Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [X] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
HOPE GAS PENSION PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 10/01/1972

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)
HOPE GAS, INC.

781 CHESTNUT RIDGE ROAD
MORGANTOWN, WV 26505

2b Employer Identification Number (EIN) 55-0196830

2c Plan Sponsor's telephone number 681-684-2233

2d Business code (see instructions) 221210

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/02/2026	KAREN WORCESTER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] 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

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	528
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	237
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	269
b	Retired or separated participants receiving benefits	**6b**	212
c	Other retired or separated participants entitled to future benefits	**6c**	23
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	504
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	26
f	Total. Add lines **6d** and **6e**.	**6f**	530
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
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 Characteristic Codes in the instructions:

1A 1C 3H 1E

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] 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)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
HOPE GAS PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
HOPE GAS, INC.

D Employer Identification Number (EIN)
55-0196830

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

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

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

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

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

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

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

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

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

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

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

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

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

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

NORTHERN TRUST CORPORATION

36-2723087

(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?
21 50 52 62 68	NONE	37485	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

TEMPO HOLDING CO LLC DBA ALIGHT

82-1061233

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 15 50 64	NONE	15128	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

Part I **Service Provider Information (continued)**

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name: DELOITTE & TOUCHE LLP
b EIN: 13-3891517
c Position: AUDITOR
d Address: 901 E BYRD STREET
STE 820
RICHMOND, VA 23219
e Telephone: 804-697-1500

Explanation: SALE OF COMPANY

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
HOPE GAS PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
HOPE GAS, INC.

D Employer Identification Number (EIN)
55-0196830

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: DOMINION ENERGY, INC. DEF BEN MT

b Name of sponsor of entity listed in (a): DOMINION ENERGY, INC.

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)
25-6263994-047	M	0

a Name of MTIA, CCT, PSA, or 103-12 IE: CF SSGA INTERMED US GOVT BOND INDEX

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

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)
04-0025081-144	C	31653246

a Name of MTIA, CCT, PSA, or 103-12 IE: CF SSGA LONG US GOVT BOND INDEX NL

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

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)
04-0025081-142	C	35505036

a Name of MTIA, CCT, PSA, or 103-12 IE: CF WTW GT DIVERSIFIED CREDIT FD

b Name of sponsor of entity listed in (a): TOWERS WATSON INVESTMENT SERVICES, INC.

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)
82-6695738-001	C	36765937

a Name of MTIA, CCT, PSA, or 103-12 IE: CF WTW GT DIVERSIFIED EQUITY FD

b Name of sponsor of entity listed in (a): TOWERS WATSON INVESTMENT SERVICES, INC.

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)
82-6695738-002	C	45918268

a Name of MTIA, CCT, PSA, or 103-12 IE: WTW GT SUBS REDS CLEAR RAF

b Name of sponsor of entity listed in (a): TOWERS WATSON INVESTMENT SERVICES, INC.

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)
82-6695738-005	C	33580000

a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECT GOVT SHORT TERM INVT FD

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

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)
45-6138589-068	C	10791622

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

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

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

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

SCHEDULE H
(Form 5500)

Department of the Treasury
Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
HOPE GAS PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
HOPE GAS, INC.

D Employer Identification Number (EIN)
55-0196830

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	217799	46457
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)	0	194214109
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	237212586	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)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	237430385	194260566
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	237430385	194260566

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)		
(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)		0
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)		0
(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)		0
(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)		0
(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)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		7865332
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		-44819144
(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		-36953812
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3710736	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		3710736
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	43128	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	257254	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		300382
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4011118
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-40964930
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		2204889

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) [X] 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) [X] 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: BAKER TILLY US, LLP **(2)** EIN: 30-1413443

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	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		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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)
DOMINION ENERGY PENSION PLAN	54-1229715	101

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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 484275.

Hope Gas Pension Plan
(f.k.a. Dominion Energy West Virginia Union Pension Plan)

Financial Statements and
Supplementary Information

December 31, 2022 and 2021

Hope Gas Pension Plan (f.k.a. Dominion Energy West Virginia Union Pension Plan)

Table of Contents
December 31, 2022 and 2021

Independent Auditors' Report

To the Participants and Plan Administrator of
Hope Gas Pension Plan

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

We have performed an audit of the financial statements of Hope Gas Pension Plan (f.k.a. Dominion Energy West Virginia Union Pension Plan) (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2022, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit 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 DOL'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 year ended December 31, 2022, stating that the certified investment information, as described in Note 10 to the financial statements, is complete and accurate.

Opinion on the 2022 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2022 Financial Statements section:

- The amounts and disclosures in the accompanying 2022 financial statements, 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 accompanying 2022 financial statements 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).

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2022 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. 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 Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the 2022 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 2022 financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit 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.

Other Matter - Auditors' Report on the 2021 Financial Statements

Predecessor auditors performed an audit of the 2021 financial statements of the Plan. In accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the prior year audit did not extend to any statements or information related to assets held for investment of the Plan that were certified by a qualified institution. The predecessor auditors' report dated October 17, 2022 indicated that (a) the amounts and disclosures in the 2021 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2021 financial statements related to assets held by and certified to by a qualified institution agreed to, or was 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).

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2022 and Schedule H, Line 4(j) - Schedule of Reportable Transactions for the year ended December 31, 2022, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

- The information in the supplemental schedules 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).

Baker Tilly US, LLP

Philadelphia, Pennsylvania
March 12, 2026

Hope Gas Pension Plan (f.k.a. Dominion Energy West Virginia Union Pension Plan)

Statements of Net Assets Available for Benefits
December 31, 2022 and 2021

	2022	2021
Assets		
Investments:		
Common/collective trust funds	$ 194,214,109	$ -
Plan interest in Dominion Energy, Inc. Defined Benefit Master Trust	-	237,212,586
Interest income receivable	46,457	-
Due from other plan	-	217,799
Total assets	194,260,566	237,430,385
Liabilities	-	-
Net assets available for benefits	$ 194,260,566	$ 237,430,385

See notes to financial statements

Hope Gas Pension Plan (f.k.a. Dominion Energy West Virginia Union Pension Plan)

Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2022 and 2021

	2022	2021
Additions		
Investment income:		
Net appreciation in the fair value of investments	$ 7,412,488	$ -
Interest and dividends	452,844	-
Plan interest in the net investment (loss) income of the Dominion Energy, Inc. Defined Benefit Master Trust (Note 1)	(44,819,144)	22,643,858
Total additions	(36,953,812)	22,643,858
Deductions		
Benefits paid to participants	3,710,736	3,739,361
Administrative expenses	300,382	142,971
Total deductions	4,011,118	3,882,332
Transfers (Note 1)	(2,204,889)	1,589,709
Net (decrease) increase	(43,169,819)	20,351,235
Net Assets Available for Benefits		
Beginning of year	237,430,385	217,079,150
End of year	$ 194,260,566	$ 237,430,385

See notes to financial statements

1. Description of Plan

The following description of the Hope Gas Pension Plan (the Plan), formerly known as Dominion Energy West Virginia Union Pension Plan, is provided for general information purposes only. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit pension plan covering substantially all employees and retirees of Hope Gas, Inc. (the Company) who are represented for collective bargaining purposes by, and are members of, the United Gas Workers Union, Local No. 69, Utility Workers Union of America, AFL-CIO. Participation in the Plan for eligible employees is immediate and employees are vested after attainment of age 65 or three years of service.

Prior to August 31, 2022, Dominion Energy, Inc. (Dominion Energy) was the designated plan sponsor and Dominion Energy Services, Inc. (DES), a subsidiary of Dominion Energy, was the plan administrator. On August 31, 2022, upon Dominion Energy's sale of its ownership interest in Hope Gas, Inc., the Company became the sponsor and administrator of the Plan. In September 2022, Dominion Energy directed the trustee of the Dominion Energy, Inc. Defined Benefit Master Trust (the Former Master Trust) to transfer approximately $187.4 million in cash to a new pension trust established by the Company, the Hope Gas, Inc. Master Retirement Trust (the New Master Trust), representing the value of the Plan's interest in the Former Master Trust on the date of sale of Hope Gas, Inc. Effective as of the date of such transfer, the Company assumed the obligations of all participants in the Plan.

