

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>A</b>                                                                                                 | This return/report is for: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> a multiemployer plan<br/><br/> <input checked="" type="checkbox"/> a single-employer plan       </div> <div> <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br/> <input type="checkbox"/> a DFE (specify) _____       </div> </div> |
| <b>B</b>                                                                                                 | This return/report is: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> the first return/report<br/> <input type="checkbox"/> an amended return/report       </div> <div> <input checked="" type="checkbox"/> the final return/report<br/> <input type="checkbox"/> a short plan year return/report (less than 12 months)       </div> </div>                                                                                                    |
| <b>C</b>                                                                                                 | If the plan is a collectively-bargained plan, check here. . . . . ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>D</b>                                                                                                 | Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Form 5558<br/> <input type="checkbox"/> special extension (enter description)       </div> <div> <input type="checkbox"/> automatic extension<br/> <input type="checkbox"/> the DFVC program       </div> </div>                                                                                                                                          |
| <b>E</b>                                                                                                 | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                 |

|                |                                                                                                                                                                                                                                                                                                                                                        |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                                          |
| <b>1a</b>      | Name of plan<br><u>CHESAPEAKE UTILITIES CORPORATION PENSION PLAN</u>                                                                                                                                                                                                                                                                                   |
| <b>1b</b>      | Three-digit plan number (PN) ▶ <u>001</u>                                                                                                                                                                                                                                                                                                              |
| <b>1c</b>      | Effective date of plan<br><u>01/01/1962</u>                                                                                                                                                                                                                                                                                                            |
| <b>2a</b>      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>CHESAPEAKE UTILITIES CORPORATION</u><br><br><u>PO BOX 615</u><br><u>DOVER, DE 19903-0615</u> |
| <b>2b</b>      | Employer Identification Number (EIN)<br><u>51-0064146</u>                                                                                                                                                                                                                                                                                              |
| <b>2c</b>      | Plan Sponsor's telephone number<br><u>302-734-6799</u>                                                                                                                                                                                                                                                                                                 |
| <b>2d</b>      | Business code (see instructions)<br><u>221210</u>                                                                                                                                                                                                                                                                                                      |

**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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 09/16/2022 | MICHAEL GALTMAN                                              |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 09/16/2022 | MICHAEL GALTMAN                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2021)  
v. 210624

|                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                              |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                |  | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |    |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                               |  | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 49 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                                                                |  | <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 12 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                                     |  | <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                                    |  | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                                    |  | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                           |  | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0  |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                            |  | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                               |  | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0  |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                                       |  | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                            |  | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                   |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1A 1C 1I 3D                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                         |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                     |    |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input checked="" type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |    |

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

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**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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 \_\_\_\_\_

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|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

▶ **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.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>CHESAPEAKE UTILITIES CORPORATION PENSION PLAN</u>                                                             | <b>B</b> Three-digit plan number (PN) ▶ <u>001</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>CHESAPEAKE UTILITIES CORPORATION</u>                       | <b>D</b> Employer Identification Number (EIN)<br><u>51-0064146</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                |                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                  | <b>Basic Information</b>                                                                                           |
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>                                                                                                                              |                                                                                                                    |
| <b>2</b> Assets:                                                                                                                                                                                               |                                                                                                                    |
| <b>a</b> Market value .....                                                                                                                                                                                    | <b>2a</b> <u>4691126</u>                                                                                           |
| <b>b</b> Actuarial value .....                                                                                                                                                                                 | <b>2b</b> <u>4222014</u>                                                                                           |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                            |                                                                                                                    |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                     | (1) Number of participants <u>7</u> (2) Vested Funding Target <u>639523</u> (3) Total Funding Target <u>639523</u> |
| <b>b</b> For terminated vested participants.....                                                                                                                                                               | <u>30</u> <u>2570626</u> <u>2570626</u>                                                                            |
| <b>c</b> For active participants .....                                                                                                                                                                         | <u>12</u> <u>1348246</u> <u>1348246</u>                                                                            |
| <b>d</b> Total.....                                                                                                                                                                                            | <u>49</u> <u>4558395</u> <u>4558395</u>                                                                            |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                          |                                                                                                                    |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                      | <b>4a</b>                                                                                                          |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor..... | <b>4b</b>                                                                                                          |
| <b>5</b> Effective interest rate .....                                                                                                                                                                         | <b>5</b> <u>4.97</u> %                                                                                             |
| <b>6</b> Target normal cost.....                                                                                                                                                                               |                                                                                                                    |
| <b>a</b> Present value of current plan year accruals.....                                                                                                                                                      | <b>6a</b> <u>0</u>                                                                                                 |
| <b>b</b> Expected plan-related expenses .....                                                                                                                                                                  | <b>6b</b> <u>12576</u>                                                                                             |
| <b>c</b> Total (line 6a + line 6b) .....                                                                                                                                                                       | <b>6c</b> <u>12576</u>                                                                                             |

**Statement by Enrolled Actuary**

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

|                                                                                |  |                                                               |
|--------------------------------------------------------------------------------|--|---------------------------------------------------------------|
| <b>SIGN HERE</b>                                                               |  | <u>09/14/2022</u><br>Date                                     |
| Signature of actuary                                                           |  |                                                               |
| <u>DONALD E. WIDGER, F.S.A., E.A.</u><br>Type or print name of actuary         |  | <u>20-06558</u><br>Most recent enrollment number              |
| <u>EMPOWER</u><br>Firm name                                                    |  | <u>860-534-3565</u><br>Telephone number (including area code) |
| <u>280 TRUMBULL STREET</u><br><u>HARTFORD, CT 06103</u><br>Address of the firm |  |                                                               |

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

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

**Schedule SB (Form 5500) 2021**  
**v. 201209**

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 0                     | 879683                 |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 879683                 |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>10.66</u> % .....                                                                                | 0                     | 93774                  |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 0                      |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.43</u> % ..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 398159                 |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 575298                 |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 80.00 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 80.00 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 80.00 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %       |

**Part IV Contributions and Liquidity Shortfalls****18** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 04/12/2021               | 56682                             | 0                               |                          |                                   |                                 |
| 07/14/2021               | 170046                            | 0                               |                          |                                   |                                 |
| 11/12/2021               | 1170000                           | 0                               |                          |                                   |                                 |
| 12/09/2021               | 65000                             | 0                               |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 1461728                           | <b>18(c)</b> 0                  |

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

|                                                                                                                         |            |         |
|-------------------------------------------------------------------------------------------------------------------------|------------|---------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                    | <b>19a</b> | 0       |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0       |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 1405791 |

**20** Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

| Liquidity shortfall as of end of quarter of this plan year |         |         |         |
|------------------------------------------------------------|---------|---------|---------|
| (1) 1st                                                    | (2) 2nd | (3) 3rd | (4) 4th |
| 0                                                          | 0       | 0       | 0       |

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost****21** Discount rate:**a** Segment rates:1st segment:  
3.32 %2nd segment:  
4.79 %3rd segment:  
5.47 %☐ N/A, full yield curve used**b** Applicable month (enter code) .....**21b**

4

**22** Weighted average retirement age .....**22**

65

**23** Mortality table(s) (see instructions) ☐ Prescribed - combined☒ Prescribed - separate☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... ☒ Yes ☐ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. .... ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment. .... **27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years ..... **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) ..... **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) ..... **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6c) ..... **31a** 12576**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 0**32** Amortization installments:**a** Net shortfall amortization installment ..... Outstanding Balance 911679 Installment 82268**b** Waiver amortization installment ..... 0 0**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount ..... **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..... **34** 94844

|                                                                        | Carryover balance | Prefunding balance | Total balance |
|------------------------------------------------------------------------|-------------------|--------------------|---------------|
| <b>35</b> Balances elected for use to offset funding requirement ..... | 0                 | 0                  | 0             |

