

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A** This return/report is for:
 - a multiemployer plan
 - a single-employer plan
 - a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
 - a DFE (specify) _____
- B** This return/report is:
 - the first return/report
 - the final return/report
 - an amended return/report
 - a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ▶
- D** Check box if filing under:
 - Form 5558
 - automatic extension
 - special extension (enter description)
 - the DFVC program
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>THE SOUTHERN CONNECTICUT GAS COMPANY PENSION PLAN AND CERTAIN OTHER EMPLOYEES</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
	1c Effective date of plan <u>07/01/1968</u>
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>THE SOUTHERN CONNECTICUT GAS COMPANY</u> <u>180 MARSH HILL ROAD</u> <u>ORANGE, CT 06477</u>	2b Employer Identification Number (EIN) <u>06-0835501</u>
	2c Plan Sponsor's telephone number <u>203-499-3179</u>
	2d Business code (see instructions) <u>221210</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/12/2023</u>	<u>PAUL VISCONTI</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/12/2023</u>	<u>PAUL VISCONTI</u>
	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	5 415
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). 6a(1) Total number of active participants at the beginning of the plan year 6a(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) 73 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 1E 1I 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 align="center">SCHEDULE A (Form 5500)</p> <p align="center">Department of the Treasury Internal Revenue Service</p> <hr/> <p align="center">Department of Labor Employee Benefits Security Administration</p> <hr/> <p align="center">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>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 <u>THE SOUTHERN CONNECTICUT GAS COMPANY PENSION PLAN AND CERTAIN OTHER EMPLOYEES</u></p>	<p>B Three-digit plan number (PN) ▶ <u>001</u></p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE SOUTHERN CONNECTICUT GAS COMPANY</u></p>	<p>D Employer Identification Number (EIN) <u>06-0835501</u></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 COMPANY

(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
<u>13-5581829</u>	<u>65978</u>	<u>0223995</u>	<u>0</u>	<u>01/01/2022</u>	<u>12/31/2022</u>

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
<u>4559</u>	<u>1181</u>

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. 75 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	
<u>4559</u>	<u>4</u>	<u>NON-MONETARY COMPENSATION</u>	<u>3</u>

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
WILLIS TOWERS WATSON NORTHEAST INC. 200 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	
	<u>1177</u>	<u>SUPPLEMENTAL COMPENSATION</u>	<u>3</u>

(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**

c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits.....	7c(2)		
(3) Interest credited during the year.....	7c(3)		
(4) Transferred from separate account.....	7c(4)		
(5) Other (specify below)	7c(5)		

(6) Total additions..... **7c(6)** 0

d Total of balance and additions (add lines **7b** and **7c(6)**)..... **7d**

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

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f**

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	56027
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 SOUTHERN CONNECTICUT GAS COMPANY PENSION PLAN AND CERTAIN OTHER EMPLOYEES</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>THE SOUTHERN CONNECTICUT GAS COMPANY</u>		
D Employer Identification Number (EIN) <u>06-0835501</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>94769016</u>	
b Actuarial value	2b	<u>90494525</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>275</u>	<u>68017381</u>	<u>68017381</u>
b For terminated vested participants.....	<u>70</u>	<u>6200898</u>	<u>6200898</u>
c For active participants.....	<u>73</u>	<u>14873035</u>	<u>14968742</u>
d Total	<u>418</u>	<u>89091314</u>	<u>89187021</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>5.34 %</u>	
6 Target normal cost			
a Present value of current plan year accruals.....	6a	<u>250949</u>	
b Expected plan-related expenses	6b	<u>450000</u>	
c Total (line 6a + line 6b)	6c	<u>700949</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 AVE 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).....		2762595
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		1783357
9	Amount remaining (line 7 minus line 8)		979238
10	Interest on line 9 using prior year's actual return of <u>9.31</u> %		91167
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>5.51</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.....		463850
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	606555

