

<p style="text-align: center;">Form 5500</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="text-align: center; font-size: large;">2022</p> <hr/> <p style="text-align: center; font-size: small;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information	
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>	
<p>A This return/report is for:</p> <p><input type="checkbox"/> a multiemployer plan</p> <p><input checked="" type="checkbox"/> a single-employer plan</p> <p>B This return/report is:</p> <p><input type="checkbox"/> the first return/report</p> <p><input type="checkbox"/> an amended return/report</p> <p>C If the plan is a collectively-bargained plan, check here. ▶ <input type="checkbox"/></p> <p>D Check box if filing under:</p> <p><input checked="" type="checkbox"/> Form 5558</p> <p><input type="checkbox"/> special extension (enter description)</p> <p>E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ <input type="checkbox"/></p>	<p><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.)</p> <p><input type="checkbox"/> a DFE (specify) ____</p> <p><input checked="" type="checkbox"/> the final return/report</p> <p><input type="checkbox"/> a short plan year return/report (less than 12 months)</p> <p><input type="checkbox"/> automatic extension</p> <p><input type="checkbox"/> the DFVC program</p>

Part II Basic Plan Information —enter all requested information	
<p>1a Name of plan <u>THE BERKSHIRE GAS COMPANY PENSION PLAN</u></p> <p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BERKSHIRE GAS COMPANY</u></p> <p><u>180 MARSH HILL ROAD</u> <u>ORANGE, CT 06477</u></p> <p><u>180 MARSH HILL ROAD</u> <u>ORANGE, CT 06477</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p> <p>1c Effective date of plan <u>01/01/1957</u></p> <p>2b Employer Identification Number (EIN) <u>04-1731220</u></p> <p>2c Plan Sponsor's telephone number <u>203-499-3179</u></p> <p>2d Business code (see instructions) <u>221210</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2023	PAUL VISCONTI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2023	PAUL VISCONTI
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 138
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 38 6a(2) 0 6b 0 6c 0 6d 0 6e 0 6f 0 6g 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1C 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> ¹ A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 _____

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2022</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2022 or fiscal plan year beginning **01/01/2022** and ending **12/31/2022**

<p>A Name of plan THE BERKSHIRE GAS COMPANY PENSION PLAN</p>	<p>B Three-digit plan number (PN) ▶ 001</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BERKSHIRE GAS COMPANY</p>	<p>D Employer Identification Number (EIN) 04-1731220</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0223995	0	01/01/2022	12/31/2022

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
895	232

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

WILLIS TOWERS WATSON NORTHEAST INC. **70 ARLINGTON ST FL 10**
BOSTON, MA 02116-3936

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
895	1	NON-MONETARY COMPENSATION	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

WILLIS TOWERS WATSON NORTHEAST INC. **20 LIBERTY STREET**
NEW YORK, NY 10281-0001

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	231	SUPPLEMENTAL COMPENSATION	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end.....	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount..... Specify nature of costs ▶	6d	

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	
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c Additions: (1) Contributions deposited during the year	7c(1)		
	7c(2)		
	7c(3)		
	7c(4)		
	7c(5)		
▶			

(6) Total additions.....	7c(6)	0
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d Total of balance and additions (add lines 7b and 7c(6))	7d	
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e Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier.....	7e(2)		
	(3) Transferred to separate account.....	7e(3)		
(4) Other (specify below)	7e(4)			
▶				

(5) Total deductions.....	7e(5)	0
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	
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Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision) **b** Dental **c** Vision **d** Life insurance
e Temporary disability (accident and sickness) **f** Long-term disability **g** Supplemental unemployment **h** Prescription drug
i Stop loss (large deductible) **j** HMO contract **k** PPO contract **l** Indemnity contract
m Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	11000
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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

A Name of plan <u>THE BERKSHIRE GAS COMPANY PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BERKSHIRE GAS COMPANY</u>	D Employer Identification Number (EIN) <u>04-1731220</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>			
2 Assets:			
a Market value.....	2a	<u>21185494</u>	
b Actuarial value.....	2b	<u>20209374</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	<u>86</u>	<u>16333381</u>	<u>16333381</u>
b For terminated vested participants.....	<u>14</u>	<u>1001942</u>	<u>1001942</u>
c For active participants.....	<u>38</u>	<u>4135929</u>	<u>4143169</u>
d Total.....	<u>138</u>	<u>21471252</u>	<u>21478492</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5	<u>5.39 %</u>	
6 Target normal cost.....			
a Present value of current plan year accruals.....	6a	<u>143678</u>	
b Expected plan-related expenses.....	6b	<u>170000</u>	
c Total (line 6a + line 6b).....	6c	<u>313678</u>	

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

SIGN HERE		
	Signature of actuary	Date
	<u>BRIAN HURLEIGH</u>	<u>23-06945</u>
	Type or print name of actuary	Most recent enrollment number
	<u>PRICEWATERHOUSECOOPERS LLP</u>	<u>646-471-3000</u>
	Firm name	Telephone number (including area code)
	<u>300 MADISON AVENUE NEW YORK, NY 10017</u>	
	Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....		655346
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		655164
9	Amount remaining (line 7 minus line 8)		182
10	Interest on line 9 using prior year's actual return of <u>9.32</u> %		17
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year).....		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.56</u> %.....		
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance.....		0
	d Portion of (c) to be added to prefunding balance.....		0
12	Other reductions in balances due to elections or deemed elections.....		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	199

Part III Funding Percentages			
14	Funding target attainment percentage	14	94.09 %
15	Adjusted funding target attainment percentage	15	94.09 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	89.59 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
04/14/2022	174000						
07/14/2022	174000						
10/13/2022	174000						
09/13/2023	150000						
			Totals ▶	18(b)	672000	18(c)	

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a
	b Contributions made to avoid restrictions adjusted to valuation date.	19b
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c 644868
20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	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
	c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
		(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	<input type="checkbox"/> N/A, full yield curve used
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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 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years..... **28**