**36** Additional cash requirement (line 34 minus line 35) ..... **36** 94844**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) ..... **37** 1405791**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) ..... **38a** 1310947**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances ..... **38b** 0**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) ..... **39** 0**40** Unpaid minimum required contributions for all years ..... **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ..... ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ..... ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection.</b> |
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

|                                                                                                                 |                                                                    |            |
|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>CHESAPEAKE UTILITIES CORPORATION PENSION PLAN</u>                                   | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <u>001</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>CHESAPEAKE UTILITIES CORPORATION</u> | <b>D</b> Employer Identification Number (EIN)<br><u>51-0064146</u> |            |

|               |                                                                                                                                                                                  |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                           |                               |                                                                                                              |
|-------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>CUC DEF. BEN. PLANS MASTER TRUST</u>    |                               |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): <u>CHESAPEAKE UTILITIES CORPORATION</u> |                               |                                                                                                              |
| <b>c</b> EIN-PN <u>51-0064146-003</u>                                                     | <b>d</b> Entity code <u>M</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |

  

|                                                   |                      |                                                                                                     |
|---------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |                                                                                                     |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |

  

|                                                   |                      |                                                                                                     |
|---------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |                                                                                                     |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |

  

|                                                   |                      |                                                                                                     |
|---------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |                                                                                                     |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |

  

|                                                   |                      |                                                                                                     |
|---------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |                                                                                                     |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |

  

|                                                   |                      |                                                                                                     |
|---------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |                                                                                                     |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |

  

|                                                   |                      |                                                                                                     |
|---------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |                                                                                                     |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |

  

|                                                   |                      |                                                                                                     |
|---------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |                                                                                                     |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |

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

**Part II Information on Participating Plans (to be completed by DFEs)**

(Complete as many entries as needed to report all participating plans)

**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

|                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                 |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE I</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Financial Information—Small Plan</b><br>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).<br><b>▶ File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                 | <b>2021</b>                                   |
|                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                 | <b>This Form is Open to Public Inspection</b> |

|                                                                                                   |                                                             |     |
|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021        |                                                             |     |
| <b>A</b> Name of plan<br>CHESAPEAKE UTILITIES CORPORATION PENSION PLAN                            | <b>B</b> Three-digit plan number (PN) ▶                     | 001 |
|                                                                                                   |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>CHESAPEAKE UTILITIES CORPORATION | <b>D</b> Employer Identification Number (EIN)<br>51-0064146 |     |

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

|               |                                         |
|---------------|-----------------------------------------|
| <b>Part I</b> | <b>Small Plan Financial Information</b> |
|---------------|-----------------------------------------|

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. 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.**

|                                                                                     |              |                              |                        |
|-------------------------------------------------------------------------------------|--------------|------------------------------|------------------------|
| <b>1 Plan Assets and Liabilities:</b>                                               |              | <b>(a)</b> Beginning of Year | <b>(b)</b> End of Year |
| <b>a</b> Total plan assets .....                                                    | <b>1a</b>    | 4593530                      | 0                      |
| <b>b</b> Total plan liabilities.....                                                | <b>1b</b>    |                              |                        |
| <b>c</b> Net plan assets (subtract line 1b from line 1a).....                       | <b>1c</b>    | 4593530                      | 0                      |
| <b>2 Income, Expenses, and Transfers for this Plan Year:</b>                        |              | <b>(a)</b> Amount            | <b>(b)</b> Total       |
| <b>a</b> Contributions received or receivable:                                      |              |                              |                        |
| <b>(1)</b> Employers .....                                                          | <b>2a(1)</b> |                              |                        |
| <b>(2)</b> Participants.....                                                        | <b>2a(2)</b> |                              |                        |
| <b>(3)</b> Others (including rollovers).....                                        | <b>2a(3)</b> |                              |                        |
| <b>b</b> Noncash contributions.....                                                 | <b>2b</b>    |                              |                        |
| <b>c</b> Other income .....                                                         | <b>2c</b>    | 1506736                      |                        |
| <b>d</b> Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c) .....             | <b>2d</b>    |                              |                        |
| <b>e</b> Benefits paid (including direct rollovers) .....                           | <b>2e</b>    | 4539775                      |                        |
| <b>f</b> Corrective distributions (see instructions).....                           | <b>2f</b>    |                              |                        |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) ..... | <b>2g</b>    |                              |                        |
| <b>h</b> Administrative service providers (salaries, fees, and commissions).....    | <b>2h</b>    | 1589228                      |                        |
| <b>i</b> Other expenses.....                                                        | <b>2i</b>    |                              |                        |
| <b>j</b> Total expenses (add lines 2e, 2f, 2g, 2h, and 2i) .....                    | <b>2j</b>    |                              | 6129003                |
| <b>k</b> Net income (loss) (subtract line 2j from line 2d).....                     | <b>2k</b>    |                              | -4622267               |
| <b>l</b> Transfers to (from) the plan (see instructions) .....                      | <b>2l</b>    |                              | 28737                  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |            |           |               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|-----------|---------------|
| <b>3 Specific Assets:</b> If the plan held assets at any time during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions. |           |            |           |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           | <b>Yes</b> | <b>No</b> | <b>Amount</b> |
| <b>a</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                          | <b>3a</b> |            | X         |               |
| <b>b</b> Employer real property .....                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>3b</b> |            | X         |               |
| <b>c</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                              | <b>3c</b> |            | X         |               |
| <b>d</b> Employer securities.....                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>3d</b> |            | X         |               |
| <b>e</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>3e</b> |            | X         |               |
| <b>f</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                           | <b>3f</b> |            | X         |               |
| <b>g</b> Tangible personal property .....                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>3g</b> |            | X         |               |

**Part II Compliance Questions**

| 4 During the plan year: |                                                                                                                                                                                                                                                                                         | Yes | No | Amount  |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>a</b>                | Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) ..... |     | X  |         |
| <b>4a</b>               |                                                                                                                                                                                                                                                                                         |     | X  |         |
| <b>b</b>                | Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance. ....                                              |     | X  |         |
| <b>4b</b>               |                                                                                                                                                                                                                                                                                         |     | X  |         |
| <b>c</b>                | Were any leases to which the plan was a party in default or classified during the year as uncollectible? .....                                                                                                                                                                          |     | X  |         |
| <b>4c</b>               |                                                                                                                                                                                                                                                                                         |     | X  |         |
| <b>d</b>                | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.) .....                                                                                                                                                              |     | X  |         |
| <b>4d</b>               |                                                                                                                                                                                                                                                                                         |     | X  |         |
| <b>e</b>                | Was the plan covered by a fidelity bond? .....                                                                                                                                                                                                                                          | X   |    | 5000000 |
| <b>4e</b>               |                                                                                                                                                                                                                                                                                         | X   |    |         |
| <b>f</b>                | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                          |     | X  |         |
| <b>4f</b>               |                                                                                                                                                                                                                                                                                         |     | X  |         |
| <b>g</b>                | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                       |     | X  |         |
| <b>4g</b>               |                                                                                                                                                                                                                                                                                         |     | X  |         |
| <b>h</b>                | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                             |     | X  |         |
| <b>4h</b>               |                                                                                                                                                                                                                                                                                         |     | X  |         |
| <b>i</b>                | Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest? .....                                                                                                                     |     | X  |         |
| <b>4i</b>               |                                                                                                                                                                                                                                                                                         |     | X  |         |
| <b>j</b>                | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                              | X   |    |         |
| <b>4j</b>               |                                                                                                                                                                                                                                                                                         | X   |    |         |
| <b>k</b>                | Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.) .....                 | X   |    |         |
| <b>4k</b>               |                                                                                                                                                                                                                                                                                         | X   |    |         |
| <b>l</b>                | Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                               |     | X  |         |
| <b>4l</b>               |                                                                                                                                                                                                                                                                                         |     | X  |         |
| <b>m</b>                | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                     |     | X  |         |
| <b>4m</b>               |                                                                                                                                                                                                                                                                                         |     | X  |         |
| <b>n</b>                | 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 .....                                                                                                         |     |    |         |
| <b>4n</b>               |                                                                                                                                                                                                                                                                                         |     |    |         |