Part III		Funding Percentages	
14	Funding target attainment percentage	14	100.78 %
15	Adjusted funding target attainment percentage	15	101.46 %
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	92.28 %
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
10/18/2022	357000				
09/13/2023	3700000				
			Totals ▶	18(b)	4057000 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
		3729614
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** 62

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	700949
b Excess assets, if applicable, but not greater than line 31a	31b	700949

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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**

	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)..... **36**

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 3729614

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

a Total (excess, if any, of line 37 over line 36)	38a	3729614
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 SOUTHERN CONNECTICUT GAS COMPANY PENSION PLAN AND CERTAIN OTHER EMPLOYEES</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE SOUTHERN CONNECTICUT GAS COMPANY</u>	D Employer Identification Number (EIN) <u>06-0835501</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)

PRICEWATERHOUSECOOPERS

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	32574	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)

NOTHERN TRUST CO.

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?
25 19	NONE	19616	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)

PACIFIC INVESTMENT MANAGEMENT CO

33-0629048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	18650	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

NISA

48-1140940

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	17130	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)

BONADIO & CO., 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	15712	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)

BLACKROCK INVESTMENT

94-3112180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	13204	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

GRANAHAH INVESTMENT

76-0658411

(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	NONE	11392	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)

UBS GLOBAL ASSET MANAGEMENT

13-2638165

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	8289	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)

HINMAN HOWARD & KATTELL LLP

15-0561878

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	6899	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

NEPC

26-1429809

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	5093	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)

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input 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 <u>THE SOUTHERN CONNECTICUT GAS COMPANY PENSION PLAN AND CERTAIN OTHER EMPLOYEES</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>THE SOUTHERN CONNECTICUT GAS COMPANY</u>	D Employer Identification Number (EIN) <u>06-0835501</u>

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

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

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

<p>A Name of plan THE SOUTHERN CONNECTICUT GAS COMPANY PENSION PLAN AND CERTAIN OTHER EMPLOYEES</p>	<p>B Three-digit plan number (PN) ► 001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 THE SOUTHERN CONNECTICUT GAS COMPANY</p>	<p>D Employer Identification Number (EIN) 06-0835501</p>

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)	0
(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)	98458292 0
(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	98458292	0
Liabilities			
g Benefit claims payable.....	1g	28209	0
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	28209	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	98430083	0

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)	4057000	
(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)		4057000
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)		-18909239
(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		-14852239
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	13698117	
(2) To insurance carriers for the provision of benefits	2e(2)	56027	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		13754144
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)	73803	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees	2i(3)	78050	
(4) Other	2i(4)	285376	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		437229
j Total expenses. Add all expense amounts in column (b) and enter total	2j		14191373
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-29043612
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan.....	2l(2)		69386471

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		X	
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		X	

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 SOUTHERN CONNECTICUT GAS COMPANY PENSION PLAN FOR UNION EMPLOYEES	06-0835501	003

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 484881.

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 SOUTHERN CONNECTICUT GAS COMPANY PENSION PLAN AND CERTAIN OTHER EMPLOYEES</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE SOUTHERN CONNECTICUT GAS COMPANY</u>	D Employer Identification Number (EIN) <u>06-0835501</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	29
---	----

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

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

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

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

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

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

Part III	Amendments
-----------------	-------------------

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

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

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

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

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

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

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 SOUTHERN CONNECTICUT GAS COMPANY
PENSION PLAN FOR
SALARIED AND CERTAIN OTHER EMPLOYEES**

**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 Southern Connecticut Gas Company Pension Plan for Salaried and
Certain Other Employees:

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

We have performed audits of the accompanying financial statements of The Southern Connecticut Gas Company Pension Plan for Salaried and Certain Other Employees (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 Southern Connecticut Gas Company Pension Plan for Salaried and Certain Other Employees' 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 7 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 Southern Connecticut Gas Company Pension Plan for Salaried and Certain Other Employees 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 Southern Connecticut Gas Company Pension Plan for Salaried and Certain Other Employees' 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 Southern Connecticut Gas Company Pension Plan for Salaried and Certain Other Employees' 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 Southern Connecticut Gas Company Pension Plan for Salaried and Certain Other Employees' 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 SOUTHERN CONNECTICUT GAS COMPANY PENSION PLAN FOR
SALARIED AND CERTAIN OTHER EMPLOYEES**