The Northern Trust Company (Northern Trust) serves as the trustee of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The Plan's investment assets consist of all of the assets in the New Master Trust beginning August 31, 2022 and as of December 31, 2022, and an interest in the Former Master Trust prior to August 31, 2022 and as of December 31, 2021, with each of the trusts (together, the Master Trust) having been established by the respective plan sponsors and administered by the trustee as defined by the Plan.

Beginning on August 31, 2022, the Hope Gas Pension Committee has, and prior to August 31, 2022, the Asset Management Committee of Dominion Energy had, overall responsibility for establishing investment guidelines for the Master Trust assets, allocating contributions to the various investment managers and monitoring investment performance (together, the Committee).

During 2022, the Plan transferred out $2,204,889 for participants in the Plan who transferred to the Dominion Energy Pension Plan (the Dominion Plan) and to reimburse the Former Master Trust for benefit payments it made to participants in the Plan on the date of the sale of Hope Gas, Inc.

During 2020, Dominion Energy completed the sale of a former subsidiary and transferred the associated Plan participants' assets and liabilities to the Dominion Plan, which assumed the Plan's obligation to pay the benefits of those participants. During 2021, the Plan received $1,589,709 from the Dominion Plan to true-up the 2020 transfer.

Pension Benefits

Pension benefits are calculated using a variety of final average pay formulas depending upon the participant's years of service and age at retirement. The normal retirement age for the Plan is 65. In addition, the Plan contains a special retirement account (SRA) component that credits 2% of eligible pay each month. The Plan permits early retirement beginning at age 55. If the participant is married at his or her benefit commencement date, the benefit is paid in the form of a 50% joint and survivor annuity. Otherwise, the benefit is paid in the form of a single life annuity. Married participants may elect to receive their pension benefits in the form of a single life annuity, if their spouse consents to such an election, or in the form of a 75% or 100% joint and survivor annuity. The supplemental portion of the benefit may be paid in the form of a lump sum or as part of the monthly annuity.

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Investment Valuation

Investments are reported at fair value, except for the immediate participation guarantee insurance contracts (GICs). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Investments in GICs with Equitable and Prudential, as held in the Former Master Trust, were entered into prior to 1992 and therefore grandfathered under applicable accounting guidance and are not subject to fair value measurement. These investments are valued at contract value, which represents aggregate amounts of contributions, interest and/or dividends earned thereon, less benefits paid and expenses.

The Committee determines the Plan's valuation policies utilizing information provided by investment advisors and the trustee. See Note 4 for a discussion of fair value measurements.

Income Recognition

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. Net investment (loss) income includes the gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

During 2021, plan management determined that the Plan made payments of benefits to participants that were covered by another pension plan sponsored by a subsidiary of Dominion Energy. Consequently, $217,799 is recorded as due from other plan in the Statement of Net Assets Available for Benefits as of December 31, 2021. This amount was settled as part of the transfer from the Former Master Trust described above.

Administrative Expenses

Expenses incurred directly in the administration of the Plan are paid by the Plan or the Company, as provided by the plan document. Expenses that are paid by the Plan are recorded as deductions in the accompanying Statements of Changes in Net Assets Available for Benefits. Expenses paid directly by the Company are excluded from these financial statements. The Master Trust pays investment management fees and other expenses and charges in connection with the purchase, sale, or disposition of securities and investments related to the assets of the Master Trust, which are included in net appreciation in the fair value of investments and the Plan's interest in the net investment (loss) income of the Former Master Trust reported in the Statements of Changes in Net Assets Available for Benefits.

Actuarial Present Value of Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is discussed in Note 3.

Subsequent Events

The Plan has evaluated subsequent events for recognition or disclosure through March 12, 2026, the date the financial statements were available to be issued.

The Secure 2.0 Act of 2022 was signed into law on December 29, 2022 and includes an array of provisional changes to retirement plans, becoming effective in 2023 and beyond. Plan management is evaluating the impact of the adoption and implementation of this legislation on the Plan.

3. Interest in Master Trust

A master trust permits commingling of the trust assets of several employee benefit plans for investment and administrative purposes. The Former Master Trust is used solely for maintaining the assets of multiple Dominion Energy defined benefit pension plans. As of December 31, 2021, the Plan's undivided interest in the net assets of the Former Master Trust was approximately 2.0%.

Although assets are commingled in the Former Master Trust, Northern Trust maintained supporting records for the purpose of allocating investment gains and losses to the participating plans based on the relationship of the interest of each plan to the total interests of the participating plans and the amount of time each plans' assets were invested in the Former Master Trust. In addition, Northern Trust maintained supporting records for the purpose of allocating investment gains and losses to the Plan assets designated to pay pension benefits based on the relationship of the designated assets to the Plan's interest in the Former Master Trust.

Beginning on August 31, 2022, the net assets of the Plan are included in the New Master Trust. The New Master Trust is being used solely to maintain the assets of the Plan. Accordingly, the Plan's statement of net assets available for benefits as of December 31, 2022 presents the individual assets and liabilities of the Plan, and the statement of changes in net assets available for benefits for the year end December 31, 2022 presents the income from the Plan's investments.

The members of the Committee, appointed by the plan sponsor, establish investment guidelines for the trust assets and allocate contributions to the various investment managers.

The net assets of the Plan and New Master Trust at December 31, 2022 are summarized as follows:

	2022
Investments at fair value:	
Common/collective trust funds	$ 194,214,109
Interest income receivable	46,457
Total Plan and New Master Trust net assets	$ -

The net assets of the Former Master Trust and the Plan's total interest in the Former Master Trust at December 31, 2021 are summarized as follows:

	2021	
	Former Master Trust	Plan's Interest in Former Master Trust
Investments at fair value:		
Cash and cash equivalents	$ 29,944,185	$ 603,220
Government securities	890,450,940	17,937,977
Corporate debt instruments	1,147,519,682	23,116,582
Common and preferred stocks	4,431,127,965	89,264,291
Registered investment companies	564,100,343	11,363,702
Common/collective trust funds	2,550,555,057	51,380,481
Alternative investments	1,633,024,948	32,897,000
Insurance contracts	294,629,114	5,935,252
Other investments	19,732,271	397,503
	11,561,084,505	232,896,008
Investments at contract value:		
Immediate participation guarantee investment contracts	194,626,644	3,920,719
Receivables	58,186,850	1,172,165
Payables	(38,536,276)	(776,306)
Total	$ 11,775,361,723	$ 237,212,586

The net investment (loss) income at the Master Trust level for the years ended December 31, 2022 and 2022 was as follows:

	2022	2021
Former Master Trust (estimated through August 30, 2022):		
Interest and dividends	$ 105,555,650	$ 138,268,032
Other income	29,091,800	39,161,826
Net (depreciation) appreciation in fair value of investments	(2,375,604,550)	991,964,579
Income earned on investments carried at contract value	-	8,034,248
New Master Trust (beginning from August 31, 2022):		
Interest and dividends	452,844	-
Net appreciation in fair value of investments	7,412,488	-
Total	$ (2,233,091,768)	$ 1,177,428,685

4. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered as of 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 are based on employees' compensation and years of credited service.