**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 0.

**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 441935.

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection.</div> |
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

|                                                                                                        |                                                                  |
|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <div>A Name of plan<br/>CHESAPEAKE UTILITIES CORPORATION PENSION PLAN</div>                            | <div>B Three-digit plan number (PN) ►<br/>001</div>              |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500<br/>CHESAPEAKE UTILITIES CORPORATION</div> | <div>D Employer Identification Number (EIN)<br/>51-0064146</div> |

|        |               |
|--------|---------------|
| 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):<br><br>EIN(s): 22-1211670 |   |    |
| 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 | 21 |

|         |                                                                                                                                                                        |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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)? .....                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> 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 _____<br>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? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> 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? .....                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input checked="" type="checkbox"/> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> 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? .....                                                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11 | a Does the ESOP hold any preferred stock? .....                                                                                                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> 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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12 | Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Schedule R (Form 5500) 2021  
v. 201209

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

- 14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

**a** The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

**14a**

**b** The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**14b**

**c** The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**14c**

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

**a** The corresponding number for the plan year immediately preceding the current plan year.....

**15a**

**b** The corresponding number for the second preceding plan year .....

**15b**

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

**a** Enter the number of employers who withdrew during the preceding plan year .....

**16a**

**b** If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

**16b**

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

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

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

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

**a** Enter the percentage of plan assets held as:

Stock: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation \_\_\_\_\_

**SECTION I**

**CHANGES SINCE LAST YEAR'S VALUATION**

**Changes in Pension Plan Provisions**

The Plan was terminated effective June 30, 2021. This valuation report reflects a short plan year from January 1, 2021 through the termination date of June 30, 2021.

**Legislated Changes**

There were no legislative changes recognized with this actuarial valuation.

**Changes in Actuarial Assumptions**

Expenses reflected in the target normal cost were lowered from an estimated value of \$100,000 to the amount of actual expenses for the period 1/1/2021 to 6/30/2021 of \$12,576.

The mortality table used to convert annuity benefits to lump sums was updated to the applicable 417(e) mortality table in effect for the 2021 Plan year.

The mortality table for ASC #960 was updated from the Pri-2012 Total Dataset Mortality Table with Scale MP-2019 to the Pri-2012 Total Dataset Mortality Table with Scale MP-2020.

**Changes in Actuarial Methods**

No changes in actuarial methods were recognized with this actuarial valuation.

## SECTION VII

## ACTUARIAL METHODS

Under the Actuarial Methods described below, if all current assumptions remain constant and are realized, funding at least the Minimum Required Contribution each year will eventually accumulate sufficient plan assets to cover the Funding Target. Future widening of the interest rate stabilization corridor may extend the time period for the plan to become fully funded.

### Cost Method

Costs have been computed in accordance with the Unit Credit Actuarial Cost Method and reflect the actuarial assumptions described under “Actuarial Assumptions” of this report as provided under the applicable regulations of the Pension Protection Act of 2006.

### Target Normal Cost

The Target Normal Cost is the present value of benefits expected to accrue during the plan year plus an estimate of the expenses to be paid from plan assets during the plan year.

### Funding Target and Funding Shortfall

The Funding Target is the present value of benefits accrued as of the beginning of the plan year and the Funding Shortfall is the excess of the Funding Target over the Actuarial Value of Assets (reduced by the Credit Balance). The initial Funding Shortfall is amortized over seven years.

In subsequent years, the Funding Shortfall less the present value of prior year amortization installments is amortized over seven years, and added to any prior year amortization installments.

Segment rates are adjusted as necessary to fall within the specified corridor of the corresponding 25-year average of segment rates for the period ending September 30 of the calendar year preceding the first day of the plan year. The specified corridor is:

| <u>Plan Year</u> | <u>Corridor</u> |
|------------------|-----------------|
| Through 2020     | 90% - 110%      |
| 2021             | 85% - 115%      |
| 2022             | 80% - 120%      |
| 2023             | 75% - 125%      |
| 2024 and later   | 70% - 130%      |

The adjustments to fall within the specified corridor of the 25-year average of segment rates apply for determining the minimum required contribution and related funded percentages. They do not apply for determining the maximum tax deductible contribution or certain other situations.

### Sponsor Elections

Discount Rate: Segment rates, with a 4-month lookback

Mortality Table: Prescribed IRS Static Mortality Table – Separate

## **SECTION VII**

## **ACTUARIAL METHODS**

### **At-Risk Determination**

The At-Risk Funding Target is determined by assuming that participants eligible to retire in the current plan year and next 10 plan years retire at the earliest possible date, but not before the end of the plan year. All participants are assumed to elect the optional form resulting in the highest possible present value.

A load is added to the At-Risk Funding Target and At-Risk Target Normal Cost when a plan is At-Risk in at least two years during the preceding four years. The load increases the At-Risk Funding Target by 4% of the Not At-Risk Funding Target plus \$700 per participant, and increases the At-Risk Target Normal Cost by 4% of the Not At-Risk Target Normal Cost.

The Funding Target and Target Normal Cost are calculated by multiplying the Not At-Risk values by 100% minus the Phase-In Percentage, plus the At-Risk values multiplied by the Phase-In Percentage.

### **Credit Balance**

The Credit Balance consists of the Carryover Balance from excess contributions prior to the Pension Protection Act (PPA) of 2006, plus the Prefunding Balance from elected excess contributions after the PPA. Balances accumulate with interest and are reduced for amounts applied towards the Minimum Required Contribution, voluntary waivers by the plan sponsor, and compelled waivers to avoid benefit restrictions. The Actuarial Value of Assets is reduced by the Credit Balance to determine certain funded percentages and to determine the Funding Shortfall.

### **Asset Valuation Method**

The Actuarial Value of Assets is determined using an annual average of the adjusted Fair Market Value of Assets with the earliest determination 24 months prior to the valuation date. The Fair Market Value of Assets in prior years is adjusted for contributions, benefit payments, expenses and expected earnings (not to exceed the third segment rate).

This is equivalent to the Fair Market Value of Assets, plus two-thirds of the (gain)/loss from the prior year, plus one-third of the (gain)/loss from the second preceding year. The (gain)/loss in each year is the difference between the expected and actual returns on the Fair Market Value of Assets.

The Actuarial Value of Assets is adjusted to be no less than 90% or no more than 110% of the Fair Market Value of Assets, as required by IRC Section 430(g)(3)(B)(iii).

Since the expected earnings assumption cannot exceed the third segment rate, over time, the method may produce an Actuarial Value of Assets slightly below the Fair Market Value of Assets.

The Actuarial Value of Assets for determining the Maximum Tax Deductible Contribution reflects interest rate stabilization rates for discounting contributions and limiting expected earnings.

The Fair Market Value of Assets used for funds invested in the General Account of an Insurance Company is the stated contract value with a market value adjustment factor. This value is an estimate only and not the precise calculation which would be done at contract discontinuance or to measure the impact of excess withdrawals in any calendar year. It does not constitute a final offer by Prudential or a final experience adjustment.