**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	\$ 65,705,719	\$ 98,458,292
Employer contributions receivable	<u>3,700,000</u>	<u>-</u>
Total assets	<u>69,405,719</u>	<u>98,458,292</u>
LIABILITIES:		
Accrued administrative expenses	19,248	28,209
Amounts related to obligations of 401(h) account	<u>2,945,559</u>	<u>3,689,276</u>
Total liabilities	<u>2,964,807</u>	<u>3,717,485</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 66,440,912</u>	<u>\$ 94,740,807</u>

The accompanying notes are an integral part of these statements.

**THE SOUTHERN CONNECTICUT GAS COMPANY PENSION PLAN FOR
SALARIED AND CERTAIN OTHER EMPLOYEES**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2022 AND 2021**

	<u>2022</u>	<u>2021</u>
ADDITIONS (REDUCTIONS):		
Change in plan interest in Avangrid, Inc. Defined Benefit Master Trust	\$ (18,165,522)	\$ 10,053,952
Employer contributions	<u>4,057,000</u>	<u>92,000</u>
Total additions (reductions)	<u>(14,108,522)</u>	<u>10,145,952</u>
DEDUCTIONS:		
Benefits paid to participants	13,698,117	9,016,773
Administrative expenses	437,229	482,681
Insurance premiums	<u>56,027</u>	<u>69,837</u>
Total deductions	<u>14,191,373</u>	<u>9,569,291</u>
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	(28,299,895)	576,661
NET ASSETS AVAILABLE FOR BENEFITS - beginning of year	<u>94,740,807</u>	<u>94,164,146</u>
NET ASSETS AVAILABLE FOR BENEFITS - end of year	<u>\$ 66,440,912</u>	<u>\$ 94,740,807</u>

The accompanying notes are an integral part of these statements.

THE SOUTHERN CONNECTICUT GAS COMPANY PENSION PLAN FOR SALARIED AND CERTAIN OTHER EMPLOYEES

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2022 AND 2021

1. DESCRIPTION OF THE PLAN

The Southern Connecticut Gas Company Pension Plan for Salaried and Certain Other Employees (the Plan) is a defined benefit plan covering the eligible employees of the Southern Connecticut Gas Company (the Company) who are not covered by a collective bargaining agreement other than the Local 470-1 of the Utility Workers Union of America, Company customer service representatives and billing representatives covered by AFL-CIO and the United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers International Union AFL-CIO-CLC on behalf of Local Union 12000-1, as well as eligible employees of any of its subsidiaries or affiliates which have adopted the Plan as participating employers. The Plan is intended to conform to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and subsequent legislation, where applicable. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

The Plan was established by the Company effective July 1, 1968. 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.

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.

Benefit Payments

Eligible participants hired prior to January 1, 2004, accrue an annual normal retirement benefit equal to 2% of the highest five-year average compensation during the ten years prior to retirement less 1-2/3% of primary Social Security benefits, multiplied by years of service up to a maximum of 30 years, but subject to a minimum benefit.

Eligible participants hired on or after January 1, 2004 are eligible for a cash balance benefit, which starts with an initial cash balance account of zero. Each year, participants receive an annual contribution credit of 6% of their pensionable compensation for the year and an interest credit based on the interest rate determined by the Secretary of the Treasury under the Internal Revenue Code (IRC) Section 417(e)(3) in effect for the month of September of the immediately preceding year. Beginning January 1, 2008, active employees who are Plan participants are 100% vested in their accrued normal retirement benefit after completion of three years of service or attainment of the normal retirement date as described above. Participants can receive their account balance at any time after ending employment with the Company.