The actuarial present value of accumulated plan benefits is based on an actuarial valuation as of January 1, 2022 prepared by the Plan's independent actuary, Willis Towers Watson, and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The actuarial present value of accumulated plan benefits as of January 1, 2022 is as follows:

Vested benefits:	
Participants and beneficiaries receiving benefits	$ 33,308,895
Other participants	10,985,125
Total vested benefits	44,294,020
Nonvested benefits	1,115,822
Total actuarial present value of accumulated plan benefits	$ 45,409,842

The changes in the actuarial present value of accumulated plan benefits for the year ended December 31, 2021 are summarized as follows:

Actuarial present value of accumulated plan benefits at beginning of year	$ 44,171,768
Increase (decrease) during the year attributable to:	
Benefits accumulated	708,365
Actuarial gain	746,148
Decrease in the discount period	3,634,383
Benefits paid	(3,739,361)
Change in actuarial assumption	(111,461)
Actuarial present value of accumulated plan benefits at end of year	$ 45,409,842

Significant assumptions underlying the actuarial computations are as follows:

Discount rate	8.35% for 2022
Mortality	For nondisabled participants: Pri-2012 Nondisabled Annuitant Mortality Table, blended 70% white collar and 30% blue collar, projected generationally using scale MP-2020
Retirement age	Annual estimated probability of retirement when eligible, from ages 55 to 70 and over for employees with less than 30 years of service and for employees with 30 or more years of service
SRA interest crediting rate	4.00%

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

The discount rate used to value the present value of accumulated plan benefits changed from 8.45% to 8.35% resulting in a decrease of $111,461 in actuarial present value of accumulated benefits for the year ended December 31, 2021.

5. Funding Policy

The Company's funding policy is to make contributions to the Plan as determined by the Plan's independent actuary in amounts necessary to meet the funding requirements for benefit payments and which will meet or exceed the annual ERISA minimum funding requirements. The minimum funding requirements of ERISA were met for 2022 and 2021 and the Plan is currently overfunded, therefore the Company was not required to make contributions. The Company did not make any contributions during 2022 or 2021. No employee contributions are permitted.

6. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under authoritative guidance are described as follows:

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 other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

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

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

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

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

The Plan's interest in the Former Master Trust as of December 31, 2021 is based on the fair values of the underlying investments of the Former Master Trust. The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2022 and 2021.

Cash and cash equivalents - Represents interest-bearing cash and foreign cash. Interest bearing cash is valued at cost plus accrued interest. The foreign cash balances are valued at the amount held and translated on the reporting date based on prevailing exchange rates. Interest-bearing cash and foreign cash are classified as Level 1.

Common and preferred stocks - Investments in common stocks are valued at the closing price reported on the active market on which the individual securities are traded. Investments in preferred stocks are classified as Level 2 and are valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar instruments, the instrument is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote, if available.

Insurance contracts - Investments in Group Annuity Contracts with John Hancock were entered into after 1992 and are stated at fair value based on the fair value of the underlying securities as provided by the managers and include investments in U.S. government securities, corporate debt instruments, and state and municipal debt securities.

Corporate debt instruments - Investments are valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar instruments, the instrument is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote, if available.

Government securities - Investments are valued using pricing models maximizing the use of observable inputs for similar securities.

Registered investment companies - Investments are valued at the daily closing price as reported by the fund. These funds are required to publish their daily NAV and transact at that price. The funds held by the Master Trust are deemed to be actively traded.

Other investments - Investments represent participatory notes that are designated to offer a return linked to a particular underlying equity security and valued daily based on the price of the underlying security. As these are not actively traded, they are classified as level 2.

Common/collective trust funds - Investments in common/collective trust funds are stated at the NAV as determined by the issuer of the common/collective trust funds and are based on the fair value of the underlying investments held by the fund less its liabilities. The NAV is used as a practical expedient to estimate fair value. The common/collective trust funds do not have any unfunded commitments and do not have any applicable liquidation periods or defined terms/periods to be held. The majority of common/collective trust funds have limited withdrawal or redemption restrictions during the term of the investment.

Alternative investments - Investments in real estate funds, private equity funds, debt funds and hedge funds are stated at fair value based on the NAV of the Plan's proportionate share of the funds' fair value as determined by reference to audited financial statements or NAV statements provided by the investment manager. The NAV is used as a practical expedient to estimate fair value.

The following tables set forth by level, within the fair value hierarchy, investments that are measured at fair value as of December 31, 2022 and 2021:

	Investments at Fair Value as of December 31, 2022			
	Level 1	**Level 2**	**Level 3**	**Total**
Total assets in the fair value hierarchy	$ -	$ -	$ -	$ -
Investments measured at net asset value (a):				
Common/collective trust funds				194,214,109
Total investments				$ 194,214,109

	Former Master Trust Investments at Fair Value as of December 31, 2021			
	Level 1	**Level 2**	**Level 3**	**Total**
Cash and cash equivalents	$ 26,104,582	$ 3,839,603	$ -	29,944,1853,839 $,603
Common and preferred stocks	4,173,002,965	258,125,000	-	258,125,000
Insurance contracts	-	294,629,114	-	294,629,114
Corporate debt instruments	-	1,147,519,682	-	1,147,519,682
Government securities	-	890,450,940	-	890,450,940
Registered investment companies	564,100,343	-	-	564,100,343
Other investments	-	19,732,271	-	19,732,271
Total assets in the fair value hierarchy	$ 4,763,207,890	2,614,296,610 $ 2,594,564,339	$ -	7,377,504,500
Assets recorded at net asset value (a):				
Common/collective trust funds				2,550,555,057
Alternative investments:				
Real estate				125,818,580
Private equity				1,331,338,205
Debt				166,189,698
Hedge funds				9,678,465
Total alternative investments				1,633,024,948
Total recorded at net asset value				4,183,580,005
Total investments				$ 11,561,084,505

(a) In accordance with Accounting Standards Codification Subtopic 820-10, certain investments that are measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line item presented in the Statements of Net Assets Available for Benefits.

In connection with alternative investments that were held in the Former Master Trust, the Former Master Trust (as a limited partner) made capital commitments that were called over time as the general partner made investments. Investment strategies of the alternative investments are real estate, private equity and debt-based and also include hedge funds related to the debt investments. The typical term of these investments is 10-12 years. The Former Master Trust had limited withdrawal or redemption rights during the term of the investment. As a general rule, a limited partner's interest can be sold in secondary markets subject to the approval of the general partner. Secondary markets tend to be illiquid especially during periods of market stress. Funds returned to the Former Master Trust as income, profits and capital were distributed over the term of the investment.

Presented below are the fair values, unfunded commitments and estimated liquidation periods for alternative investments held by the Former Master Trust at December 31, 2021:

	Fair Value of Investments	Unfunded Commitments	Estimated Period of Liquidation (Average Years)
Alternative investments:			
Real estate funds	$ 125,818,580	$ 57,000,000	4
Private equity funds	1,331,338,205	479,100,000	9
Debt funds	166,189,698	154,900,000	4
Hedge funds	9,678,465	-	1
Total	$ 1,633,024,948	$ 691,000,000	818

7. Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA and any applicable collective bargaining agreement.

In the event the Plan terminates, the net assets of the Plan will be allocated to participants, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

a) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.

b) Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.

c) All other vested benefits (that is, vested benefits not insured by PBGC).

d) All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's benefits. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations, the priority of those benefits to be paid and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guarantee while other benefits may not be provided for at all.

8. Related-Party and Exempt Party in Interest Transactions

The Plan is invested in the Master Trust managed by Northern Trust, the trustee of the Plan. Therefore, transactions with Northern Trust qualify as exempt party-in-interest transactions under ERISA. Fees paid by the Master Trust for investment management services are included as a reduction of the return earned on each fund. During 2022 and 2021, the Former Master Trust paid $964,216 and $942,255, respectively, to DES, the plan administrator until August 31, 2022, for costs associated with administration of the Plan. The Plan paid DES $324 and $3,128 during 2022 and 2021, respectively.

As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers. Certain investment securities are funds affiliated with the Plan's independent actuary, Willis Towers Watson. Additionally, certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. These transactions are party-in-interest transactions under ERISA.