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

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** 313678

b Excess assets, if applicable, but not greater than line 31a **31b** 0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	1269317	156894
b Waiver amortization installment		

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** 470572

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....		0	0
36 Additional cash requirement (line 34 minus line 35).....			470572
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			644868

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36) **38a** 174296

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b**

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

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

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan <u>THE BERKSHIRE GAS COMPANY PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BERKSHIRE GAS COMPANY</u>	D Employer Identification Number (EIN) <u>04-1731220</u>	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

THE BONADIO GROUP, LLP

16-1131146

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	15649	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PRICEWATERHOUSECOOPERS LLC

13-4008324

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	8250	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NORTHERN TRUST

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 25	NONE	5519	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

**SCHEDULE D
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning **01/01/2022** and ending **12/31/2022**

A Name of plan THE BERKSHIRE GAS COMPANY PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BERKSHIRE GAS COMPANY	D Employer Identification Number (EIN) 04-1731220

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

a Name of MTIA, CCT, PSA, or 103-12 IE: AVANGRID INC. DB MASTER TRUST		
b Name of sponsor of entity listed in (a): AVANGRID MANAGEMENT COMPANY LLC		
c EIN-PN 04-6931375-001	d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE:		
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)

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

**Schedule D (Form 5500) 2022
v. 220413**

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)

**SCHEDULE H
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

► **File as an attachment to Form 5500.**

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning **01/01/2022** and ending **12/31/2022**

A Name of plan THE BERKSHIRE GAS COMPANY PENSION PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 BERKSHIRE GAS COMPANY	D Employer Identification Number (EIN) 04-1731220

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions.....	1b(1)	
(2) Participant contributions.....	1b(2)	
(3) Other.....	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	
(2) U.S. Government securities.....	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred.....	1c(3)(A)	
(B) All other.....	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred.....	1c(4)(A)	
(B) Common.....	1c(4)(B)	
(5) Partnership/joint venture interests.....	1c(5)	
(6) Real estate (other than employer real property).....	1c(6)	
(7) Loans (other than to participants).....	1c(7)	
(8) Participant loans.....	1c(8)	
(9) Value of interest in common/collective trusts.....	1c(9)	
(10) Value of interest in pooled separate accounts.....	1c(10)	
(11) Value of interest in master trust investment accounts.....	1c(11)	21185494
(12) Value of interest in 103-12 investment entities.....	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	21185494	

Liabilities

g Benefit claims payable.....	1g		
h Operating payables.....	1h	8080	
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	8080	

Net Assets

l Net assets (subtract line 1k from line 1f).....	1l	21177414	
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	672000	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		672000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		-4101289
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-3429289
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2469765	
(2) To insurance carriers for the provision of benefits	2e(2)	11000	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		2480765
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	29102	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees	2i(3)	24492	
(4) Other	2i(4)	94668	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		148262
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2629027
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-6058316
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan.....	2l(2)		15119098

Part III Accountant's Opinion

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

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

- (1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

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

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

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

(1) Name: **BONADIO & CO., LLP**

(2) EIN: **16-1131146**

d The opinion of an independent qualified public accountant is **not attached** because:

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

	Yes	No	Amount
4a		X	

		Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....	4d		X	
e Was this plan covered by a fidelity bond?.....	4e	X		15000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	4i		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....	4k	X		
l Has the plan failed to provide any benefit when due under the plan?.....	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.....	4n			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
THE BERKSHIRE GAS COMPANY PENSION PLAN FOR UNION EMPLOYEES	04-1731220	002

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 484894.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan <u>THE BERKSHIRE GAS COMPANY PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BERKSHIRE GAS COMPANY</u>	D Employer Identification Number (EIN) <u>04-1731220</u>	

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	
---	--

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 36-1561860

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3	4
---	---

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

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

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

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

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

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

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

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... Yes No

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

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 _____

THE BERKSHIRE GAS COMPANY PENSION PLAN

**Financial Statements as of
December 31, 2022 and 2021
Together with
Independent Auditor's Report**

INDEPENDENT AUDITOR'S REPORT

October 11, 2023

To the Participants and Plan Administrator of The
Berkshire Gas Company Pension Plan:

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the accompanying financial statements of The Berkshire Gas Company Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of The Berkshire Gas Company Pension Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2022 and 2021, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

(Continued)

INDEPENDENT AUDITOR'S REPORT

(Continued)

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of The Berkshire Gas Company Pension Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

(Continued)

INDEPENDENT AUDITOR'S REPORT

(Continued)

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of The Berkshire Gas Company Pension Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about The Berkshire Gas Company Pension Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

**THE BERKSHIRE GAS COMPANY PENSION PLAN
 STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
 DECEMBER 31, 2022 AND 2021**

	<u>2022</u>	<u>2021</u>
ASSETS:		
INVESTMENTS, at fair value:		
Plan interest in Avangrid, Inc. Defined Benefit Master Trust	\$ 14,975,347	\$ 21,185,494
Employer contribution receivable	<u>150,000</u>	<u>-</u>
Total assets	15,125,347	21,185,494
LIABILITIES:		
Accrued administrative expenses	<u>6,249</u>	<u>8,080</u>
Total liabilities	<u>6,249</u>	<u>8,080</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 15,119,098</u>	<u>\$ 21,177,414</u>

The accompanying notes are an integral part of these statements.