Effective July 31, 2021, those participants who are customer care and billing representative employees covered by the collective bargaining agreement between the Company and the United Steelworkers Union and Local 12000-1 as of March 24, 2021, no longer accrue benefits

1. DESCRIPTION OF THE PLAN (continued)

Benefit Payments (Continued)

in the Plan and received a benefit credit for the Plan year beginning January 1, 2021 equal to 6% of eligible compensation received prior to August 2, 2021. Effective June 30, 2022, those participants who are not members of a collective bargaining unit covered by a collective bargaining agreement that provides for participation in the Plan, no longer accrue benefits in the Plan, and received a benefit credit for the Plan year beginning January 1, 2022 equal to 6% of eligible compensation received prior to June 30, 2022. Effective December 31, 2022, those participants who are members of Bargaining Unit 2 covered by a collective bargaining agreement that provides for participation in the Plan, no longer accrue benefits in the Plan, and received a benefit credit for the Plan year beginning January 1, 2022 equal to 6% of eligible compensation received prior to December 31, 2022.

The Plan also provides for the payment of lesser benefits if an employee elects early retirement after attaining age 55 and five years of credited service. Early retirement annuity benefits are not reduced if the employee is at least age 55 and the employees' age plus years of credited service equals or exceeds 85. 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 \$56,027 and \$69,837 for the years ended December 31, 2022 and 2021, respectively.

Normal Retirement Age

The normal retirement date is the later of the date the participant attains age 65 or completes five years of service.

Vesting

Normal retirement benefits fully vest after five years of service and are payable at age 65.

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.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

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 included interest and dividends and the net appreciation (depreciation) in the fair value of the Master Trust's investments. In addition, includes 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. The Plan's assets held in the 401(h) (see Note 6) are reported at fair value based on the fair value of the underlying 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	\$ 147,364	\$ 21,195,594	\$ 334,343
U.S. government securities	246,878,663	3,780,818	262,806,629	5,407,276
Partnerships/joint ventures	136,405,928	4,885,362	167,412,852	5,295,224
Registered investment companies	107,679,828	3,461,448	325,925,752	12,379,973
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	16,376,011	788,990,207	24,172,857
Preferred stocks	842,015	17,806	969,847	27,814
Common stocks	57,010,854	2,987,581	138,393,765	4,285,626
Common/collective trusts	859,688,298	32,790,087	1,259,304,576	43,754,161
Other investments	<u>44,736,770</u>	<u>1,161,055</u>	<u>90,054,676</u>	<u>2,778,698</u>
Total investments	<u>2,163,063,017</u>	<u>65,607,532</u>	<u>3,093,002,666</u>	<u>98,435,972</u>
Accrued income receivable	<u>4,374,170</u>	<u>98,187</u>	<u>1,414,922</u>	<u>22,310</u>
Total Master Trust net assets	<u>\$ 2,167,437,187</u>	<u>\$ 65,705,719</u>	<u>\$3,094,417,588</u>	<u>\$ 98,458,292</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. There were no changes to the valuation methodologies for 2022 and 2021.

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 benefit 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 <u>(Level 1)</u>	Significant Other Observable Inputs <u>(Level 2)</u>	Significant Unobservable Inputs <u>(Level 3)</u>	<u>Total</u>
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>-</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 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.

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

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:	
Vested benefits -	
Participants currently receiving payments	\$ 59,523,918
Participants with deferred benefits	6,295,771
Other participants	14,840,321
Nonvested benefits	<u>150,019</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 80,810,029</u>

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	\$ 78,763,639
Change due to:	
Benefits accumulated	1,973,174
Interest accumulation	5,203,205
Benefits paid	(9,016,773)
Assumption changes	3,884,944
Plan amendments	<u>1,840</u>
Net change	<u>2,046,390</u>
Actuarial present value of accumulated benefits at end of year	<u>\$ 80,810,029</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 and 2021, PRI-2012 Mortality Table with a fully generational mortality improvement projection using scale MP-2021 with separate rates for healthy annuitants, healthy non-annuitants, and contingent annuitants.
Retirement Age	Normal retirement - Age 65