9. Tax Status

The Plan received a determination letter dated April 7, 2021 from the Internal Revenue Service (IRS) stating that the Plan and related trust were designed in accordance with the applicable sections of the Internal Revenue Code (IRC) and therefore are exempt from federal income taxes. Prior to the change in plan sponsor disclosed in Note 1, some of the income generated by certain investments held in the Former Master Trust was subject to unrelated business income tax (UBIT). Any UBIT paid was included in administrative expenses of the Former Master Trust.

The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

10. Information Certified by the Trustee

The plan administrators have elected the method of compliance as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA for 2022 and 2021. Accordingly, Northern Trust, the trustee of the Plan, has certified to the completeness and accuracy of all investments and related investment activity reported in the accompanying financial statements, except relating to alternative investments disclosed in Note 6, and reported in the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2022, and the supplemental Schedule H, Line 4(j) - Schedule of Reportable Transactions for the year ended December 31, 2022.

11. Risks and Uncertainties

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.

In addition, the Plan holds various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. 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 financial statements.

At December 31, 2022, the Plan had investments of $183,422,487 concentrated in five funds.

Hope Gas Pension Plan (f.k.a. Dominion Energy West Virginia Union Pension Plan)

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
EIN: 55-0196830 Plan Number: 002
December 31, 2022

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Common/collective trust funds			
*	Northern Trust	NT Collective Government Short Term Investment Fund	$ 10,791,622	$ 10,791,622
	State Street Global Advisors	SSGA Intermediate U.S. Government Bond Index NL Fund	31,500,000	31,653,246
	State Street Global Advisors	SSGA Long U.S. Government Bond Index Non-Lending Fund	35,785,854	35,505,036
*	Willis Towers Watson	WTW Group Trust Diversified Credit Fund	35,830,000	36,765,937
*	Willis Towers Watson	WTW Group Trust Diversified Equity Fund	41,921,633	45,918,268
*	Willis Towers Watson	WTW Group Trust SUBS REDS CLEAR Real Asset Fund	33,580,000	33,580,000
		Total common/collective trust funds	189,409,109	194,214,109
		Total investments	$ 189,409,109	$ 194,214,109

* A party in interest as defined by ERISA

Hope Gas Pension Plan (f.k.a. Dominion Energy West Virginia Union Pension Plan)

Schedule H, Line 4(j) - Schedule of Reportable Transactions
EIN: 55-0196830 Plan Number: 002
Year Ended December 31, 2022

	(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Gain (Loss)
	Single Transactions								
*	Purchases:	NT Collective Government Short Term Investment Fund	$ 176,717,890	$ -	$ -	$ -	$ 176,717,890	$ 176,717,890	$ -
*		NT Collective Government Short Term Investment Fund	15,754,451	-	-	-	15,754,451	15,754,451	-
		SSGA Intermediate U.S. Government Bond Index NL Fund	23,400,000	-	-	-	23,400,000	23,400,000	-
		SSGA Long U.S. Government Bond Index Non-Lending Fund	42,500,000	-	-	-	42,500,000	42,500,000	-
*		WTW Group Trust Diversified Credit Fund	33,580,000	-	-	-	33,580,000	33,580,000	-
*		WTW Group Trust Diversified Equity Fund	66,000,000	-	-	-	66,000,000	66,000,000	-
*		WTW Group Trust SUBS REDS CLEAR Real Asset Fund	33,580,000	-	-	-	33,580,000	33,580,000	-
*	Sales:	NT Collective Government Short Term Investment Fund	-	99,580,000	-	-	99,580,000	99,580,000	-
*		NT Collective Government Short Term Investment Fund	-	65,900,000	-	-	65,900,000	65,900,000	-
*		NT Collective Government Short Term Investment Fund	-	18,295,388	-	-	18,295,388	18,295,388	-
*		WTW Group Trust Diversified Equity Fund	-	30,000,000	-	-	27,578,367	30,000,000	2,421,633
	Series Transactions								
*	Purchases:	NT Collective Government Short Term Investment Fund	210,416,613	-	-	-	210,416,613	210,416,613	-
		SSGA Intermediate U.S. Government Bond Index NL Fund	31,500,000	-	-	-	31,500,000	31,500,000	-
*		WTW Group Trust Diversified Credit Fund	35,830,000	-	-	-	35,830,000	35,830,000	-
*		WTW Group Trust Diversified Equity Fund	69,500,000	-	-	-	69,500,000	69,500,000	-
*	Sales:	NT Collective Government Short Term Investment Fund	-	199,624,991	-	-	199,624,991	199,624,991	-

* Parties in interest as defined by ERISA

SCHEDULE SB ATTACHMENTS

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

	Years of Credited Service										
Attained Age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
Under 25	0	4	0	0	0	0	0	0	0	0	4
25-29	0	14	6	0	0	0	0	0	0	0	20
30-34	2	13	8	3	0	0	0	0	0	0	26
35-39	1	12	8	14	6	0	0	0	0	0	41
40-44	0	13	8	14	6	0	0	0	0	0	41
45-49	0	6	7	8	6	1	0	0	0	0	28
50-54	0	2	3	6	6	2	1	2	0	0	22
55-59	0	6	4	7	4	1	2	11	0	0	35
60-64	0	0	0	0	1	0	0	10	0	0	11
65-69	0	0	0	0	0	0	0	0	0	0	0
70 & over	0	0	0	0	0	0	0	0	0	0	0
Total	3	70	44	52	29	4	3	23	0	0	228

Plan Name: Hope Gas Pension Plan
EIN / PN: 55-0196830/002
Plan Sponsor: Hope Gas, Inc.
Valuation Date: January 1, 2022

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

- Applicable month: September
- Interest rate basis: 3-Segment Rates

Interest rates

	Reflecting Stabilization	Not Reflecting Stabilization
First segment rate	4.75%	1.07%
Second segment rate	5.18%	2.68%
Third segment rate	5.92%	3.36%
Effective interest rate	5.45%	2.96%

Annual rates of increase

- Compensation:

Service (Years)	Current Valuation Average
0-4	9.9%
5-9	6.1%
10-14	3.8%
15-19	3.2%
20-24	3.2%
25-29	2.9%
30-34	2.8%
35 and up	2.7%

- Future Social Security wage bases: 3.50%
- Statutory limits on compensation: N/A
- Cash balance interest crediting rate: 1.94% for 2022; 4.00% thereafter. 2022 uses the actual 30-year Treasury rate with a September 2021 lookback

SCHEDULE SB ATTACHMENTS

Plan-related expenses

Assume 0.2% of market value of assets, not including any receivable contributions, as of the first day of the plan year. The amount included this year for plan-related expenses is $474,861.

As permitted by law, rates reflecting stabilization are used to determine the funding target and target normal cost, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and currently are higher than) current market interest rates, and may be inconsistent with other economic assumptions used in the valuation.

Demographic Assumptions

Inclusion date

The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees

It was assumed there will be no new or rehired participants.

Mortality

- Healthy

Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014 and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2020) and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backwards to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2020).

- Disabled

Same as Healthy mortality

Termination

Representative Rates

Gas Union Participants		
Attained Age	**Service < 3 Years**	**Service >= 3 Years**
25	5.3%	3.3%
30	4.8%	2.8%
35	4.2%	2.2%
40	3.7%	1.7%
45	3.1%	1.1%
50	3.1%	1.1%
55 and over	3.1%	1.1%

Preretirement termination benefits are assumed to commence at age 65.

SCHEDULE SB ATTACHMENTS

Disability

Rates of disablement are assumed to equal 30% of female rates from the 1987 GLTD Incidence Table for 6-month elimination periods.