**SECTION VII**

**ACTUARIAL ASSUMPTIONS**

**Funding Assumptions:**

The discount rate and mortality assumptions are prescribed assumptions set by law. All other assumptions are non-prescribed assumptions set by the actuary which reflect estimates of future experience, are appropriate for the purpose of the measurement, consider relevant plan characteristics, and contain no significant bias unless otherwise noted. Relevant historical information, such as credible plan experience and experience from representative populations, was considered in the selection of the non-prescribed assumptions with a significant effect on the measurement. Factors that may affect future experience and the views of experts were also considered.

**ASC 960 Assumptions:**

All assumptions are set by the plan sponsor and they align with the Funding Assumptions except for the mortality assumption, the discount rate, and the assumed lump sum discount rate.

The mortality assumption reflects experience from representative populations, based on the Pri-2012 Private Retirement Plans Mortality Table Report issued by the Society of Actuaries (SOA) in October 2019 and the Mortality Improvement Scale MP-2020 Report issued by the SOA in October 2020.

The discount rate reflects an effective rate based on high quality corporate bond yields and the plan cashflow as of the valuation date.

The assumed lump sum rate reflects long term expectations of the yield rate on high quality corporate bonds.

Below are the actuarial assumptions as of January 1, 2021:

| <b>Discount Rate:</b>          | <b><u>With HATFA</u></b> | <b><u>Without HATFA</u></b> | <b><u>ASC 960</u></b> |
|--------------------------------|--------------------------|-----------------------------|-----------------------|
| Effective Rate                 | 4.97%                    | 3.56%                       | 3.50%                 |
| First Segment – First 5 Years  | 3.32%                    | 2.22%                       | N/A                   |
| Second Segment – Next 15 Years | 4.79%                    | 3.38%                       | N/A                   |
| Third Segment – After 20 Years | 5.47%                    | 3.92%                       | N/A                   |

**Mortality:**

Funding:

Male: The IRS 2021 Static Mortality Table (male).

Female: The IRS 2021 Static Mortality Table (female).

Accounting:

Male: Pri-2012 Total Data Set Mortality Table with Scale MP-2020 (Male)

Female: Pri-2012 Total Data Set Mortality Table with Scale MP-2020 (Female)

**SECTION VII**

**ACTUARIAL ASSUMPTIONS**

| <b>Termination:</b>                | <p>The probabilities that Participants at the ages indicated will terminate within the following year are:</p> <table><tr><th><u>Age</u></th><th><u>Rates</u></th></tr><tr><td>25</td><td>0.047</td></tr><tr><td>30</td><td>0.039</td></tr><tr><td>35</td><td>0.030</td></tr><tr><td>40</td><td>0.024</td></tr><tr><td>45</td><td>0.020</td></tr><tr><td>50</td><td>0.014</td></tr><tr><td>55</td><td>0.009</td></tr><tr><td>60</td><td>0.002</td></tr><tr><td>65</td><td>0.000</td></tr></table> | <u>Age</u> | <u>Rates</u> | 25 | 0.047 | 30 | 0.039 | 35 | 0.030 | 40 | 0.024 | 45 | 0.020 | 50 | 0.014 | 55 | 0.009 | 60 | 0.002 | 65 | 0.000 |
|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------|----|-------|----|-------|----|-------|----|-------|----|-------|----|-------|----|-------|----|-------|----|-------|
| <u>Age</u>                         | <u>Rates</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |              |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |
| 25                                 | 0.047                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |              |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |
| 30                                 | 0.039                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |              |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |
| 35                                 | 0.030                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |              |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |
| 40                                 | 0.024                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |              |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |
| 45                                 | 0.020                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |              |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |
| 50                                 | 0.014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |              |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |
| 55                                 | 0.009                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |              |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |
| 60                                 | 0.002                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |              |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |
| 65                                 | 0.000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |              |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |
| <b>Retirement:</b>                 | All Participants are assumed to retire at age 65; otherwise attained age if retiring after 65.                                                                                                                                                                                                                                                                                                                                                                                                    |            |              |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |
| <b>Investment Return:</b>          | 3.50% per annum, compounded annually.                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |              |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |
| <b>Estimated Expenses:</b>         | \$12,576.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |              |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |
| <b>Salary Scale:</b>               | Not Applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |              |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |
| <b>Marriage and Age of Spouse:</b> | 85% of participants are assumed married. Female spouses are assumed to be three years younger than their male spouses.                                                                                                                                                                                                                                                                                                                                                                            |            |              |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |
| <b>Lump Sum Conversion:</b>        | <p>For valuation, annuity benefits are converted to lump sums using the IRS-required annuity substitution method.</p> <p>For ASC 715 and 960, annuity benefits are converted to lump sums using the 417(e) mortality table, and relevant HATFA Segment Rates.</p>                                                                                                                                                                                                                                 |            |              |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |
| <b>Form of Payment:</b>            | <p>For active participants and terminated vested participants who terminated employment on or after January 1, 2005: 75% are assumed to receive their benefit as a lump sum at normal retirement and 25% are assumed to receive their benefit as an annuity at normal retirement.</p> <p>Terminated vested participants who terminated employment prior to January 1, 2005 are assumed to receive their benefit as an annuity at normal retirement.</p>                                           |            |              |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |
| <b>Social Security:</b>            | <p><i>Primary Insurance Amount:</i> Not Applicable<br/><i>Covered Compensation:</i> Not Available</p>                                                                                                                                                                                                                                                                                                                                                                                             |            |              |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |
| <b>Disability:</b>                 | None assumed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |              |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |

**SECTION VII**

**PLAN PROVISIONS**

|                               |                                                                                                                                                                                                                                                                                                                  |
|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Effective Date</b>         | January 1, 1976. The plan was amended effective January 1, 1999 to make lump sum distributions available to participants who elected to cease future accruals under the plan. The plan was then amended effective January 1, 2005 to freeze accrued benefits.                                                    |
| <b>Eligibility</b>            | <p>As of the later of attainment of age 21 and date of employment.</p> <p>Plan participation was frozen in 1998. Some active participants elected to transfer to another plan that was terminated in 1999.</p>                                                                                                   |
| <b>Credited Service</b>       | Total Service from date of employment. As of December 31, 2004 active participants were granted two additional years of service. As of January 1, 2005, no participant will be credited with future service as the benefits are frozen.                                                                          |
| <b>Form of Payment</b>        | Active participants and terminated vested participants who terminated after January 1, 2005 are assumed to receive their benefit as an annuity at normal retirement. Death benefits are assumed to be paid as an annuity at the participant's Normal Retirement Age.                                             |
| <b>Normal Retirement Date</b> | Age 65.                                                                                                                                                                                                                                                                                                          |
| <b>Early Retirement Date</b>  | Age 55.                                                                                                                                                                                                                                                                                                          |
| <b>Benefit Formula</b>        |                                                                                                                                                                                                                                                                                                                  |
| <i>Normal Retirement</i>      | 1.3% of Final-Average Earnings, plus .625% of Final-Average Earnings in excess of Covered Compensation, multiplied by years of Credited Service not in excess of 35.                                                                                                                                             |
| <i>Minimum Benefit</i>        | <p>The accrued benefit on July 30, 1991 which equals the greater of 2% of Final-Average Earnings, less 1 and 2/3% of Primary Social Security Benefit, multiplied by Years of Credited Service not in excess of 35; or</p> <p>The accrued benefit on December 31, 1975 under the Plan in effect on that date.</p> |

## SECTION VII

## PLAN PROVISIONS

### *Early Retirement*

Same as Normal Retirement but the benefit shall be reduced 1/15 for each of the first 5 years, plus 1/30 for each of the next 5 years that payments commence prior to Normal Retirement Date.

Accrued Normal Retirement benefit is frozen as of December 31, 2004.

### **Earnings**

W-2 compensation plus salary deferrals less fringe benefits.

