91-1076610	3.90	HOURLY
MILL PLAIN ELECTRIC	91-1076610	3.66	HOURLY
MILL PLAIN ELECTRIC	91-1076610	3.02	HOURLY

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
2025	\$ 2,413,257	\$ 4,242,623	\$ 58,984,360	\$ 65,640,240	2050	\$ 39,665,743	\$ 9,512,094	\$ 13,535,103	\$ 62,712,941
2026	5,716,515	4,958,979	57,714,336	68,389,831	2051	39,530,102	9,229,333	11,903,726	60,663,161
2027	8,961,668	5,728,953	56,340,754	71,031,374	2052	39,208,122	8,950,470	10,380,362	58,538,955
2028	11,843,716	6,285,724	54,890,107	73,019,547	2053	38,814,533	8,582,260	8,972,199	56,368,991
2029	14,510,868	6,874,334	53,451,692	74,836,893	2054	38,230,586	8,239,865	7,684,485	54,154,936
2030	16,935,331	7,362,591	51,984,870	76,282,792	2055	37,703,777	7,810,429	6,520,140	52,034,346
2031	19,304,783	7,870,643	50,399,381	77,574,807	2056	37,036,322	7,429,056	5,479,700	49,945,078
2032	21,479,904	8,259,600	48,763,241	78,502,745	2057	36,368,384	7,035,153	4,561,273	47,964,810
2033	23,473,225	8,800,105	47,046,753	79,320,083	2058	35,386,118	6,606,167	3,760,587	45,752,872
2034	25,340,144	9,058,361	45,224,026	79,622,531	2059	34,347,546	6,190,548	3,071,360	43,609,454
2035	27,143,440	9,372,845	43,386,193	79,902,478	2060	33,245,070	5,783,525	2,485,584	41,514,179
2036	28,891,836	9,767,128	41,489,877	80,148,841	2061	32,087,406	5,379,864	1,994,014	39,461,284
2037	30,542,123	10,137,512	39,536,429	80,216,063	2062	30,747,748	4,982,446	1,586,710	37,316,905
2038	31,982,482	10,431,726	37,533,214	79,947,421	2063	29,420,340	4,599,915	1,253,444	35,273,699
2039	33,345,431	10,677,855	35,488,791	79,512,077	2064	28,069,329	4,220,114	984,091	33,273,534
2040	34,465,646	10,819,173	33,412,936	78,697,756	2065	26,631,011	3,856,506	769,007	31,256,524
2041	35,516,261	10,815,425	31,316,441	77,648,127	2066	25,109,358	3,510,003	599,232	29,218,594
2042	36,530,937	10,784,090	29,210,943	76,525,969	2067	23,601,564	3,181,544	466,680	27,249,789
2043	37,383,034	10,771,599	27,108,626	75,263,259	2068	22,096,128	2,871,500	364,231	25,331,859
2044	38,135,735	10,694,896	25,021,926	73,852,557	2069	20,612,325	2,580,710	285,748	23,478,783
2045	38,625,208	10,547,165	22,963,544	72,135,918	2070	19,151,893	2,309,069	226,067	21,687,029
2046	39,124,011	10,323,992	20,946,281	70,394,285	2071	17,738,229	2,056,647	180,920	19,975,796
2047	39,349,340	10,173,689	18,982,760	68,505,789	2072	16,378,547	1,823,294	146,851	18,348,692
2048	39,585,339	9,941,674	17,085,300	66,612,314	2073	15,075,780	1,608,653	121,114	16,805,547
2049	39,649,105	9,640,684	15,265,695	64,555,484	2074	13,831,090	1,412,181	101,560	15,344,830

* 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
2025	70,600,000	0	70,600,000
2026	60,600,000	0	60,600,000
2027	57,700,000	0	57,700,000
2028	54,700,000	0	54,700,000
2029	54,700,000	0	54,700,000
2030	54,700,000	0	54,700,000
2031	54,700,000	0	54,700,000
2032	54,700,000	0	54,700,000
2033	54,700,000	0	54,700,000
2034	54,700,000	0	54,700,000

A. Summary of Present Plan (January 1, 2025)

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 12/31/2025

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, 2025 are determined below.