Retirement

Age	Service <30 years	Service >=30 years
55	4.0%	4.0%
56	4.0%	4.0%
57	4.0%	4.0%
58	4.0%	25.0%
59	6.0%	20.0%
60	13.0%	23.0%
61	14.0%	23.0%
62	20.0%	26.0%
63	18.0%	30.0%
64	12.0%	20.0%
65	35.0%	35.0%
66 and over	35.0%	35.0%

All participants are assumed to retire by age 70, or immediately if older.

Benefit commencement date:

- Preretirement death benefit
  Cash Balance: Upon Death
  Old Plan and New Plan: The later of the date of death or the date the participant would have attained age 65
- Deferred vested benefit
  Cash Balance: 65% upon termination; 35% normal retirement date (age 62)
  Old Plan and New Plan: Normal Retirement Date
- Disability benefit
  Cash Balance: Upon Disablement
  Old Plan and New Plan: Normal Retirement Date
- Retirement benefit
  Cash Balance: Upon retirement
  Old Plan and New Plan: Upon Termination

Form of payment

Cash Balance: Lump sum

Old Plan and New Plan: 100% joint and survivor annuity if married on date payments begin; life annuity if single

SCHEDULE SB ATTACHMENTS

Percent married	It is assumed that 75% of active male participants and 50% of active female participants are married to an eligible spouse.
Spouse age	Wife 2 years younger than husband
Covered pay	Compensation assumed paid in the current year beginning on the valuation date is the current annual rate of pay
At-risk assumptions	For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan, which is usually the 100% Joint and Survivor form of payment for the Final Average Pay benefits and lump sum form of payment for the Cash Balance benefits.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate

	tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.
Actuarial value of assets [for determining minimum required contributions]	Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year.) The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued based on discussions with Dominion Energy, Inc. regarding the likelihood that these benefits will be paid. Willis Towers Watson has reviewed the plan provisions with Dominion Energy, Inc. and, based on that review, is not aware of any significant benefits required to be valued that were not.

Sources of Data and Other Information

The plan sponsor, through its third-party administrator Alight Solutions, furnished participant data as of 1/1/2022. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. In consultation with the plan sponsor, assumptions were made for missing or apparently inconsistent data elements as documented in the data question deliverables dated May 17, 2022.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Plan Name:	Hope Gas Pension Plan
EIN / PN:	55-0196830/002
Plan Sponsor:	Hope Gas, Inc.
Valuation Date:	January 1, 2022

SCHEDULE SB ATTACHMENTS

Assumptions Rationale - Significant Economic Assumptions

Discount rate	For plan funding purposes, the basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Cash Balance Interest crediting rate	The plan credits interest to cash balance accounts using a rate annually equivalent to the 30-year Treasury bond rate for September of the previous year. The long-term estimate of the 30-year Treasury bond rate is 4.00%, based on current conditions and future economic expectations. For the reasons discussed above, we believe the assumptions selected do not significantly conflict with what would be reasonable.
Plan-related expenses	As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust). We believe the assumption does not conflict with what would be reasonable because it reflects recent experience.

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Disabled Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination rates were based on the 2021 experience study factoring in future expectations of participant behavior. We believe the assumption does not significantly conflict with what would be reasonable because it reflects recent experience.
Retirement	Retirement rates were based on the 2021 experience study factoring in future expectations of participant behavior. We believe the assumption does not significantly conflict with what would be reasonable because it reflects recent experience.

SCHEDULE SB ATTACHMENTS

Prescribed Methods

Funding methods	The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Changes in Assumptions and Methods

Change in assumptions since prior valuation	The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430. The mortality table used to calculate the funding target and target normal cost was updated to reflect the latest mortality improvement scale, as required by guidance issued by IRS under IRC §430. The mortality table was updated to include one additional year of projected mortality improvement as required by guidance issued by IRS under IRC §430. The retirement rates, termination rates and salary scale were updated based on an experience study conducted in 2021.
Change in methods since prior valuation	None.

Plan Name	**Hope Gas Pension Plan**
Plan Sponsor EIN	**55-0196830**
ERISA Plan #	**002**
Plan Year Ending	**December 31, 2022**

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.**

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

▶ **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
HOPE GAS PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
HOPE GAS, INC.

D Employer Identification Number (EIN)
55-0196830

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2022

2 Assets:

a Market value	**2a**	237,430,385
b Actuarial value	**2b**	213,687,347

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	283	42,220,261	42,220,261
b For terminated vested participants	45	1,863,280	1,863,280
c For active participants	228	14,746,604	16,399,139
d Total	556	58,830,145	60,482,680

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

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**	5.47%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	1,088,317
b Expected plan-related expenses	**6b**	474,861
c Total (line 6a + line 6b)	**6c**	1,563,178

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 Robert D Winn RDW — 10/2/2023

Signature of actuary — Date

Robert D Winn — 2306988

Type or print name of actuary — Most recent enrollment number

Willis Towers Watson US LLC — 703-258-8000

Firm name — Telephone number (including area code)

800 North Glebe Road
Floor 10
Arlington VA 22203

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)	380,769	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	380,769	0
10	Interest on line 9 using prior year's actual return of 10.51 %	40,019	0
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 5.64 %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
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	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	420,788	0

Part III Funding Percentages

14	Funding target attainment percentage	14	352.60 %
15	Adjusted funding target attainment percentage	15	353.30 %
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	335.92 %
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
			Totals ► 18(b)	0	18(c) 0

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	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [ ] Yes [X] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [ ] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.75 %	5.18 %	5.92 %	☐ 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) ☐ 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**	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**	1,563,178
b Excess assets, if applicable, but not greater than line 31a	**31b**	1,563,178

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**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
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. ☐ 2019 ☒ 2020 ☐ 2021

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Hope Gas, Inc.
EIN/PN	55-0196830/002
Plan Name	Hope Gas Pension Plan
Valuation Date	January 1, 2022
Enrolled Actuary	Robert D. Winn
Enrollment Number	23-06988

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2022

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Plan Name:	Hope Gas Pension Plan
EIN / PN:	55-0196830/002
Plan Sponsor:	Hope Gas, Inc.
Valuation Date:	January 1, 2022

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

- Applicable month: September
- Interest rate basis: 3-Segment Rates

Interest rates

	Reflecting Stabilization	Not Reflecting Stabilization
First segment rate	4.75%	1.07%
Second segment rate	5.18%	2.68%
Third segment rate	5.92%	3.36%
Effective interest rate	5.45%	2.96%

Annual rates of increase

- Compensation:

Service (Years)	Current Valuation Average
0-4	9.9%
5-9	6.1%
10-14	3.8%
15-19	3.2%
20-24	3.2%
25-29	2.9%
30-34	2.8%
35 and up	2.7%

- Future Social Security wage bases: 3.50%
- Statutory limits on compensation: N/A
- Cash balance interest crediting rate: 1.94% for 2022; 4.00% thereafter. 2022 uses the actual 30-year Treasury rate with a September 2021 lookback

SCHEDULE SB ATTACHMENTS

Plan-related expenses

Assume 0.2% of market value of assets, not including any receivable contributions, as of the first day of the plan year. The amount included this year for plan-related expenses is $474,861.

As permitted by law, rates reflecting stabilization are used to determine the funding target and target normal cost, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and currently are higher than) current market interest rates, and may be inconsistent with other economic assumptions used in the valuation.

Demographic Assumptions

Inclusion date

The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees

It was assumed there will be no new or rehired participants.

Mortality

- Healthy

Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014 and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2020) and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backwards to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2020).

- Disabled

Same as Healthy mortality

Termination

Representative Rates

Gas Union Participants		
Attained Age	**Service < 3 Years**	**Service >= 3 Years**
25	5.3%	3.3%
30	4.8%	2.8%
35	4.2%	2.2%
40	3.7%	1.7%
45	3.1%	1.1%
50	3.1%	1.1%
55 and over	3.1%	1.1%

Preretirement termination benefits are assumed to commence at age 65.