**THE BERKSHIRE GAS COMPANY PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021**

	<u>2022</u>	<u>2021</u>
ADDITIONS (REDUCTIONS):		
Change in plan interest in Avangrid, Inc. Defined Benefit Master Trust	\$ (4,101,289)	\$ 1,973,088
Employer contributions	<u>672,000</u>	<u>22,000</u>
Total additions (reductions)	<u>(3,429,289)</u>	<u>1,995,088</u>
DEDUCTIONS:		
Benefits paid to participants	2,469,765	2,580,942
Administrative expenses	148,262	173,241
Insurance premiums	<u>11,000</u>	<u>18,270</u>
Total deductions	<u>2,629,027</u>	<u>2,772,453</u>
CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	(6,058,316)	(777,365)
NET ASSETS AVAILABLE FOR BENEFITS - beginning of year	<u>21,177,414</u>	<u>21,954,779</u>
NET ASSETS AVAILABLE FOR BENEFITS - end of year	<u>\$ 15,119,098</u>	<u>\$ 21,177,414</u>

The accompanying notes are an integral part of these statements.

THE BERKSHIRE GAS COMPANY PENSION PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2022 AND 2021

1. DESCRIPTION OF THE PLAN

The Berkshire Gas Company Pension Plan (the Plan) is a defined benefit plan covering eligible Non-Union employees of Berkshire Gas Company (the Company) or eligible employees of any of its subsidiaries or affiliates which have adopted the Plan as “Participating Employers” under the Plan’s provisions. The Plan is intended to conform to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and subsequent legislation, where applicable.

The Plan was established by the Company effective January 1, 1957. The Plan Administrator is the Company, and an Administrative Committee has been appointed to serve as manager of the Plan. Avangrid, Inc. (formerly Iberdrola USA), the parent corporation of the Company, through its subsidiaries, delivers electricity and natural gas to retail customers and provides electricity, natural gas, energy management and other services to retail and wholesale customers in the Northeast. Avangrid, Inc. was formed effective December 16, 2015, via a merger between Iberdrola USA and UIL Holdings Corporation.

Participants should refer to the Plan document for a more complete description of the Plan’s provisions. A summary of the Plan’s provisions is as follows:

Eligibility

The Plan provides benefits to eligible employees of the Company based on the Plan’s provisions. Effective January 1, 2018, the Plan was amended so that no person who was first hired or rehired by the Company on or after January 1, 2018, is eligible to participate in the Plan. Effective December 20, 2019, each employee who was employed by the Company as of January 1, 2018, who becomes covered by the 2019 collective bargaining agreement between the Company and the Connecticut Independent Utility Workers, Local 12924, shall continue to be eligible to participate in the Plan.

Benefit Payments

Eligible participants hired prior to January 1, 2014, or that are hired or rehired on or after January 1, 2004, who meet specific criteria specified by the Plan’s provisions, are eligible to receive benefits under the Traditional Benefits formula. Under the Traditional Benefits formula, participants are entitled to an annual benefit upon attainment of normal retirement date based upon total years of service and eligible compensation or an annual benefit multiplied by years of service, whichever is greater. Participants may elect early retirement upon attainment of age 55 with at least 5 years of credited service and receive a reduced benefit.

Eligible participants hired or rehired on or after January 1, 2004, through January 1, 2018, who do not satisfy the requirements above, are eligible for a Cash Balance benefit. Under the Cash Balance benefit formula, participants start with an initial cash balance account of zero. Each year, participants receive an annual contribution credit of 6% of pensionable compensation for the year and an interest credit, as defined in the Plan document. Effective January 1, 2020, an actuarial equivalent single lump sum, in lieu of all other benefits under the Plan, is included as an optional form of benefit.

1. DESCRIPTION OF THE PLAN (Continued)

Benefit Payments (Continued)

The Plan also provides for the payment of lesser benefits if an employee elects early retirement after attaining age 55 and six years of credited service or five years of participation. Early retirement annuity benefits are not reduced if the employee is at least age 55 and the employees' age plus years of credited service equal or exceed 80. Employees who work past normal retirement age will continue to accrue benefits under the Plan.

Effective December 31, 2016, the Plan purchased term life insurance policies covering active employees. In accordance with this provision, any benefits due to a surviving spouse of a participant who was an active employee at the date of death, will be paid from this insurance policy. Provisions in the policy also cover participants on long term disability who are eligible for benefits under the Plan. Premiums for the policy are paid from Master Trust assets and totaled \$11,000 at December 31, 2022 and \$18,270 at December 31, 2021.

Effective June 30, 2022, for all participants, their final average earnings and social security benefit for all purposes under the Plan shall be determined as of June 30, 2022, and their period of service under the Plan shall be determined as of June 30, 2022.

Normal Retirement Age

Normal retirement is age 65.

Vesting

For the Traditional Benefit, participants are 100% vested in their retirement benefit upon attainment of the normal retirement age or after completion of five years of service. For the Cash Balance benefit, participants are 100% vested in their retirement benefit upon attainment of the normal retirement age or after completion of three years of service.

Administrative Expenses

Substantially all administrative expenses are paid from the assets of the Plan.

Funding Policy

Contributions to the Plan to provide benefits are made solely by the Company. The Company's funding policy is to make cash contributions to the Plan in amounts sufficient to comply with the minimum funding requirements of ERISA as computed by the Plan's actuary, or the amount required to attain 80% funding status, whichever is greater. The Company met these requirements for the years ended December 31, 2022 and 2021. Contributions are recorded in the year for which they were approved.

Plan Termination

The Company intends to continue the Plan indefinitely but reserves the right to terminate it at any time subject to the provisions of ERISA. In the event the Plan is terminated:

- The amount of accrued benefit for each participant affected shall become 100% vested.
- To the extent there are unfunded vested benefits, other than benefits becoming vested by virtue of termination of the Plan, ERISA provides that such benefits are payable to participants by the Pension Benefit Guaranty Corporation (PBGC), up to specified limitations.

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Use of Estimates

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

Investment Valuation and Income Recognition

The investments in the Avangrid, Inc. Defined Benefit Master Trust (the Master Trust, see Note 3) are valued at fair value as reported by the trustee.