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. 401(h) ACCOUNT

The Plan includes an account pursuant to Section 401(h) of the IRC. The account was established to allow the Company to fund part of the obligation for postretirement medical benefits provided to eligible non-union employees of the Company. Funded amounts are restricted for the payment of postretirement medical benefits to the extent that funds are available in the 401(h) account. The Company did not make any contributions to the account during either of the years ended December 31, 2022 or 2021. The Company plans to contribute to the account only to the extent allowed under Section 401(h) of the IRC. The net assets held in the 401(h) account are included within the Plan's interest in the Avangrid, Inc. Defined Benefit Master Trust.

The Plan's 401(h) account interest contained within the Avangrid, Inc. Defined Benefit Master Trust is valued in accordance with valuation methodologies described in Note 4. The statements of net assets available for Plan benefits for the Plan's 401(h) account at December 31 is as follows:

	<u>2022</u>	<u>2021</u>
Assets		
Investments, at fair value:	\$ <u>2,945,559</u>	\$ <u>3,689,276</u>
Total assets	<u>2,945,559</u>	<u>3,689,276</u>
Net assets available for benefits	\$ <u>2,945,559</u>	\$ <u>3,689,276</u>

The statements of changes in net assets available for Plan benefits for the Plan's 401(h) account at December 31 is as follows:

	<u>2022</u>	<u>2021</u>
Additions (reductions):		
Net appreciation (depreciation) in fair value of investments	\$ (838,759)	\$ 201,408
Interest and dividend income	61,126	71,993
Other income	<u>40,858</u>	<u>43,916</u>
Total additions (reductions)	(736,775)	317,317
Deductions:		
Administrative fees	<u>6,942</u>	<u>5,954</u>
Total deductions	<u>6,942</u>	<u>5,954</u>
Changes in net assets	(743,717)	311,363
Net assets available for benefits beginning of year	<u>3,689,276</u>	<u>3,377,913</u>
Net assets available for benefits end of year	<u>\$ 2,945,559</u>	<u>\$ 3,689,276</u>

7. 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.
- Net assets and changes in net assets of the 401(h) account in Note 6.

8. 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	\$ 66,440,912	\$ 94,740,807
Net assets held in 401(h) account included in net assets in Form 5500	2,945,559	3,689,276
Transfer into the Southern Connecticut Gas Company Pension Plan for Union Employees	<u>(69,386,471)</u>	<u>-</u>
Net assets available for benefits per Form 5500	<u>\$ -</u>	<u>\$ 98,430,083</u>

The net assets of the 401(h) account included in the Form 5500 are not available to pay pension benefits but can be used only to pay retiree health benefits.

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 change in net assets available for benefits per financial statements	\$ (28,299,895)	\$ 576,661
Net change in 401(h) account	(743,717)	311,363
Transfer into the Southern Connecticut Gas Company Pension Plan for Union Employees	<u>(69,386,471)</u>	<u>-</u>
Net change in net assets available for benefits per Form 5500	<u>\$ (98,430,083)</u>	<u>\$ 888,024</u>

9. INCOME TAX STATUS

The Plan obtained its latest determination letter on April 14, 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.

10. 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.

11. 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 Southern Connecticut Gas Company Pension Plan for Union Employees. Subsequently, the Southern Connecticut Gas Company Pension Plan for Union Employees Plan name was changed to the SCG Pension Plan.