1. Charges as of January 1, 2025

Date Established	Type of Base	Outstanding Balance 1/1/2025	Remaining Minimum Amortization Period	Minimum Amortization Payment
1/1/1996	Change in Plan	29,626	1	29,626
1/1/1997	Change in Plan	344,646	2	177,949
1/1/1998	Change in Plan	494,943	3	175,868
1/1/1999	Change in Plan	828,409	4	227,813
1/1/2000	Change in Plan	362,155	5	82,189
1/1/2001	Change in Plan	267,734	6	52,213
1/1/2002	Change in Plan	1,340,226	7	230,932
1/1/2002	Change in Actuarial Assumptions	1,450,007	7	249,848
1/1/2003	Change in Negotiated Contributions	2,798,384	8	434,763
1/1/2005	Change in Negotiated Contributions	133,936	10	17,658
1/1/2006	Change in Plan	208,476	11	25,721
1/1/2006	Change in Actuarial Assumptions	4,339,529	11	535,382
1/1/2009	PRA 2010 Base	52,923,717	13	5,848,183
1/1/2010	PRA 2010 Base	8,853,582	13	978,339
1/1/2011	PRA 2010 Base	9,818,151	13	1,084,926
1/1/2012	Change in Actuarial Assumptions	2,061,103	2	1,064,196
1/1/2012	Experience Loss	7,144,748	2	3,689,006
1/1/2012	PRA 2010 Base	10,744,327	13	1,187,271
1/1/2013	PRA 2010 Base	17,488,169	13	1,932,480
1/1/2014	PRA 2010 Base	20,622,970	13	2,278,882
1/1/2014	Change in Actuarial Assumptions	3,038,586	4	835,614
1/1/2014	Change in Plan	210,829	4	57,978
1/1/2015	Change in Actuarial Assumptions	8,544,475	5	1,939,099
1/1/2015	Experience Loss	11,115,544	5	2,522,581
1/1/2016	Change in Actuarial Assumptions	4,802,968	6	936,655
1/1/2016	Experience Loss	14,340,002	6	2,796,527
1/1/2017	Experience Loss	14,834,856	7	2,556,170
1/1/2018	Experience Loss	13,047,284	8	2,027,051
1/1/2018	Change in Actuarial Assumptions	14,272,318	8	2,217,376
1/1/2019	Experience Loss	11,387,493	9	1,619,939
1/1/2021	Assumption Change	19,601,811	11	2,418,343
1/1/2023	Assumption Change	874,296	13	96,612
1/1/2023	Experience Loss	4,273,593	13	472,241
1/1/2025	Experience Loss	<u>9,900,711</u>	15	<u>1,002,289</u>
		\$ 272,499,604		\$ 41,801,720

2. Credits as of January 1, 2025

Date Established	Type of Base	Outstanding Balance 1/1/2025	Remaining Minimum Amortization Period	Minimum Amortization Payment
1/1/2021	Experience Gain	13,921,930	11	1,717,597
1/1/2022	Experience Gain	25,049,589	12	2,915,133
1/1/2022	Assumption Change	1,678,748	12	195,363
1/1/2024	Experience Gain	<u>2,279,787</u>	14	<u>240,551</u>
		\$ 42,930,054		\$ 5,068,644

G. Assumption and Method Changes for the January 1, 2025 Valuation

- The current liability interest rate was changed from 2.82% to 3.44% to remain within the IRS prescribed corridor.
- The mortality tables used for the purpose of computing the current liability were updated to the 2025 tables as specified in the IRS regulations.
- Expenses were assumed to increase from \$1,250,000 per year, payable mid-year, to \$1,350,000 per year, payable mid-year to reflect recent and anticipated future experience.