The Master Trust investment income is reported on the accrual basis and includes interest and dividends, and the net appreciation (depreciation) in the fair value of the Master Trust's investments. In addition, included in the net appreciation (depreciation) in the fair value of the Master Trust's investments are the realized and unrealized gains or losses on transactions in, and translation of, foreign currency investments.

Purchases and sales of securities are recorded on a trade-date basis. Interest and dividend income is recorded on the accrual basis. Net appreciation (depreciation) of investments includes the Plan's gains and losses on investments bought and sold or held during the year.

Risks and Uncertainties

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

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

Actuarial Present Value of Accumulated Plan Benefits

Accumulated Plan benefits (see Note 5) are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the employees through the valuation date. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died and, (c) present employees or their beneficiaries. Benefits for active, retired, or terminated employees or their beneficiaries are based on the employees' credited service and the benefit rate in effect on termination or retirement date. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered through the valuation date.

Benefit Payments

Benefit payments are recorded when paid.

3. INVESTMENT IN MASTER TRUST

The Master Trust is maintained by The Northern Trust Company and was established for the investments of the Plan and several other Avangrid, Inc. sponsored benefit plans. Prior to 2021, each participating benefit plan had an undivided interest in the fund or funds in which it participated, except that each fund or asset identified by Avangrid as allocable to a particular plan (an identified fund or an identified asset) was allocated to that plan account. All transfers to, withdrawals from, or other transactions regarding the Master Trust were conducted in such a way that the proportionate interest in the Master Trust for each plan and the fair market value of that interest could have been determined at any time. Whenever the assets of more than one plan are commingled in the Master Trust or in any investment option, the undivided interest therein of each such plan shall be debited or credited (as the case may be) (i) for the entire amount of every contribution received on behalf of such plan, every benefit payment, or other expense attributable solely to such plan, and every other transaction relating only to such plan; and (ii) for its proportionate share of every item of collected or accrued income, gain or loss, and general expense, and of any other transactions attributable to the Master Trust or that investment option as a whole. Beginning in 2021, each participating benefit plan has a specific divided interest in the Master Trust.

Investment income and administrative expenses relating to the Master Trust are allocated to the individual plans based on average monthly balances invested by each plan.

The following table presents the net assets of the Master Trust at December 31:

	2022		2021	
	<u>Master Trust</u>	<u>Plan's Interest</u>	<u>Master Trust</u>	<u>Plan's Interest</u>
Assets:				
Investment, at fair value:				
Cash and cash equivalents	\$ 2,448,998	\$ 30,971	\$ 21,195,594	\$ 74,091
U.S. government securities	246,878,663	791,500	262,806,629	1,037,659
Partnerships/joint ventures	136,405,928	1,065,966	167,412,852	1,184,087
Registered investment companies	107,679,828	717,084	325,925,752	2,616,602
Insurance company general accounts	29,277,316	-	33,027,984	-
Insurance company separate account	2,515,078	-	4,920,784	-
Corporate bonds	675,579,269	3,654,459	788,990,207	5,055,902
Preferred stocks	842,015	4,037	969,847	5,884
Common stocks	57,010,854	614,766	138,393,765	959,287
Common/collective trusts	859,688,298	7,673,256	1,259,304,576	9,663,328
Other investments	<u>44,736,770</u>	<u>401,394</u>	<u>90,054,676</u>	<u>583,708</u>
Total investments	2,163,063,017	14,953,433	3,093,002,666	21,180,548
Accrued income receivable	<u>4,374,170</u>	<u>21,914</u>	<u>1,414,922</u>	<u>4,946</u>
Total Master Trust net assets	<u>\$2,167,437,187</u>	<u>\$ 14,975,347</u>	<u>\$3,094,417,588</u>	<u>\$21,185,494</u>

3. INVESTMENT IN MASTER TRUST (Continued)

The following table presents the changes in net assets of the Master Trust for the years ended December 31:

	<u>2022</u> <u>Master Trust</u>	<u>2021</u> <u>Master Trust</u>
Net appreciation (depreciation) in fair value of investments	\$(631,205,399)	\$ 179,123,988
Dividend and interest income	<u>54,613,923</u>	<u>61,161,983</u>
	<u>\$(576,591,476)</u>	<u>\$ 240,285,971</u>

4. FAIR VALUE MEASUREMENTS

The Plan uses various valuation techniques in determining fair value. Accounting Standards Codification (ASC) 820 established a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

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

Level 2 Inputs to the valuation methodology include:

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

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

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for Master Trust assets measured at fair value:

Cash and cash equivalents: Valued at cost, plus accrued interest, which approximates fair value. Level 2 investments are valued based on yields currently available on similar investments.

4. FAIR VALUE MEASUREMENTS (Continued)

U.S. government securities and short-term investments: Valued at the closing price reported in the active market in which the security is traded.

Corporate bonds and other fixed income securities: Valued based on yields currently available on comparable securities of issuers with similar credit ratings.

Preferred and common stocks: Valued at the closing price reported in the active market in which the individual investment is traded.

Common collective trusts/Registered investment companies: Level 1 investments are valued at the closing price reported in the active market in which the security is traded. Value of Level 2 investments is primarily derived from the quoted prices in active markets of the underlying securities. Because the fund shares are offered to a limited group of investors, they are not considered to be traded in an active market.

Other investments, primarily fixed income: Investments are primarily invested in U.S. bonds and may also include some non-U.S. bonds. Other asset classes, including alternative investments, are used to enhance long-term returns while improving portfolio diversification. Valued based on yields currently available on comparable securities of issuers with similar credit ratings.

Other investments measured at net asset value (NAV): Fund shares offered to a limited group of investors and alternative investments, such as private equity, equity, fixed income, and real estate oriented common collective trusts and partnership/joint ventures are valued using the NAV as a practical expedient to estimate the fair value of the underlying investments. Since these assets are valued at NAV, they are not included in the fair value hierarchy table. There are generally no significant unfunded commitments, redemption restrictions or other restrictions on the investments.