Schedule SB Attachment (Form 5500) - 2022 Plan Year

The Southern Connecticut Gas Company Pension Plan for Salaried and Certain Other Employees

EIN: 06-0835501 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			1							
30-34			1							
35-39			6	3						
40-44			3	1						
45-49			1	3		1				
50-54			3	1			3	2		
55-59			4	3	2	1	2	9	4	
60-65			1	2		1		2	5	3
65-69				1		1			1	2
70+										

Schedule R (Form 5500) – 2022 Plan Year
The Southern Connecticut Gas Company Pension Plan For Salaried And Certain
Other Employees
EIN: 06-0835501 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 Southern Connecticut Gas Company Pension Plan for Salaried and Certain Other
Employees

EIN: 06-0835501 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
10/18/2022	\$ 357,000	2022	5.34%	290	342,545	342,545
9/13/2023	\$ 3,700,000	2022	5.34%	620	3,387,069	3,387,069
Total	\$ 4,057,000				\$ 3,729,614	\$ 3,729,614

Schedule SB Attachment (Form 5500) - 2022 Plan Year
 The Southern Connecticut Gas Company Pension Plan for Salaried and Certain Other
 Employees

EIN: 06-0835501 PN: 001

Schedule SB, line 22 - Description of Weighted Average Retirement Age

This calculation has been shown separately for the rates of those who are in Union Group 2 Prior to Satisfying "Rule of 85", Union Group 2 After Satisfying "Rule of 85", and All Others . These separate ages are then averaged to derive the amount shown on line 22 of age 62.

Union Group 2 Prior to Satisfying "Rule of 85"

(a)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) x (b) x (c)
55.5	5.00%	1.0000	2.78
56.5	5.00%	0.9500	2.68
57.5	5.00%	0.9025	2.59
58.5	10.00%	0.8574	5.02
59.5	5.00%	0.7716	2.30
60.5	10.00%	0.7331	4.43
61.5	10.00%	0.6598	4.06
62.5	25.00%	0.5938	9.28
63.5	15.00%	0.4453	4.24
64.5	25.00%	0.3785	6.10
65.5	40.00%	0.2839	7.44
66.5	30.00%	0.1703	3.40
67.5	30.00%	0.1192	2.41
68.5	30.00%	0.0835	1.72
69.5	30.00%	0.0584	1.22
70	100.00%	0.0409	2.86
Weighted Average			62.53

Schedule SB Attachment (Form 5500) - 2022 Plan Year
 The Southern Connecticut Gas Company Pension Plan for Salaried and Certain Other
 Employees

EIN: 06-0835501 PN: 001

Schedule SB, line 22 - Description of Weighted Average Retirement Age

Union Group 2 After Satisfying "Rule of 85"

(a)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) x (b) x (c)
55.5	5.00%	1.0000	2.78
56.5	5.00%	0.9500	2.68
57.5	5.00%	0.9025	2.59
58.5	20.00%	0.8574	10.03
59.5	35.00%	0.6859	14.28
60.5	75.00%	0.4458	20.23
61.5	75.00%	0.1115	5.14
62.5	75.00%	0.0279	1.31
63.5	75.00%	0.0070	0.33
64.5	75.00%	0.0017	0.08
65.5	100.00%	0.0004	0.03
66.5	100.00%	0.0000	0.00
67.5	100.00%	0.0000	0.00
68.5	100.00%	0.0000	0.00
69.5	100.00%	0.0000	0.00
70	100.00%	0.0000	0.00
Weighted Average			59.48

Schedule SB Attachment (Form 5500) - 2022 Plan Year
 The Southern Connecticut Gas Company Pension Plan for Salaried and Certain Other
 Employees

EIN: 06-0835501 PN: 001

Schedule SB, line 22 - Description of Weighted Average Retirement Age

All Others

(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			64.56

Schedule SB Attachment (Form 5500) - 2022 Plan Year
The Southern Connecticut Gas Company Pension Plan for Salaried and Certain Other
Employees

EIN: 06-0835501 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 \$380,000 to \$450,000.
- 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 Southern Connecticut Gas Company Pension Plan for Salaried and Certain Other
 Employees

EIN: 06-0835501 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 survivor 50% annuity
Traditional Retirement	55% Lump Sum 27.5% single life annuity 17.5% joint and survivor 50% annuity
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 65
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.
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses and female participants are two years younger than their spouses.