SCHEDULE SB ATTACHMENTS

Disability

Rates of disablement are assumed to equal 30% of female rates from the 1987 GLTD Incidence Table for 6-month elimination periods.

Retirement

Age	Service <30 years	Service >=30 years
55	4.0%	4.0%
56	4.0%	4.0%
57	4.0%	4.0%
58	4.0%	25.0%
59	6.0%	20.0%
60	13.0%	23.0%
61	14.0%	23.0%
62	20.0%	26.0%
63	18.0%	30.0%
64	12.0%	20.0%
65	35.0%	35.0%
66 and over	35.0%	35.0%

All participants are assumed to retire by age 70, or immediately if older.

Benefit commencement date:

- Preretirement death benefit
  Cash Balance: Upon Death
  Old Plan and New Plan: The later of the date of death or the date the participant would have attained age 65
- Deferred vested benefit
  Cash Balance: 65% upon termination; 35% normal retirement date (age 62)
  Old Plan and New Plan: Normal Retirement Date
- Disability benefit
  Cash Balance: Upon Disablement
  Old Plan and New Plan: Normal Retirement Date
- Retirement benefit
  Cash Balance: Upon retirement
  Old Plan and New Plan: Upon Termination

Form of payment

Cash Balance: Lump sum

Old Plan and New Plan: 100% joint and survivor annuity if married on date payments begin; life annuity if single

SCHEDULE SB ATTACHMENTS

Percent married	It is assumed that 75% of active male participants and 50% of active female participants are married to an eligible spouse.
Spouse age	Wife 2 years younger than husband
Covered pay	Compensation assumed paid in the current year beginning on the valuation date is the current annual rate of pay
At-risk assumptions	For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan, which is usually the 100% Joint and Survivor form of payment for the Final Average Pay benefits and lump sum form of payment for the Cash Balance benefits.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate

	tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.
Actuarial value of assets [for determining minimum required contributions]	Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year.) The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued based on discussions with Dominion Energy, Inc. regarding the likelihood that these benefits will be paid. Willis Towers Watson has reviewed the plan provisions with Dominion Energy, Inc. and, based on that review, is not aware of any significant benefits required to be valued that were not.

Sources of Data and Other Information

The plan sponsor, through its third-party administrator Alight Solutions, furnished participant data as of 1/1/2022. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. In consultation with the plan sponsor, assumptions were made for missing or apparently inconsistent data elements as documented in the data question deliverables dated May 17, 2022.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Plan Name:	Hope Gas Pension Plan
EIN / PN:	55-0196830/002
Plan Sponsor:	Hope Gas, Inc.
Valuation Date:	January 1, 2022

SCHEDULE SB ATTACHMENTS

Assumptions Rationale - Significant Economic Assumptions

Discount rate	For plan funding purposes, the basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Cash Balance Interest crediting rate	The plan credits interest to cash balance accounts using a rate annually equivalent to the 30-year Treasury bond rate for September of the previous year. The long-term estimate of the 30-year Treasury bond rate is 4.00%, based on current conditions and future economic expectations. For the reasons discussed above, we believe the assumptions selected do not significantly conflict with what would be reasonable.
Plan-related expenses	As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust). We believe the assumption does not conflict with what would be reasonable because it reflects recent experience.

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Disabled Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination rates were based on the 2021 experience study factoring in future expectations of participant behavior. We believe the assumption does not significantly conflict with what would be reasonable because it reflects recent experience.
Retirement	Retirement rates were based on the 2021 experience study factoring in future expectations of participant behavior. We believe the assumption does not significantly conflict with what would be reasonable because it reflects recent experience.

SCHEDULE SB ATTACHMENTS

Prescribed Methods

Funding methods	The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Changes in Assumptions and Methods

Change in assumptions since prior valuation	The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430. The mortality table used to calculate the funding target and target normal cost was updated to reflect the latest mortality improvement scale, as required by guidance issued by IRS under IRC §430. The mortality table was updated to include one additional year of projected mortality improvement as required by guidance issued by IRS under IRC §430. The retirement rates, termination rates and salary scale were updated based on an experience study conducted in 2021.
Change in methods since prior valuation	None.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

The retirement rates, termination rates and salary scale were updated based on an experience study conducted in 2021.

Plan Name:	Hope Gas Pension Plan
EIN / PN:	55-0196830/002
Plan Sponsor:	Hope Gas, Inc.
Valuation Date:	January 1, 2022

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Sponsor (the "Company")

Dominion Energy, Inc. as of January 1, 2022

Effective August 31, 2022 the plan sponsor changed to Hope Gas, Inc.

Effective Date and Most Recent Amendment

The plan was originally effective October 1, 1972.

- The term "Old Plan" in the following sections describes the plan provisions for credited service before January 1, 2003.
- The term "New Plan" in the following sections describes the plan provisions effective January 1, 2003 for credited service on or after January 1, 2003.

The plan was restated January 1, 2018. Effective March 23, 2017, new hires accrue the Cash Balance formula. On December 31, 2020, assets and liabilities associated with Dominion Energy Transmission, Inc. participants were transferred to the Dominion Energy Pension Plan.

Plan Year

The twelve-month period ending December 31.

Coverage and Participation

Old Plan: Any employee of the Company (excluding leased employees) who is in a job classification represented for collective bargaining purposes by, and is a member of, The United Gas Worker's Union, Local No. 69 -Division II, Utility Worker's Union of America, AFL-CIO. The Old Plan closed to new hires effective January 1, 2003.

New Plan: Any employee of the Company (excluding leased employees) who is in a job classification represented for collective bargaining purposes by, and is a member of, the United Gas Worker's Union, Local No. 69 - Division II, Utility Worker's Union of America, AFL-CIO, is eligible to participate in the New Plan as of the later of date of hire and attainment of age 18. All employees who were eligible to participate in the Old Plan as of December 31, 2002 are eligible to participate in the New Plan on January 1, 2003, even if they have not yet attained age 18. The New Plan closed to new hires effective March 23, 2017.

SCHEDULE SB ATTACHMENTS

Cash Balance Plan: Any employee of the Company (excluding leased employees) who is hired or rehired on or after March 23, 2017 and in a job classification represented for collective bargaining purposes by, and is a member of, the United Gas Worker's Union, Local No. 69, Utility Worker's Union of America, AFL-CIO, is eligible to participate in the Cash Balance plan as of the later of date of hire and attainment of age 18.

Credited Service

Old Plan: Based on elapsed time from date of hire, with 15 or more days worked in a calendar month counting as 1/12 of a year of credited service.

New Plan: Based on elapsed time from date of hire. Service is awarded for each calendar month in which at least one hour of service is worked.

Cash Balance Plan: Based on elapsed time from date of hire. Service is awarded for each calendar month in which at least one hour of service is worked.

Vesting Service

Based on elapsed time from date of hire.

Compensation

Old Plan: Wage or salary, excluding bonuses and overtime payments, but including commissions, workers' compensation payments, disability benefits, employee elective deferrals to 401(k) and Section 125 plans, and other specified amounts, subject to IRC 401(a)(17) compensation limits.

New Plan: Base pay actually paid plus any amounts deferred under Section 125 or Section 401(k) plan plus merit lump sum payments, and other specified amounts, subject to IRC 401(a)(17) compensation limits.

Cash Balance Plan: Base pay actually paid plus any amounts deferred under Section 125 or Section 401(k) plan plus merit lump sum payments, and other specified amounts, subject to IRC 401(a)(17) compensation limits.

Final Average Compensation/Salary

Old Plan: The annual average of old plan compensation in the 60 highest consecutive months during the last 120 months of employment.

New Plan: The annual average of new plan compensation in the 60 highest consecutive months during the last 120 months of employment.