### **Final Average Earnings:**

Average of Earnings during the highest 60 consecutive months taken from the last 120 months before retirement or termination of employment. Final average earnings were frozen December 31, 2004

### **Normal Form of Benefit**

Life Annuity.

### **Optional Form of Benefit**

(a) Joint and Survivor Annuity providing to a surviving beneficiary full, 2/3 or 1/2 of the reduced amount payable to the employee.

(b) Annuity for 10 years Guaranteed Period and Life thereafter.

(c) Lump sum for participants who terminate employment after January 1, 2005, upon attaining retirement age.

Optional annuity forms are determined based on 1971 GAM mortality and 6% interest. Lump sums are determined based on 417(e) mortality and lump sum segment rates for the November prior to the plan year of distribution.

### **Vested Benefit**

A benefit calculated according to the Normal Retirement formula based on Credited Service and Earnings as of the date service ceased, payable at Normal Retirement.

### **Death Benefit**

An employee eligible for Early or Normal Retirement has a death benefit payable to his eligible spouse equal to 50% of the benefit that would have been payable under the Joint and 50% Survivor option if the employee retired on the day before the date of his death. Prior to Early Retirement, the benefit is one-half of the anticipated Normal Retirement benefit. This benefit has a minimum annual amount of \$120.

### **Disability Benefits**

Continued accrual of Retirement Benefits while receiving benefits under the Long-Term Disability Plan.

**Chesapeake Utilities Corporation Pension Plan**

**EIN / PN: 51-0064146/001**

**Attachment to 2021 Schedule SB (Form 5500)**

**Line 22 - Description of Weighted Average Retirement Age**

100% of Participants are assumed to retire on or after age 65

**SECTION VII DISTRIBUTION OF ACTIVE PARTICIPANTS BY AGE AND SERVICE**

**Number of Active Participants as of January 1, 2021 – Distribution by Age and Service**

Active participant counts are shown below.

| Attained<br>Age | Years of Credited Service |            |            |              |              |              |              |              |              |             |              |
|-----------------|---------------------------|------------|------------|--------------|--------------|--------------|--------------|--------------|--------------|-------------|--------------|
|                 | <u>Under 1</u>            | <u>1-4</u> | <u>5-9</u> | <u>10-14</u> | <u>15-19</u> | <u>20-24</u> | <u>25-29</u> | <u>30-34</u> | <u>35-39</u> | <u>40 +</u> | <u>Total</u> |
| Under 25        |                           |            |            |              |              |              |              |              |              |             |              |
| 25-29           |                           |            |            |              |              |              |              |              |              |             |              |
| 30-34           |                           |            |            |              |              |              |              |              |              |             |              |
| 35-39           |                           |            |            |              |              |              |              |              |              |             |              |
| 40-44           |                           |            |            |              |              |              |              |              |              |             |              |
| 45-49           |                           |            |            |              |              |              |              |              |              |             |              |
| 50-54           |                           |            |            | 2            | 1            |              |              |              |              |             | 3            |
| 55-59           |                           |            | 2          | 1            | 2            |              |              |              |              |             | 5            |
| 60-64           |                           |            | 2          | 1            |              |              |              |              |              |             | 3            |
| 65-69           |                           |            |            |              |              |              |              |              |              |             |              |
| 70 +            |                           |            |            |              |              |              |              |              | 1            |             | 1            |
| Total           |                           |            | 4          | 4            | 3            |              |              |              | 1            |             | 12           |

|                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                    |                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500 or 5500-SF.</b> | <small>OMB No. 1210-0110</small><br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

► **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.

|                                                                                                                                                         |                                                                 |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----|
| <b>A</b> Name of plan<br>CHESAPEAKE UTILITIES CORPORATION<br>PENSION PLAN                                                                               | <b>B</b> Three-digit plan number (PN) ►                         | 001 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>CHESAPEAKE UTILITIES CORPORATION                                            | <b>D</b> Employer Identification Number (EIN)<br><br>51-0064146 |     |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B               |                                                                 |     |
| <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |                                                                 |     |

|                                                                                                                                                                                                                |                            |                           |                          |                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|---------------------|
| <b>Part I Basic Information</b>                                                                                                                                                                                |                            |                           |                          |                     |
| <b>1</b> Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2021</u>                                                                                                                                |                            |                           |                          |                     |
| <b>2</b> Assets:                                                                                                                                                                                               |                            |                           |                          |                     |
| <b>a</b> Market value .....                                                                                                                                                                                    |                            |                           |                          | <b>2a</b> 4,691,126 |
| <b>b</b> Actuarial value .....                                                                                                                                                                                 |                            |                           |                          | <b>2b</b> 4,222,014 |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                            |                            |                           |                          |                     |
|                                                                                                                                                                                                                | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |                     |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                     | 7                          | 639,523                   | 639,523                  |                     |
| <b>b</b> For terminated vested participants.....                                                                                                                                                               | 30                         | 2,570,626                 | 2,570,626                |                     |
| <b>c</b> For active participants .....                                                                                                                                                                         | 12                         | 1,348,246                 | 1,348,246                |                     |
| <b>d</b> Total.....                                                                                                                                                                                            | 49                         | 4,558,395                 | 4,558,395                |                     |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                          |                            |                           |                          |                     |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                      |                            |                           |                          | <b>4a</b>           |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor..... |                            |                           |                          | <b>4b</b>           |
| <b>5</b> Effective interest rate .....                                                                                                                                                                         |                            |                           |                          | <b>5</b> 4.97 %     |
| <b>6</b> Target normal cost.....                                                                                                                                                                               |                            |                           |                          |                     |
| <b>a</b> Present value of current plan year accruals.....                                                                                                                                                      |                            |                           |                          | <b>6a</b> 0         |
| <b>b</b> Expected plan-related expenses .....                                                                                                                                                                  |                            |                           |                          | <b>6b</b> 12,576    |
| <b>c</b> Total (line 6a + line 6b) .....                                                                                                                                                                       |                            |                           |                          | <b>6c</b> 12,576    |

**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.

|                  |                                                                                                                                                                                       |                                                                                                                                               |
|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SIGN HERE</b> | Signature of actuary<br><br>Donald E. Widger, F.S.A., E.A.<br>Type or print name of actuary<br><br>Empower<br>Firm name<br><br>280 Trumbull Street<br>Hartford<br>Address of the firm | 09/14/2022 <i>DEW</i><br>Date<br><br>20-06558<br>Most recent enrollment number<br><br>(860)534-3565<br>Telephone number (including area code) |
|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|

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

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

**Schedule SB (Form 5500) 2021**  
v. 210624

| Part II Beginning of Year Carryover and Prefunding Balances |                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b>                                                    | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                                      | 0                     | 879,683                |
| <b>8</b>                                                    | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                                   | 0                     | 0                      |
| <b>9</b>                                                    | Amount remaining (line 7 minus line 8) .....                                                                                                                         | 0                     | 879,683                |
| <b>10</b>                                                   | Interest on line 9 using prior year's actual return of <u>10.66</u> % .....                                                                                          | 0                     | 93774                  |
| <b>11</b>                                                   | Prior year's excess contributions to be added to prefunding balance:                                                                                                 |                       |                        |
|                                                             | <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 0                      |
|                                                             | <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.43</u> % ..... |                       | 0                      |
|                                                             | <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
|                                                             | <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 0                      |
|                                                             | <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 0                      |
| <b>12</b>                                                   | Other reductions in balances due to elections or deemed elections .....                                                                                              | 0                     | 398159                 |
| <b>13</b>                                                   | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                                   | 0                     | 575298                 |