The primary investment objective of the Plan's administrative committee is to ensure that current and future benefit obligations are adequately funded and with volatility commensurate with their investment policy risk tolerance. Preservation of capital and achievement of sufficient total return to fund accrued and future benefit obligations are of highest concern. Their primary means for achieving capital preservation is through diversification of the trusts' investments while avoiding significant concentrations of risk in any one area of the securities markets. Further diversification is achieved by utilizing multiple asset managers with a systematic allocation to various asset classes and providing broad exposure to different segments of the equity, fixed income and alternative investment markets, including a strategic balance between actively and passively managed investments. The asset allocation policy is the most important consideration in achieving their objective of superior investment returns while minimizing risk.

The administrative committee has established target asset allocation policies within allowable ranges for their pension benefits plan assets within broad categories of asset classes made up of return-seeking investments and liability-hedging investments, with target allocations ranging from 25%-60% for return-seeking assets and 40%-75% for liability-hedging assets. Return-seeking assets also include investments in real estate, global asset allocation strategies and hedge funds. Liability-hedging investments generally consist of long-term corporate bonds, annuity contracts, long-term treasury STRIPS and opportunistic fixed income investments. Systematic rebalancing within the target ranges increases the probability that the annualized return on the investments will be enhanced, while realizing lower overall risk, should any asset categories drift outside their specified ranges.

4. FAIR VALUE MEASUREMENTS (Continued)

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Company believes the valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Master Trust assets at fair value as of December 31, 2022:

	<u>Fair Value Measurements as of December 31, 2022, Using</u>			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Cash and cash equivalents	\$ 121,304	\$ 51,750,909	\$ -	\$ 51,872,213
U.S. government and short-term investments	253,323,135	-	-	253,323,135
Corporate bonds	-	710,375,405	-	710,375,405
Preferred stocks	842,015	-	-	842,015
Common stocks	57,103,379	-	-	57,103,379
Registered investment companies	104,686,850	-	-	104,686,850
Common collective trusts	-	476,033,723	-	476,033,723
Other, primarily fixed income	-	34,496,683	-	34,496,683
	<u>\$ 416,076,683</u>	<u>\$1,272,656,720</u>	<u>\$ -</u>	<u>\$ 1,688,733,403</u>
Assets valued at NAV:				
Common collective trusts				337,923,686
Partnerships/joint ventures				<u>136,405,928</u>
				<u>\$ 2,163,063,017</u>

4. FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth by level, within the fair value hierarchy, the Master Trust assets at fair value as of December 31, 2021:

	<u>Fair Value Measurements as of December 31, 2021, Using</u>			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	<u>Total</u>
Cash and cash equivalents	\$ 20,329,792	\$ 49,609,202	\$ -	\$ 69,938,994
U.S. government and short-term investments	299,004,805	-	-	299,004,805
Corporate bonds	-	840,866,626	-	840,866,626
Preferred stocks	969,847	-	-	969,847
Common stocks	138,328,851	-	-	138,328,851
Registered investment companies	277,037,887	-	-	277,037,887
Common collective trusts	-	866,720,146	-	866,720,146
Other, primarily fixed income	<u>7,324</u>	<u>51,322,529</u>	-	<u>51,329,853</u>
	<u>\$ 735,678,506</u>	<u>\$1,808,518,503</u>	<u>\$ -</u>	<u>\$ 2,544,197,009</u>
Assets valued at NAV:				
Common collective trusts				383,478,151
Partnerships/joint ventures				<u>165,327,506</u>
				<u>\$ 3,093,002,666</u>

5. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

The Plan's actuary estimates the actuarial present value of the accumulated Plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The accumulated Plan benefit information for the Plan year is determined at the beginning of the year as follows:

	<u>January 1, 2022</u>
Actuarial present value of accumulated plan benefits:	
Participants currently receiving payments	\$ 14,211,994
Participants with deferred benefits	1,093,390
Other participants	<u>4,147,301</u>
Total vested plan benefits	19,452,685
Non-vested benefits	<u>6,081</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 19,458,766</u>

5. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)

The change in accumulated Plan benefits for the year ended January 1:

	<u>2022</u>
Actuarial present value of accumulated benefits at beginning of year	\$ 18,860,967
Change due to:	
Benefits accumulated	1,164,430
Interest accumulation	1,231,463
Benefits paid	(2,580,942)
Assumption changes	<u>782,848</u>
Net change	<u>597,799</u>
Actuarial present value of accumulated benefits at end of year	<u>\$ 19,458,766</u>

Significant assumptions and methods underlying the actuarial computations are as follows:

	<u>2022 and 2021</u>
Actuarial Cost Method	Standard Unit Credit Cost Method
Assumed Rate of Return on Investment	7.00% in 2022 and 2021
Mortality Basis	For 2022, the PRI-2012 Total Dataset Mortality Table with a fully generational mortality improvement projection using scale MP-2021. For 2021, the PRI-2012 Blue Collar Mortality Table with a fully generational mortality improvement projection using scale MP-2021.
Retirement Age	Normal retirement - Age 65 Early retirement - Age 55 and 6 years of credited service or 5 years of participation

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

6. FINANCIAL CERTIFICATION

As permitted by 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, The Northern Trust Company, the trustee, has certified the following information, which has not been subject to audit by the Plan's independent auditors, to be complete and accurate.

- Investment balances in the statements of net assets available for benefits at December 31, 2022 and 2021.
- Change in plan interest in Avangrid, Inc. Defined Benefit Master Trust included in the statements of changes in net assets available for benefits for the years ended December 31, 2022 and 2021.
- Net assets and changes in net assets of the Master Trust in Note 3.

7. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31:

	<u>2022</u>	<u>2021</u>
Net assets available for benefits per financial statements	\$ 15,119,098	\$ 21,177,414
Transfer into The Berkshire Gas Company Pension Plan for Union Employees	<u>(15,119,098)</u>	<u>-</u>
Net assets available for benefits per Form 5500	<u>\$ -</u>	<u>\$ 21,177,414</u>

The following is a reconciliation of the changes in net assets per the financial statements to the Form 5500 for the year ended December 31:

	<u>2022</u>	<u>2021</u>
Net decrease per financial statements	\$ (6,058,316)	\$ (777,365)
Transfer into The Berkshire Gas Company Pension Plan for Union Employees	<u>(15,119,098)</u>	<u>-</u>
Net decrease per Form 5500	<u>\$ (21,177,414)</u>	<u>\$ (777,365)</u>

8. INCOME TAX STATUS

The Plan obtained its latest determination letter on March 25, 2016, in which the Internal Revenue Service states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

9. PARTY-IN-INTEREST TRANSACTIONS

The Northern Trust Company is the trustee of the Plan, and therefore, transactions between The Northern Trust Company and the Plan qualify as party-in-interest transactions.

10. SUBSEQUENT EVENTS

Subsequent events have been evaluated through October 11, 2023, which is the date the financial statements were available to be issued.

Effective January 1, 2023, the Plan was merged into The Berkshire Gas Company Pension Plan for Union Employees. Subsequently, The Berkshire Gas Company Pension Plan for Union Employees Plan name was changed to The BGC Pension Plan.

Schedule SB Attachment (Form 5500) - 2022 Plan Year

The Berkshire Gas Company Pension Plan

EIN: 04-1731220 PN: 001

Schedule SB, line 26a - Schedule of Active Participant Data as of January 1, 2022

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

Schedule R (Form 5500) – 2022 Plan Year
The Berkshire Gas Company Pension Plan
EIN: 04-1731220 PN: 001
Schedule R, Line 4 – Election under Code Section 412(d)(2)

Pursuant to Code Section 412(d)(2), there was a plan amendment adopted effective June 30, 2022 to freeze benefit accruals for participants who are not members of a collective bargaining unit that was deemed to have been made on the first day of the Plan Year ending December 31, 2022.

This amendment does not reduce the accrued benefit for any participant determined as of the beginning of the 2022 Plan Year and does not reduce the accrued benefit of any participant determined as of the time of adoption of the amendment.

Schedule SB Attachment (Form 5500) - 2022 Plan Year

The Berkshire Gas Company Pension Plan

EIN: 04-1731220 PN: 001

Schedule SB, Line 32 – Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$2,771,466	1/1/2019	12	\$299,168
Shortfall	(\$131,054)	1/1/2020	13	(\$13,360)
Shortfall	(\$500,601)	1/1/2021	14	(\$48,470)
Shortfall	(\$870,494)	1/1/2022	15	(\$80,444)
Total	\$1,269,317			\$156,894

Schedule SB Attachment (Form 5500) - 2022 Plan Year

The Berkshire Gas Company Pension Plan

EIN: 04-1731220 PN: 001

Schedule SB, line 19 - Discounted Employer Contributions

Date of Contribution	Amount of Contribution	Plan Year	Effective Interest Rate	Number of Days to Discount	Interest Adjusted Contribution	Allocated Toward Minimum
4/14/2022	\$ 174,000	2022	5.39%	103	171,441	171,441
7/14/2022	\$ 174,000	2022	5.39%	194	169,212	169,212
10/13/2022	\$ 174,000	2022	5.39%	285	167,012	167,012
9/13/2023	\$ 150,000	2022	5.39%	620	137,203	137,203
Total	\$ 672,000				\$ 644,868	\$ 644,868

Schedule SB Attachment (Form 5500) - 2022 Plan Year
The Berkshire Gas Company Pension Plan
EIN: 04-1731220 PN: 001
Schedule SB, line 22 - Description of Weighted Average Retirement Age

(a)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) x (b) x (c)
55.5	3.00%	1.0000	1.67
56.5	3.00%	0.9700	1.64
57.5	3.00%	0.9409	1.62
58.5	3.00%	0.9127	1.60
59.5	3.00%	0.8853	1.58
60.5	6.00%	0.8587	3.12
61.5	6.00%	0.8072	2.98
62.5	15.00%	0.7588	7.11
63.5	7.00%	0.6450	2.87
64.5	7.00%	0.5998	2.71
65.5	30.00%	0.5578	10.96
66.5	25.00%	0.3905	6.49
67.5	20.00%	0.2929	3.95
68.5	30.00%	0.2343	4.81
69.5	35.00%	0.1640	3.99
70	100.00%	0.1066	7.46
Weighted Average			65

Schedule SB Attachment (Form 5500) - 2022 Plan Year
The Berkshire Gas Company Pension Plan
EIN: 04-1731220 PN: 001
Schedule SB, line 24 - Change in Actuarial Assumptions

The 2022 valuation reflects the following changes in non-prescribed actuarial assumptions:

- A change in the assumed expenses payable from the trust from \$140,000 to \$170,000.
- The retirement rates, termination rates, spousal age differences, and payment form election percentages were updated as a result of an experience study conducted in 2022.

Schedule SB Attachment (Form 5500) – 2022 Plan Year

The Berkshire Gas Company Pension Plan

EIN: 04-1731220 PN: 001

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Valuation Interest Rates	Based on segment rates with a four-month lookback (as of September 2021), taking into account the corridor around the 25-year average segment rates in accordance with MAP-21, HATFA/BBA, ARPA and the Infrastructure Investment and Jobs Act for determining MRC.
Minimum Required Contribution	IRC section 430(h) segment rates adjusted for ARPA
	<u>Adjusted Segment Rates</u>
	4.75%
	5.18%
	5.92%
Salary Increases	3.50%
Cash Balance Interest Crediting Rate	2.00%
Social Security Wage Base Increases	Future wage indices are based on a national wage increase of 3.00% per year.
Inflation Rate	2.00%.
Optional Payment Form Election Percentage	
Cash Balance	90% lump sum, 5% single life annuity, 5% joint and 50% survivor annuity
Traditional	60% lump sum, 10% 5-year certain and life annuity (or life annuity, if applicable), and 30% joint and 50% survivor annuity
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 60
Mortality Rates	
Healthy and Disabled	2022 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e).
Withdrawal Rates	See Table 2
Disability Rates	See Table 3
Decrement Timing	Middle-of-year decrements with beginning-of-year decrement at 100% retirement rate.