Schedule SB Attachment (Form 5500) – 2022 Plan Year
The Southern Connecticut Gas Company Pension Plan for Salaried and Certain Other
Employees
EIN: 06-0835501 PN: 001
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

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	\$450,000. 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 Southern Connecticut Gas Company Pension Plan for Salaried and Certain Other
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 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Table 1: Retirement Rates

<u>Non- BU-2 Participants</u>		<u>BU-2 Participants</u>		
Age	ate	Age	Prior to Satisfying “Rule of 85”	After Satisfying “Rule of 85”
55	3.00%	55	5.00%	5.00%
56	3.00%	56	5.00%	5.00%
57	3.00%	57	5.00%	5.00%
58	3.00%	58	10.00%	20.00%
59	3.00%	59	5.00%	35.00%
60	6.00%	60	10.00%	75.00%
61	6.00%	61	10.00%	75.00%
62	15.00%	62	25.00%	75.00%
63	7.00%	63	15.00%	75.00%
64	7.00%	64	25.00%	75.00%
65	30.00%	65	40.00%	100.00%
66	25.00%	66	30.00%	100.00%
67	20.00%	67	30.00%	100.00%
68	30.00%	68	30.00%	100.00%
69	35.00%	69	30.00%	100.00%
70+	100.00%	70+	100.00%	100.00%

Schedule SB Attachment (Form 5500) – 2022 Plan Year
The Southern Connecticut Gas Company Pension Plan for Salaried and Certain Other
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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
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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 Southern Connecticut Gas Company Pension Plan for Salaried and Certain Other
Employees
EIN: 06-0835501 PN: 001
Schedule SB, Part V – Summary of Plan Provisions

Effective Date	July 1, 1968; amended and restated generally effective January 1, 2018. Last amended effective June 30, 2022.
Eligibility for Participation	<p>All Non-Union employees or Union employees whose collectively bargained agreements provide for participation in this plan. Former employees who transferred employment to Energy East Management Corporation or Utility Shared Services Corporation also participate in this plan.</p> <p>Employees hired after January 1, 2018 will not be eligible to participate in the plan.</p> <p>Effective July 31, 2021, for Local 12000-1 union employees who participant in the plan, their traditional and cash balance plan accruals were frozen. Six-tenths (0.6) of a year of service were credited for 2021 for these participants.</p> <p>Effective June 30, 2022 the Plan was amended to freeze accruals for all Non-Union participants.</p>
Definitions	
Average Annual Compensation	The annual average of the 60 consecutive months out of the last 120 months of employee's compensation that provides the greatest amount.
Compensation	All basic compensation paid to an employee for service to the company, including overtime, bonuses, commissions, and imputed income from company paid benefits. Compensation also includes deferrals to the company's "Target Plan" provided it meets the requirements of Section 401(a) and 401(k) of the Internal Revenue Code.
Hour of Service	Any hour for which an employee of the company is directly or indirectly paid, including vacation, sickness, disability, and awarded back pay.
Year of Credited Service	<p>For plan years after 2002, full and partial years of credited service are determined under the elapsed time method. For plan years before 2003, 1,950 hours of service during a plan year. Proportional service is provided for less than 1,950 hours of service.</p> <p>For those Covered Employees who are customer care and billing representatives covered by the collective bargaining agreement between the Company and the United Steelworkers Union and Local 12000-1 as of March 24, 2021, six-tenths (0.6) of a year of service was credited for 2021, as benefit accruals were frozen as of July 31, 2021.</p>
Year of Vesting Service	For plan years after 2002, full and partial years of vesting service are determined under the elapsed time method. For plan years before 2003, 975 hours of service during a plan year. Proportional service is provided for less than 975 hours of service.
Plan Year	Calendar year

Schedule SB Attachment (Form 5500) – 2022 Plan Year
The Southern Connecticut Gas Company Pension Plan for Salaried and Certain Other
Employees
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Schedule SB, Part V – Summary of Plan Provisions

55 46.8%

If age plus credited service equals at least 85, there is no reduction for early retirement.