| Part III Funding Percentages |                                                                                                                                                                  |           |        |
|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------|
| <b>14</b>                    | Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 80.00% |
| <b>15</b>                    | Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 80.00% |
| <b>16</b>                    | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 80.00% |
| <b>17</b>                    | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %      |

| Part IV Contributions and Liquidity Shortfalls                                           |                                   |                                 |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 04/12/2021                                                                               | 56,682                            | 0                               |                          |                                   |                                 |
| 07/14/2021                                                                               | 170,046                           | 0                               |                          |                                   |                                 |
| 11/12/2021                                                                               | 1,170,000                         | 0                               |                          |                                   |                                 |
| 12/09/2021                                                                               | 65,000                            | 0                               |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 | <b>Totals ▶</b>          | <b>18(b)</b>                      | 1,461,728                       |
|                                                                                          |                                   |                                 |                          | <b>18(c)</b>                      | 0                               |

|                                                                                                                                                                                       |                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:                                                  |                      |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....                                                                                  | <b>19a</b> 0         |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                                                                                    | <b>19b</b> 0         |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....                                                               | <b>19c</b> 1,405,791 |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                                                                           |                      |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                              |                      |
| <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                      |
| <b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:                                                                                       |                      |
| Liquidity shortfall as of end of quarter of this plan year                                                                                                                            |                      |
| (1) 1st                                                                                                                                                                               | (2) 2nd              |
| 0                                                                                                                                                                                     | 0                    |
| (3) 3rd                                                                                                                                                                               | (4) 4th              |
| 0                                                                                                                                                                                     | 0                    |

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost****21** Discount rate:**a** Segment rates:1st segment:  
3.32 %2nd segment:  
4.79 %3rd segment:  
5.47 %☐ N/A, full yield curve used**b** Applicable month (enter code) .....**21b**

4

**22** Weighted average retirement age .....**22**

65

**23** Mortality table(s) (see instructions) ☐ Prescribed - combined☒ Prescribed - separate☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... ☒ Yes ☐ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. .... ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment. ....**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years ..... **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) ..... **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) ..... **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6c) ..... **31a** 12,576**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 0**32** Amortization installments:**a** Net shortfall amortization installment ..... Outstanding Balance 911,679 Installment 82,268**b** Waiver amortization installment ..... 0 0**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount ..... **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..... **34** 94,844

|                                                                        | Carryover balance | Prefunding balance | Total balance |
|------------------------------------------------------------------------|-------------------|--------------------|---------------|
| <b>35</b> Balances elected for use to offset funding requirement ..... | 0                 | 0                  | 0             |

**36** Additional cash requirement (line 34 minus line 35) ..... **36** 94,844**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) ..... **37** 1,405,791**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) ..... **38a** 1,310,947**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances ..... **38b** 0**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) ..... **39** 0**40** Unpaid minimum required contributions for all years ..... **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ..... ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ..... ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

**Chesapeake Utilities Corporation Pension Plan**

**EIN / PN: 51-0064146/001**

**Attachment to 2021 Schedule SB (Form 5500)**

**Line 22 - Description of Weighted Average Retirement Age**

100% of Participants are assumed to retire on or after age 65

**SECTION I**

**CHANGES SINCE LAST YEAR'S VALUATION**

**Changes in Pension Plan Provisions**

The Plan was terminated effective June 30, 2021. This valuation report reflects a short plan year from January 1, 2021 through the termination date of June 30, 2021.

**Legislated Changes**

There were no legislative changes recognized with this actuarial valuation.

**Changes in Actuarial Assumptions**

Expenses reflected in the target normal cost were lowered from an estimated value of \$100,000 to the amount of actual expenses for the period 1/1/2021 to 6/30/2021 of \$12,576.

The mortality table used to convert annuity benefits to lump sums was updated to the applicable 417(e) mortality table in effect for the 2021 Plan year.

The mortality table for ASC #960 was updated from the Pri-2012 Total Dataset Mortality Table with Scale MP-2019 to the Pri-2012 Total Dataset Mortality Table with Scale MP-2020.

**Changes in Actuarial Methods**

No changes in actuarial methods were recognized with this actuarial valuation.

**SECTION VII DISTRIBUTION OF ACTIVE PARTICIPANTS BY AGE AND SERVICE**

**Number of Active Participants as of January 1, 2021 – Distribution by Age and Service**

Active participant counts are shown below.

| Attained<br>Age | Years of Credited Service |            |            |              |              |              |              |              |              |             |              |
|-----------------|---------------------------|------------|------------|--------------|--------------|--------------|--------------|--------------|--------------|-------------|--------------|
|                 | <u>Under 1</u>            | <u>1-4</u> | <u>5-9</u> | <u>10-14</u> | <u>15-19</u> | <u>20-24</u> | <u>25-29</u> | <u>30-34</u> | <u>35-39</u> | <u>40 +</u> | <u>Total</u> |
| Under 25        |                           |            |            |              |              |              |              |              |              |             |              |
| 25-29           |                           |            |            |              |              |              |              |              |              |             |              |
| 30-34           |                           |            |            |              |              |              |              |              |              |             |              |
| 35-39           |                           |            |            |              |              |              |              |              |              |             |              |
| 40-44           |                           |            |            |              |              |              |              |              |              |             |              |
| 45-49           |                           |            |            |              |              |              |              |              |              |             |              |
| 50-54           |                           |            |            | 2            | 1            |              |              |              |              |             | 3            |
| 55-59           |                           |            | 2          | 1            | 2            |              |              |              |              |             | 5            |
| 60-64           |                           |            | 2          | 1            |              |              |              |              |              |             | 3            |
| 65-69           |                           |            |            |              |              |              |              |              |              |             |              |
| 70 +            |                           |            |            |              |              |              |              |              | 1            |             | 1            |
| Total           |                           |            | 4          | 4            | 3            |              |              |              | 1            |             | 12           |

**SECTION IV**

**SHORTFALL AMORTIZATION**

The prior year amortization values and the development of the amortization for the current plan year are shown below.

**Prior Year Amortization Amounts**

| <u>Plan Year</u> | <u>Installment</u> | <u>Years<br/>Remaining</u> | <u>Present Value</u> |
|------------------|--------------------|----------------------------|----------------------|
| 2020             | \$151,321          | 6                          | \$829,275            |
| 2019             | 0                  | n/a                        | 0                    |
| 2018             | 0                  | n/a                        | 0                    |
| 2017             | 0                  | n/a                        | 0                    |
| 2016             | 0                  | n/a                        | 0                    |
| 2015             | 0                  | n/a                        | 0                    |
| <hr/>            |                    |                            |                      |
| Total            | \$151,321          |                            | \$829,275            |

**Current Year Amortization**

|                                                          |           |
|----------------------------------------------------------|-----------|
| 1. Exemption from Current Year Amortization              | No        |
| 2. Funding Shortfall to be Amortized                     | \$911,679 |
| 3. Present Value of Prior Year Amortization Installments | 829,275   |
| 4. Current Year Amortization Base [2 – 3]                | 82,404    |
| 5. Current Year Amortization Installment                 | \$13,215  |

**Net Shortfall Amortization Installment**

|                                                                      |          |
|----------------------------------------------------------------------|----------|
| 6. Current Year Amortization Installment                             | \$13,215 |
| 7. Sum of Prior Year Amortization Installments                       | 151,321  |
| 8. Net Shortfall Amortization Installment [6 + 7, not less than \$0] | 164,536  |
| 9. Proration for Short Plan Year [8 x <sup>6</sup> / <sub>12</sub> ] | \$82,268 |

## SECTION VII

## ACTUARIAL METHODS

Under the Actuarial Methods described below, if all current assumptions remain constant and are realized, funding at least the Minimum Required Contribution each year will eventually accumulate sufficient plan assets to cover the Funding Target. Future widening of the interest rate stabilization corridor may extend the time period for the plan to become fully funded.