Schedule SB Attachment (Form 5500) – 2022 Plan Year
The Berkshire Gas Company Pension Plan
EIN: 04-1731220 PN: 001
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that male participants are three years older than their spouses and female participants are two years younger than their spouses.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit and IRC section 401(a)(17) compensation limits.
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
Expected Return on Assets	
2020 Plan Year	7.40%, limited to 6.27%
2021 Plan Year	7.00%, limited to 6.11%
2022 Plan Year	7.00%, limited to 5.92%
Trust Expenses Included in Target Normal Cost	\$170,000. Set equal to the anticipated noninvestment trust expenses for the plan year, taking into account PBGC premiums, with the result rounded up to the nearest \$10,000.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2022

Schedule SB Attachment (Form 5500) – 2022 Plan Year
The Berkshire Gas Company Pension Plan
EIN: 04-1731220 PN: 001
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Tables

Table 1

Retirement Rates-Actives

<u>Age</u>	<u>Rate</u>
55	3.00%
56	3.00%
57	3.00%
58	3.00%
59	3.00%
60	6.00%
61	6.00%
62	15.00%
63	7.00%
64	7.00%
65	30.00%
66	25.00%
67	20.00%
68	30.00%
69	35.00%
70+	100.00%

Schedule SB Attachment (Form 5500) – 2022 Plan Year
The Berkshire Gas Company Pension Plan
EIN: 04-1731220 PN: 001
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Table 2

Withdrawal Rates

Age	Rate	Age	Rate
20	10.00%	45	4.40%
21	10.00%	46	4.20%
22	10.00%	47	4.00%
23	10.00%	48	3.60%
24	10.00%	49	3.20%
25	10.00%	50	2.80%
26	10.00%	51	2.40%
27	10.00%	52	2.00%
28	9.00%	53	2.00%
29	8.00%	54	2.00%
30	7.00%	55	2.00%
31	6.00%	56	2.00%
32	5.00%	57	2.00%
33	5.00%	58	2.00%
34	5.00%	59	2.00%
35	5.00%	60	2.00%
36	5.00%	61	2.00%
37	5.00%	62	2.00%
38	5.00%	63	2.00%
39	5.00%	64	2.00%
40	5.00%	65+	0.00%
41	5.00%		
42	5.00%		
43	4.80%		
44	4.60%		

Schedule SB Attachment (Form 5500) – 2022 Plan Year
The Berkshire Gas Company Pension Plan
EIN: 04-1731220 PN: 001
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Table 3

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.0210%	0.0210%	45	0.1120%	0.1680%
16	0.0210%	0.0210%	46	0.1260%	0.1890%
17	0.0210%	0.0210%	47	0.1470%	0.2100%
18	0.0210%	0.0210%	48	0.1750%	0.2310%
19	0.0210%	0.0210%	49	0.1960%	0.2520%
20	0.0210%	0.0210%	50	0.2310%	0.2800%
21	0.0210%	0.0210%	51	0.2730%	0.3080%
22	0.0210%	0.0210%	52	0.3220%	0.3430%
23	0.0210%	0.0210%	53	0.3710%	0.3780%
24	0.0210%	0.0210%	54	0.4270%	0.4130%
25	0.0210%	0.0210%	55	0.4830%	0.4480%
26	0.0210%	0.0210%	56	0.5390%	0.4830%
27	0.0210%	0.0210%	57	0.6020%	0.5180%
28	0.0210%	0.0280%	58	0.6650%	0.5600%
29	0.0210%	0.0280%	59	0.7350%	0.5950%
30	0.0210%	0.0280%	60	0.8050%	0.6300%
31	0.0210%	0.0350%	61	0.8820%	0.6720%
32	0.0210%	0.0350%	62	0.9660%	0.7070%
33	0.0210%	0.0420%	63	1.0570%	0.7350%
34	0.0210%	0.0420%	64	1.1480%	0.7630%
35	0.0280%	0.0490%	65+	0.0000%	0.0000%
36	0.0280%	0.0560%			
37	0.0350%	0.0630%			
38	0.0420%	0.0700%			
39	0.0490%	0.0840%			
40	0.0560%	0.0910%			
41	0.0630%	0.1050%			
42	0.0700%	0.1190%			
43	0.0840%	0.1330%			
44	0.0980%	0.1540%			