Plan Name:	Hope Gas Pension Plan
EIN / PN:	55-0196830/002
Plan Sponsor:	Hope Gas, Inc.
Valuation Date:	January 1, 2022

SCHEDULE SB ATTACHMENTS

Special Retirement Account (SRA)

New Plan Only

1. Pay Credits: 2% of compensation beginning January 1, 2003.

2. Interest Credited to Account Balance: Credited on a daily basis annually equivalent to the 30-year Treasury bond rate for September of the preceding year, subject to a minimum of 1.5%.

3. Payment Options:

   - Immediate lump sum – equal to the account balance;
   - Immediate annuity; or
   - Deferred annuity – paid in same form and beginning at the same time as the remaining retirement benefit.

4. Annuity Conversion Basis: The SRA is converted from an account balance to a single life annuity at benefit commencement age using the section 417(e) applicable mortality table and the 30-year Treasury bond rate used for interest crediting in the year of benefit commencement. All other payment options are converted using the Plan's actuarial equivalence basis for payment options.

5. Annuity Options:

   - Retirement-eligible terminated participant – Same as payment options for remaining retirement benefit.
   - Deferred vested terminated participant – single life annuity or 50% joint and survivor annuity, if paid as an immediate annuity. Same as payment options for remaining retirement benefit, if paid as a deferred annuity.

SCHEDULE SB ATTACHMENTS

Cash Balance

Cash Balance Plan Only

1. Pay Credits:

   Pay-Based Credits are credited monthly to the accounts of Cash Balance participants as a percentage of their plan compensation based on the following schedule:

Years of Credited Service	Pay-Based Credits as a Percentage of Earnings
Fewer than 5 years	4%
5 years to 14 years	5%
15 years to 24 years	6%
25 or more years	7%

2. Interest Credit: Interest Credits are credited monthly to the Cash Balance account on a daily basis at a rate annually equivalent to the Applicable Interest Rate for the Plan Year, subject to a minimum rate of 1.5%.

3. Payment Options:

   - Immediate lump sum – equal to the account balance;
   - Immediate annuity; or
   - Deferred annuity – paid in same form and beginning at the same time as the remaining retirement benefit.

4. Applicable Interest Rate: The annual yield on the 30-year Treasury securities for September of the preceding year.

5. Applicable Mortality Table: The prescribed mortality assumption as specified under the Internal Revenue Code section 417(e)(3)(B).

6. Annuity Conversion Basis: One form of benefit shall be the actuarial equivalent value of another form of benefit determined on the basis of the Applicable Interest Rate and Applicable Mortality Table.

7. Annuity Options:

   - Retirement-eligible terminated participant – Same as payment options for remaining retirement benefit.

   - Deferred vested terminated participant – single life annuity or 50% joint and survivor annuity, if paid as an immediate annuity. Same as payment options for remaining retirement benefit, if paid as a deferred annuity.

SCHEDULE SB ATTACHMENTS

Permanent Supplement

All employees who were participants on December 31, 2002 are eligible to receive the permanent supplement of $11 per month for each year of credited service as of January 1, 2003 with completed months of credited service counting as a fraction of a year, payable as an annual benefit.

Normal Retirement Benefit

1. Normal Retirement Date:

   - For participants who retired prior to January 1, 2003, first of month in which 65th birthday occurs. Benefits of female employees, credited in earlier years on the basis of younger normal retirement ages, are increased to actuarial equivalent amounts in the event of retirement after such ages.

   - For participants who retire after December 31, 2002, first of month coincident with or next following attainment of age 65.

2. Annual Benefit:

   - Old Plan:

     The greater of [(a)+(b)] or (c),

     plus the Permanent Supplement

     a) For service prior to January 1, 1980, in accordance with the Plan as in effect to that date.

     b) For each year of credited service on and after January 1, 1980 and on or before December 31, 2002, 1.7% of Old Plan compensation.

     c) 1.125% of Old Plan final average compensation times years of credited service.

   - New Plan:

     a) 1.80% of New Plan final average compensation times credited service up to 30 years (30 year service cap includes credited service under the Old Plan formula)

        less

     b) 1.50% of the participant's age 65 annual Primary Insurance Amount under the Social Security law in effect on the date of determination (assuming no future earnings), times credited service up to 30 years (30 year service cap includes credited service under the Old Plan formula)

        plus

     c) SRA as of normal retirement date payable as an immediate lump sum or immediate annuity taken in the same optional form as the remaining retirement benefit.

Plan Name:	Hope Gas Pension Plan
EIN / PN:	55-0196830/002
Plan Sponsor:	Hope Gas, Inc.
Valuation Date:	January 1, 2022

All employees who were participants on December 31, 2002 received a five-year extension to the service cap in the New Plan formula.

- Cash Balance Plan:

  The Cash Balance account as of normal retirement date payable as an immediate lump sum or immediate annuity taken in the normal form of payment or optional forms of retirement income.

Late Retirement

If retirement occurs after normal retirement date, the late retirement income will be the normal retirement benefit calculated using credited service, final average compensation, Primary Insurance Amount, and SRA compensation and interest credits, and/or cash balance compensation and interest credits as of the late retirement date, as appropriate.

Accrued Benefits

The participant's accrued benefit at any given date is determined under the normal retirement formula shown above, but is based on current credited service, final average compensation, Primary Insurance Amount, and SRA compensation and interest credits, and/or cash balance compensation and interest credits.

Early Retirement Benefit

1. Eligibility:
   - For participants who terminate before January 1, 2003, age 55 and 15 years of vesting service.
   - For participants who terminate after December 31, 2002, age 55 and 3 years of vesting service.
2. Annual Benefit:
   - Old Plan: The benefit is determined under the normal retirement formula reduced 1/4% for each month within the first 24 months by which the participant's benefit commencement date precedes age 62 plus 5/12% for each month within the next 60 months by which the benefit commencement date precedes age 60. The Permanent Supplement is unreduced for early retirement from active status.
   - New Plan: The benefit is determined under the normal retirement formula with the a) and the b) pieces of the New Plan formula reduced 1/4% for each month within the first 24 months by which the participant's benefit commencement date precedes age 60 plus 1/2% for each month within the next 36 months by which the benefit commencement date precedes age 58. The SRA as of the early retirement date is payable as an immediate lump sum or immediate annuity in the same optional form as the remaining retirement benefit.

SCHEDULE SB ATTACHMENTS

Supplemental Retirement Allowance

All employees who were participants on December 31, 2002 will receive $440 per month payable from date of retirement until age 62.

Disability Benefit

1. Eligibility:

   - For participants who become disabled prior to January 1, 2003, after 15 years of vesting service if certified as totally and permanently disabled by the System Medical Director or Consultant.

   - For participants who qualify for benefits under Dominion Energy, Inc.'s long-term disability plan on or after January 1, 2003 and after completing 5 years of vesting service.

2. Annual Benefit:

   - For participants who become disabled prior to January 1, 2003, benefit accrued to date of disability without reduction.

   - For participants who become disabled after December 31, 2002, the accrued benefit payable at normal retirement date under the Old Plan and New Plan formulas based on final average compensation and Primary Insurance Amount at the date of disability, and credited service accrued to the earlier of recovery from disability and normal retirement date. The SRA is available as an immediate lump sum or an immediate annuity at disability. No further compensation credits are granted after disability. If an immediate lump sum or immediate annuity is not elected, the disabled participant may take a deferred annuity reflecting additional interest credits after disability at the same time and in the same form as the remaining retirement benefit. The Permanent Supplement is also available to disabled participants at normal retirement.

Vested Benefits upon Termination of Service

1. Vesting: For participants who terminate before January 1, 2003, full vesting after five years of vesting service, or at normal retirement date, if earlier.

   For participants who terminate after December 31, 2002, full vesting after three years of vesting service, or at normal retirement date, if earlier.

2. Vested Termination Benefit: The termination benefit is equal to the accrued benefit. The benefit is payable any time after attainment of age 55 with the Old Plan benefit, the a) and the b) pieces of the New Plan benefit, and the Permanent Supplement reduced in accordance with the table of factors below, or without reduction at age 65.