### Cost Method

Costs have been computed in accordance with the Unit Credit Actuarial Cost Method and reflect the actuarial assumptions described under “Actuarial Assumptions” of this report as provided under the applicable regulations of the Pension Protection Act of 2006.

### Target Normal Cost

The Target Normal Cost is the present value of benefits expected to accrue during the plan year plus an estimate of the expenses to be paid from plan assets during the plan year.

### Funding Target and Funding Shortfall

The Funding Target is the present value of benefits accrued as of the beginning of the plan year and the Funding Shortfall is the excess of the Funding Target over the Actuarial Value of Assets (reduced by the Credit Balance). The initial Funding Shortfall is amortized over seven years.

In subsequent years, the Funding Shortfall less the present value of prior year amortization installments is amortized over seven years, and added to any prior year amortization installments.

Segment rates are adjusted as necessary to fall within the specified corridor of the corresponding 25-year average of segment rates for the period ending September 30 of the calendar year preceding the first day of the plan year. The specified corridor is:

| <u>Plan Year</u> | <u>Corridor</u> |
|------------------|-----------------|
| Through 2020     | 90% - 110%      |
| 2021             | 85% - 115%      |
| 2022             | 80% - 120%      |
| 2023             | 75% - 125%      |
| 2024 and later   | 70% - 130%      |

The adjustments to fall within the specified corridor of the 25-year average of segment rates apply for determining the minimum required contribution and related funded percentages. They do not apply for determining the maximum tax deductible contribution or certain other situations.

### Sponsor Elections

Discount Rate: Segment rates, with a 4-month lookback

Mortality Table: Prescribed IRS Static Mortality Table – Separate

## **SECTION VII**

## **ACTUARIAL METHODS**

### **At-Risk Determination**

The At-Risk Funding Target is determined by assuming that participants eligible to retire in the current plan year and next 10 plan years retire at the earliest possible date, but not before the end of the plan year. All participants are assumed to elect the optional form resulting in the highest possible present value.

A load is added to the At-Risk Funding Target and At-Risk Target Normal Cost when a plan is At-Risk in at least two years during the preceding four years. The load increases the At-Risk Funding Target by 4% of the Not At-Risk Funding Target plus \$700 per participant, and increases the At-Risk Target Normal Cost by 4% of the Not At-Risk Target Normal Cost.

The Funding Target and Target Normal Cost are calculated by multiplying the Not At-Risk values by 100% minus the Phase-In Percentage, plus the At-Risk values multiplied by the Phase-In Percentage.

### **Credit Balance**

The Credit Balance consists of the Carryover Balance from excess contributions prior to the Pension Protection Act (PPA) of 2006, plus the Prefunding Balance from elected excess contributions after the PPA. Balances accumulate with interest and are reduced for amounts applied towards the Minimum Required Contribution, voluntary waivers by the plan sponsor, and compelled waivers to avoid benefit restrictions. The Actuarial Value of Assets is reduced by the Credit Balance to determine certain funded percentages and to determine the Funding Shortfall.

### **Asset Valuation Method**

The Actuarial Value of Assets is determined using an annual average of the adjusted Fair Market Value of Assets with the earliest determination 24 months prior to the valuation date. The Fair Market Value of Assets in prior years is adjusted for contributions, benefit payments, expenses and expected earnings (not to exceed the third segment rate).

This is equivalent to the Fair Market Value of Assets, plus two-thirds of the (gain)/loss from the prior year, plus one-third of the (gain)/loss from the second preceding year. The (gain)/loss in each year is the difference between the expected and actual returns on the Fair Market Value of Assets.

The Actuarial Value of Assets is adjusted to be no less than 90% or no more than 110% of the Fair Market Value of Assets, as required by IRC Section 430(g)(3)(B)(iii).

Since the expected earnings assumption cannot exceed the third segment rate, over time, the method may produce an Actuarial Value of Assets slightly below the Fair Market Value of Assets.

The Actuarial Value of Assets for determining the Maximum Tax Deductible Contribution reflects interest rate stabilization rates for discounting contributions and limiting expected earnings.

The Fair Market Value of Assets used for funds invested in the General Account of an Insurance Company is the stated contract value with a market value adjustment factor. This value is an estimate only and not the precise calculation which would be done at contract discontinuance or to measure the impact of excess withdrawals in any calendar year. It does not constitute a final offer by Prudential or a final experience adjustment.

**SECTION VII**

**ACTUARIAL ASSUMPTIONS**

**Funding Assumptions:**

The discount rate and mortality assumptions are prescribed assumptions set by law. All other assumptions are non-prescribed assumptions set by the actuary which reflect estimates of future experience, are appropriate for the purpose of the measurement, consider relevant plan characteristics, and contain no significant bias unless otherwise noted. Relevant historical information, such as credible plan experience and experience from representative populations, was considered in the selection of the non-prescribed assumptions with a significant effect on the measurement. Factors that may affect future experience and the views of experts were also considered.

**ASC 960 Assumptions:**

All assumptions are set by the plan sponsor and they align with the Funding Assumptions except for the mortality assumption, the discount rate, and the assumed lump sum discount rate.

The mortality assumption reflects experience from representative populations, based on the Pri-2012 Private Retirement Plans Mortality Table Report issued by the Society of Actuaries (SOA) in October 2019 and the Mortality Improvement Scale MP-2020 Report issued by the SOA in October 2020.

The discount rate reflects an effective rate based on high quality corporate bond yields and the plan cashflow as of the valuation date.

The assumed lump sum rate reflects long term expectations of the yield rate on high quality corporate bonds.

Below are the actuarial assumptions as of January 1, 2021:

| <b>Discount Rate:</b>          | <b><u>With HATFA</u></b> | <b><u>Without HATFA</u></b> | <b><u>ASC 960</u></b> |
|--------------------------------|--------------------------|-----------------------------|-----------------------|
| Effective Rate                 | 4.97%                    | 3.56%                       | 3.50%                 |
| First Segment – First 5 Years  | 3.32%                    | 2.22%                       | N/A                   |
| Second Segment – Next 15 Years | 4.79%                    | 3.38%                       | N/A                   |
| Third Segment – After 20 Years | 5.47%                    | 3.92%                       | N/A                   |

**Mortality:**

Funding:

Male: The IRS 2021 Static Mortality Table (male).

Female: The IRS 2021 Static Mortality Table (female).

Accounting:

Male: Pri-2012 Total Data Set Mortality Table with Scale MP-2020 (Male)

Female: Pri-2012 Total Data Set Mortality Table with Scale MP-2020 (Female)