Schedule SB Attachment (Form 5500) – 2022 Plan Year

The Berkshire Gas Company Pension Plan

EIN: 04-1731220 PN: 001

Schedule SB, Part V – Summary of Plan Provisions

Effective Date	January 1, 1957; amended and restated generally effective January 1, 2018. Last amended effective June 30, 2022.
Covered Employees	All Non-Union employees or Union employees whose collectively bargained agreements provide for participation in this plan. Employees who transfer employment to Energy East Management Corporation or Utility Shared Services Corporation continue to participate in this plan.
Eligibility for Participation	<p>First day of the month following the completion of a year of credited service.</p> <p>Employees hired after January 1, 2018 will not be eligible to participate in the plan.</p> <p>Effective June 30, 2022 the Plan was amended to freeze accruals for all Non-Union participants.</p>
Definitions	
Compensation	Compensation for services rendered, excluding severance pay, fringe benefits, overtime, bonuses, etc., but including employee elective deferrals under IRC section 401(k) or reductions under section 125.
Covered Compensation	The average of taxable wage bases in effect during the 35-year period ending with the calendar year in which the employee attains Social Security retirement age.
Final Average Compensation	The average of compensation for the five calendar years (not necessarily consecutive) during which compensation is highest.
Years of Credited Service	Subsequent to December 31, 1975, each anniversary year in which at least 1,000 hours of service are completed, beginning at date of hire. Prior to January 1, 1976, in accordance with plan in effect.
Plan Year	Calendar Year
Normal Retirement	
Eligibility	Age 65 and five years of participation.
Amount of Benefit	
Traditional Formula	<p>Employees hired on or before December 31, 2003 are eligible for the following benefits:</p> <p>1.4% of final average compensation; plus 0.47% of final average compensation in excess of covered compensation; both multiplied by years of credited service, up to 25.</p>
Minimum Annual Benefit	For participants who retire from active service on or after April 1, 2000, \$480 times years of credited service.
Cash Balance Formula	Employees hired on or after January 1, 2004 are eligible for this benefit.

Schedule SB Attachment (Form 5500) – 2022 Plan Year
The Berkshire Gas Company Pension Plan
EIN: 04-1731220 PN: 001
Schedule SB, Part V – Summary of Plan Provisions

Cash balance account credited with 6% of compensation each year and annual interest at the first segment interest rate as prescribed by IRC section 417(e)(3) for the month of September of the prior year.

Early Retirement

Eligibility Age 55 and with six years of credited service or five years of participation.

Amount of Benefit
Traditional Formula For participants who retire from active service on or after January 1, 2012, the accrued benefit formula is unreduced if age plus service is greater than or equal to 80.

If age plus service at retirement or termination is less than 80, the benefit is reduced 3% for each year retirement precedes age 60.

Cash Balance Formula As described under Normal Retirement, based on the cash balance account at early retirement. Benefit is payable as a lump sum or actuarially equivalent annuity.

Late Retirement Benefit

Eligibility Retire after normal retirement date.

Amount of Benefit
Traditional Formula Accrued benefit as of late retirement date.

Cash Balance Formula As described under Normal Retirement, based on the cash balance account at deferred retirement. Benefit is payable as a lump sum or actuarially equivalent annuity.

Termination Prior to Retirement

Eligibility Traditional Formula: Five years of credited service.

Cash Balance Formula: Three years of credited service.

Amount of Benefit
Traditional Formula Accrued benefit as of date of termination, first payable upon normal retirement eligibility. Earlier benefit commencement may be elected, subject to early retirement eligibility and reduction factors.

Cash Balance Formula As described under Normal Retirement, based on the cash balance account at termination. Benefit is payable during any month after termination, but no later than age 65. If participants choose to delay the receipt of the benefit until a future date, the Cash Balance account will continue to increase with interest credits.

Preretirement Death

Eligibility Five years of service for traditional formula and three years of service for cash balance participants) and surviving spouse

Schedule SB Attachment (Form 5500) – 2022 Plan Year

The Berkshire Gas Company Pension Plan

EIN: 04-1731220 PN: 001

Schedule SB, Part V – Summary of Plan Provisions

(married for at least one year).

Amount of Benefit Traditional Formula	Spouses of participants who die while eligible for early retirement receive half of participant's vested accrued benefit. Spouses of participants who die prior to early retirement age, or after termination of employment, receive half the vested accrued benefit reduced both for the 50% joint and survivor form and for early retirement. The benefit commences on the earliest date the participant would have been able to retire.
Cash Balance Formula	As described under Normal Retirement, based on the cash balance account at the date of death. Benefit is payable as a lump sum or actuarially equivalent annuity if benefit is payable to the surviving spouse.
Disability Benefit	
Eligibility	Eligible for long-term disability plan.
Amount of Benefit Traditional Formula	As described under Termination prior to retirement.
Cash Balance Formula	Employees will continue to receive credits as described under Normal Retirement until earlier of the month prior to the employee's attainment of age 65 or the month prior to the employee's commencement of benefit payments. The employee may elect to receive benefit payments following date of disability at age 55 or older.
Form of Benefit	
Normal Form	Single: 5-year certain and life for participants with the traditional formula and life annuity for participants with the cash balance formula. Married participants: 50% joint and survivor annuity.
Optional Forms	Single life annuity, 100%, 75%, 66⅔%, 50%, or 25% joint and survivor annuity, a life and period certain option for the first 60, 120, or 180 months, or a 50% pop-up annuity, lump sum. Optional forms of payment are actuarially equivalent to the normal form of payment.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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

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

A Name of plan THE BERKSHIRE GAS COMPANY PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BERKSHIRE GAS COMPANY	D Employer Identification Number (EIN) 04-1731220	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I	Basic Information		
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>		
2	Assets:		
	a Market value	2a	21,185,494
	b Actuarial value	2b	20,209,374
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	86	16,333,381
	b For terminated vested participants	14	1,001,942
	c For active participants	38	4,135,929
	d Total	138	21,471,252
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.39%
6	Target normal cost		
	a Present value of current plan year accruals	6a	143,678
	b Expected plan-related expenses	6b	170,000
	c Total (line 6a + line 6b)	6c	313,678

Statement by Enrolled Actuary

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

SIGN HERE	Brian Hurleigh	10/05/2023 Date
	Signature of actuary	2306945 Most recent enrollment number
	BRIAN HURLEIGH Type or print name of actuary	646-471-3000 Telephone number (including area code)
	PwC US Tax LLP Firm name	
	300 MADISON AVENUE NEW YORK NY 10017 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) 2022 v. 220413

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	<input type="checkbox"/> 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)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> 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.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 313,678
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	1,269,317		156,894	
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)....				34 470,572
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
36 Additional cash requirement (line 34 minus line 35)				36 470,572
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 644,868
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 174,296
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 the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input checked="" type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				