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

Eligibility

Retire after normal retirement age

Amount of Benefit

Traditional Formula

As described under Normal Retirement Benefit, based on years of credited service and average annual compensation at deferred retirement.

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 vesting service

Cash Balance Formula: Three years of vesting service

Amount of Benefit

Traditional Formula

As described under Normal Retirement Benefit, based on years of credited service and average annual compensation at termination. The accrued benefit is payable unreduced at age 65, actuarially reduced for payment as early as age 55.

Cash Balance Formula

As described under Normal Retirement, based on the cash balance account at termination. 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. Benefit is payable during any month after termination, but no later than age 65.

Death Prior to Retirement

Eligibility

Traditional Formula: Five years of vesting service and the employee and spouse were married for at least one year.

Cash Balance Formula: Three years of vesting service.

Amount of Benefit

Traditional Formula

If the employee dies while actively employed, the death benefit will be 25% of compensation during the last 12 consecutive months of credited service, minus 25% of the Social Security benefit payable to the spouse. The benefit is reduced if the spouse is more than five years younger than the employee.

The minimum preretirement death benefit is 60% of the QJSA that the employee would have received at death or age 55.

Cash Balance Formula

As described under Normal Retirement, based on the cash

Schedule SB Attachment (Form 5500) – 2022 Plan Year
The Southern Connecticut Gas Company Pension Plan for Salaried and Certain Other
Employees
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Schedule SB, Part V – Summary of Plan Provisions

	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.
Death After Retirement	
Eligibility	A named beneficiary of a retired employee who retired from active employment with Southern Connecticut Gas Company is entitled to an additional death benefit.
Amount of Benefit	
Traditional Formula	Lump sum in the amount of \$8,000 for customer care and billing representatives (Local 12000-1 Union) and \$7,000 for all others. Effective August 2, 2021, for those Retired Employees who are customer care and billing representatives covered by the collective bargaining agreement between the Company and the United Steelworkers Union and Local 12000-1 as of March 24, 2021, a lump sum in the amount of \$10,000.
Cash Balance Formula	None
Disability	
Eligibility	Traditional Formula: One year of credited service and who is entitled to benefits under the Federal Social Security Act, and who becomes totally and permanently disabled prior to January 1, 2002. Cash Balance Formula: eligible for the long-term disability plan.
Amount of Benefit	
Traditional Formula	50% of compensation during his last 12 months of credited service less 50% of his Social Security benefit. The disability benefit is limited to the normal retirement benefit which would have been payable to the employee if such employee had remained in employment until normal retirement.
Cash Balance Formula	Employees will continue to receive credits as described under Normal Retirement until the 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: Life annuity Married: 50% qualified joint and survivor annuity with a "pop-up" provision.
Optional Forms	Single life annuity; 50% and 75% qualified joint and survivor annuity with a "pop-up" provision; level income option; 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.**

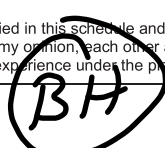
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan THE SOUTHERN CONNECTICUT GAS COMPANY PENSION PLAN FOR SALARIED AND CERTAIN OTHER EMPLOYEES	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF THE SOUTHERN CONNECTICUT GAS COMPANY	D Employer Identification Number (EIN) 06-0835501	
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	94,769,016
	b Actuarial value	2b	90,494,525
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	275	68,017,381
	b For terminated vested participants	70	6,200,898
	c For active participants	73	14,873,035
	d Total	418	89,091,314
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	5.34%
6	Target normal cost		
	a Present value of current plan year accruals	6a	250,949
	b Expected plan-related expenses	6b	450,000
	c Total (line 6a + line 6b)	6c	700,949

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 Signature of actuary	10/05/2023 Date 2306945 Most recent enrollment number 646-471-3000 Telephone number (including area code)
	BRIAN HURLEIGH Type or print name of actuary	
	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

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 62
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 700,949
b Excess assets, if applicable, but not greater than line 31a				31b 700,949
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
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 0
	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 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 3,729,614
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 3,729,614
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				