**SECTION VII**

**ACTUARIAL ASSUMPTIONS**

|                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |              |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |
|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------|----|-------|----|-------|----|-------|----|-------|----|-------|----|-------|----|-------|----|-------|----|-------|
| <b>Termination:</b>                | <p>The probabilities that Participants at the ages indicated will terminate within the following year are:</p> <table><tr><td><u>Age</u></td><td><u>Rates</u></td></tr><tr><td>25</td><td>0.047</td></tr><tr><td>30</td><td>0.039</td></tr><tr><td>35</td><td>0.030</td></tr><tr><td>40</td><td>0.024</td></tr><tr><td>45</td><td>0.020</td></tr><tr><td>50</td><td>0.014</td></tr><tr><td>55</td><td>0.009</td></tr><tr><td>60</td><td>0.002</td></tr><tr><td>65</td><td>0.000</td></tr></table> | <u>Age</u> | <u>Rates</u> | 25 | 0.047 | 30 | 0.039 | 35 | 0.030 | 40 | 0.024 | 45 | 0.020 | 50 | 0.014 | 55 | 0.009 | 60 | 0.002 | 65 | 0.000 |
| <u>Age</u>                         | <u>Rates</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |              |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |
| 25                                 | 0.047                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |              |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |
| 30                                 | 0.039                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |              |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |
| 35                                 | 0.030                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |              |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |
| 40                                 | 0.024                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |              |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |
| 45                                 | 0.020                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |              |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |
| 50                                 | 0.014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |              |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |
| 55                                 | 0.009                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |              |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |
| 60                                 | 0.002                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |              |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |
| 65                                 | 0.000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |              |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |
| <b>Retirement:</b>                 | All Participants are assumed to retire at age 65; otherwise attained age if retiring after 65.                                                                                                                                                                                                                                                                                                                                                                                                    |            |              |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |
| <b>Investment Return:</b>          | 3.50% per annum, compounded annually.                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |              |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |
| <b>Estimated Expenses:</b>         | \$12,576.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |              |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |
| <b>Salary Scale:</b>               | Not Applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |              |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |
| <b>Marriage and Age of Spouse:</b> | 85% of participants are assumed married. Female spouses are assumed to be three years younger than their male spouses.                                                                                                                                                                                                                                                                                                                                                                            |            |              |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |
| <b>Lump Sum Conversion:</b>        | <p>For valuation, annuity benefits are converted to lump sums using the IRS-required annuity substitution method.</p> <p>For ASC 715 and 960, annuity benefits are converted to lump sums using the 417(e) mortality table, and relevant HATFA Segment Rates.</p>                                                                                                                                                                                                                                 |            |              |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |
| <b>Form of Payment:</b>            | <p>For active participants and terminated vested participants who terminated employment on or after January 1, 2005: 75% are assumed to receive their benefit as a lump sum at normal retirement and 25% are assumed to receive their benefit as an annuity at normal retirement.</p> <p>Terminated vested participants who terminated employment prior to January 1, 2005 are assumed to receive their benefit as an annuity at normal retirement.</p>                                           |            |              |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |
| <b>Social Security:</b>            | <p><i>Primary Insurance Amount:</i> Not Applicable</p> <p><i>Covered Compensation:</i> Not Available</p>                                                                                                                                                                                                                                                                                                                                                                                          |            |              |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |
| <b>Disability:</b>                 | None assumed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |              |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |

**SECTION VII**

**PLAN PROVISIONS**

|                               |                                                                                                                                                                                                                                                                                                                  |
|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Effective Date</b>         | January 1, 1976. The plan was amended effective January 1, 1999 to make lump sum distributions available to participants who elected to cease future accruals under the plan. The plan was then amended effective January 1, 2005 to freeze accrued benefits.                                                    |
| <b>Eligibility</b>            | <p>As of the later of attainment of age 21 and date of employment.</p> <p>Plan participation was frozen in 1998. Some active participants elected to transfer to another plan that was terminated in 1999.</p>                                                                                                   |
| <b>Credited Service</b>       | Total Service from date of employment. As of December 31, 2004 active participants were granted two additional years of service. As of January 1, 2005, no participant will be credited with future service as the benefits are frozen.                                                                          |
| <b>Form of Payment</b>        | Active participants and terminated vested participants who terminated after January 1, 2005 are assumed to receive their benefit as an annuity at normal retirement. Death benefits are assumed to be paid as an annuity at the participant's Normal Retirement Age.                                             |
| <b>Normal Retirement Date</b> | Age 65.                                                                                                                                                                                                                                                                                                          |
| <b>Early Retirement Date</b>  | Age 55.                                                                                                                                                                                                                                                                                                          |
| <b>Benefit Formula</b>        |                                                                                                                                                                                                                                                                                                                  |
| <i>Normal Retirement</i>      | 1.3% of Final-Average Earnings, plus .625% of Final-Average Earnings in excess of Covered Compensation, multiplied by years of Credited Service not in excess of 35.                                                                                                                                             |
| <i>Minimum Benefit</i>        | <p>The accrued benefit on July 30, 1991 which equals the greater of 2% of Final-Average Earnings, less 1 and 2/3% of Primary Social Security Benefit, multiplied by Years of Credited Service not in excess of 35; or</p> <p>The accrued benefit on December 31, 1975 under the Plan in effect on that date.</p> |

## SECTION VII

## PLAN PROVISIONS

### *Early Retirement*

Same as Normal Retirement but the benefit shall be reduced 1/15 for each of the first 5 years, plus 1/30 for each of the next 5 years that payments commence prior to Normal Retirement Date.

Accrued Normal Retirement benefit is frozen as of December 31, 2004.

### **Earnings**

W-2 compensation plus salary deferrals less fringe benefits.

### **Final Average Earnings:**

Average of Earnings during the highest 60 consecutive months taken from the last 120 months before retirement or termination of employment. Final average earnings were frozen December 31, 2004

### **Normal Form of Benefit**

Life Annuity.

### **Optional Form of Benefit**

(a) Joint and Survivor Annuity providing to a surviving beneficiary full, 2/3 or 1/2 of the reduced amount payable to the employee.

(b) Annuity for 10 years Guaranteed Period and Life thereafter.

(c) Lump sum for participants who terminate employment after January 1, 2005, upon attaining retirement age.

Optional annuity forms are determined based on 1971 GAM mortality and 6% interest. Lump sums are determined based on 417(e) mortality and lump sum segment rates for the November prior to the plan year of distribution.

### **Vested Benefit**

A benefit calculated according to the Normal Retirement formula based on Credited Service and Earnings as of the date service ceased, payable at Normal Retirement.

### **Death Benefit**

An employee eligible for Early or Normal Retirement has a death benefit payable to his eligible spouse equal to 50% of the benefit that would have been payable under the Joint and 50% Survivor option if the employee retired on the day before the date of his death. Prior to Early Retirement, the benefit is one-half of the anticipated Normal Retirement benefit. This benefit has a minimum annual amount of \$120.

### **Disability Benefits**

Continued accrual of Retirement Benefits while receiving benefits under the Long-Term Disability Plan.

**SECTION IV**

**SHORTFALL AMORTIZATION**

The prior year amortization values and the development of the amortization for the current plan year are shown below.

**Prior Year Amortization Amounts**

| <u>Plan Year</u> | <u>Installment</u> | <u>Years<br/>Remaining</u> | <u>Present Value</u> |
|------------------|--------------------|----------------------------|----------------------|
| 2020             | \$151,321          | 6                          | \$829,275            |
| 2019             | 0                  | n/a                        | 0                    |
| 2018             | 0                  | n/a                        | 0                    |
| 2017             | 0                  | n/a                        | 0                    |
| 2016             | 0                  | n/a                        | 0                    |
| 2015             | 0                  | n/a                        | 0                    |
| <hr/>            |                    |                            |                      |
| Total            | \$151,321          |                            | \$829,275            |

**Current Year Amortization**

|                                                          |           |
|----------------------------------------------------------|-----------|
| 1. Exemption from Current Year Amortization              | No        |
| 2. Funding Shortfall to be Amortized                     | \$911,679 |
| 3. Present Value of Prior Year Amortization Installments | 829,275   |
| 4. Current Year Amortization Base [2 – 3]                | 82,404    |
| 5. Current Year Amortization Installment                 | \$13,215  |

**Net Shortfall Amortization Installment**

|                                                                      |          |
|----------------------------------------------------------------------|----------|
| 6. Current Year Amortization Installment                             | \$13,215 |
| 7. Sum of Prior Year Amortization Installments                       | 151,321  |
| 8. Net Shortfall Amortization Installment [6 + 7, not less than \$0] | 164,536  |
| 9. Proration for Short Plan Year [ $8 \times \frac{6}{12}$ ]         | \$82,268 |