Age	Reduction %	Age	Reduction %
55	55%	60	35%
56	52%	61	30%
57	48%	62	23%
58	44%	63	16%
59	40%	64	9%

plus,

For participants who have an SRA balance, either:

- SRA determined as of termination date payable as an immediate lump sum or an immediate annuity; or
- SRA determined as of retirement date payable as an annuity in the same form as the remaining retirement benefit.
- For participants with Cash Balance formula, the Cash Balance account determined as of the benefit commencement date elected by the participant payable as an immediate lump sum or an immediate annuity.

Death Benefits for Vested Participants in Active Service or Terminated Vested Participants

1. Eligibility: Vested on date of death.

2. Benefit: For participants who were in the plan on December 31, 2002 and who die while actively employed, the surviving spouse will receive an immediate monthly income payable for life equal to 50% of the participant's accrued benefit at the date of death valued under the 50% joint and survivor option and with the Old Plan benefit, the a) and the b) pieces of the New Plan benefit and the Permanent Supplement reduced for early retirement using the active early retirement factors. For benefit commencement before the participant's earliest retirement date, this benefit is further reduced for ages below 55 as follows:

Ages	Yearly Reduction %
35-55	3.000%
30-35	0.500%
<30	0.333%

SCHEDULE SB ATTACHMENTS

For employees who become participants on or after January 1, 2003, the surviving spouse will receive a monthly retirement income payable for life in an amount equal to 50% of the amount the participant would have received if he had survived and elected to commence receiving a retirement income at the earliest date allowed under the plan, payable under the 50% joint and survivor option.

The spouse may elect to defer the survivor benefit until normal retirement date.

The SRA is payable to the surviving spouse of an active vested participant who dies as either:

i. an immediate lump sum;

ii. an immediate annuity payable for the spouse's lifetime; or

iii. an annuity deferred to the date of benefit commencement for the remaining death benefit and payable for the spouse's remaining lifetime.

For unmarried vested participants who die while in active service or after termination, the SRA is payable as an immediate lump sum to the named beneficiary.

For terminated vested participants who die, the surviving spouse will receive a monthly retirement income under the Old Plan formula and the a) and the b) pieces of the New Plan formula payable for life in an amount equal to 50% of the amount the participant would have received if he had survived and elected to commence receiving a retirement income at the earliest date allowed under the plan, payable under the 50% joint and survivor option. The same SRA payment options apply to surviving spouses of deceased vested terminated participants as summarized above for spouses of deceased active participants.

The Cash Balance is payable to the Cash Balance participant's beneficiary commencing on a benefit commencement date elected by the beneficiary following the Cash Balance participant's death as an active or terminated vested participant.

- If the beneficiary is the cash balance participant's spouse, the beneficiary may receive the cash balance participant's retirement benefit in either (i) a single sum calculated as of the beneficiary's benefit commencement date or (ii) a single life annuity for the life of the beneficiary that is the actuarial equivalent of the participant's Cash Balance account as of the beneficiary's benefit commencement date.

- If the beneficiary is not the cash balance participant's spouse, the beneficiary may receive the cash balance participant's accrued benefit only as a single sum one-time payment.

Death Benefits for Non-Vested Participants in Active Service

If the participant is not vested, the beneficiary will receive, in a lump sum, the participant's SRA balance.

SCHEDULE SB ATTACHMENTS

Death Benefits for Retired Participants

Any death benefits payable to a beneficiary will be paid in accordance with the optional form of benefit chosen at retirement.

Normal Form of Payment

For unmarried participants, the normal form of payment is a five-year certain and life annuity for benefits accrued to June 30, 1965 and a single life annuity for benefits accrued after June 30, 1965. For married participants, the normal form is an actuarially equivalent 50% joint and survivor benefit.

Optional Forms of Retirement Income in Lieu of Normal Form

- 50% joint and survivor annuity
- 75% joint and survivor annuity
- 100% joint and survivor annuity
- Social Security leveling option to age 62
- Single life annuity
- Lump Sum (for Cash Balance and SRA only)

Changes in Plan Provisions since Last Actuarial Valuation

None.

SCHEDULE SB ATTACHMENTS

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

	Years of Credited Service										
Attained Age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
Under 25	0	4	0	0	0	0	0	0	0	0	4
25-29	0	14	6	0	0	0	0	0	0	0	20
30-34	2	13	8	3	0	0	0	0	0	0	26
35-39	1	12	8	14	6	0	0	0	0	0	41
40-44	0	13	8	14	6	0	0	0	0	0	41
45-49	0	6	7	8	6	1	0	0	0	0	28
50-54	0	2	3	6	6	2	1	2	0	0	22
55-59	0	6	4	7	4	1	2	11	0	0	35
60-64	0	0	0	0	1	0	0	10	0	0	11
65-69	0	0	0	0	0	0	0	0	0	0	0
70 & over	0	0	0	0	0	0	0	0	0	0	0
Total	3	70	44	52	29	4	3	23	0	0	228

Plan Name: Hope Gas Pension Plan
EIN / PN: 55-0196830/002
Plan Sponsor: Hope Gas, Inc.
Valuation Date: January 1, 2022

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Hope Gas, Inc.
EIN/PN	55-0196830/002
Plan Name	Hope Gas Pension Plan
Valuation Date	January 1, 2022
Enrolled Actuary	Robert D. Winn
Enrollment Number	23-06988

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2022

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Plan Name:	Hope Gas Pension Plan
EIN / PN:	55-0196830/002
Plan Sponsor:	Hope Gas, Inc.
Valuation Date:	January 1, 2022

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.**

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

▶ **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
HOPE GAS PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
HOPE GAS, INC.

D Employer Identification Number (EIN)
55-0196830

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2022

2 Assets:

a Market value	**2a**	237,430,385
b Actuarial value	**2b**	213,687,347

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	283	42,220,261	42,220,261
b For terminated vested participants	45	1,863,280	1,863,280
c For active participants	228	14,746,604	16,399,139
d Total	556	58,830,145	60,482,680

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

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**	5.47%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	1,088,317
b Expected plan-related expenses	**6b**	474,861
c Total (line 6a + line 6b)	**6c**	1,563,178

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 Robert D Winn — Signature of actuary

10/02/2023 — Date

Robert D Winn — Type or print name of actuary

2306988 — Most recent enrollment number

Willis Towers Watson US LLC — Firm name

703-258-8000 — Telephone number (including area code)

800 North Glebe Road
Floor 10
Arlington VA 22203
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)	380,769	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	380,769	0
10	Interest on line 9 using prior year's actual return of 10.51 %	40,019	0
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 5.64 %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
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	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	420,788	0

Part III Funding Percentages

14	Funding target attainment percentage	14	352.60 %
15	Adjusted funding target attainment percentage	15	353.30 %
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	335.92 %
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
			Totals ► 18(b)	0	18(c) 0

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	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [ ] Yes [X] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [ ] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.75 %	5.18 %	5.92 %	☐ 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) ☐ 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**	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**	1,563,178
b Excess assets, if applicable, but not greater than line 31a	**31b**	1,563,178

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**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
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. ☐ 2019 ☒ 2020 ☐ 2021

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

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
HOPE GAS PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
HOPE GAS, INC.

D Employer Identification Number (EIN)
55-0196830

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | 1 | 0

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

EIN(s): 36-2723087

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 | 0

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation_____

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Sponsor (the "Company")

Dominion Energy, Inc. as of January 1, 2022

Effective August 31, 2022 the plan sponsor changed to Hope Gas, Inc.

Effective Date and Most Recent Amendment

The plan was originally effective October 1, 1972.

- The term "Old Plan" in the following sections describes the plan provisions for credited service before January 1, 2003.
- The term "New Plan" in the following sections describes the plan provisions effective January 1, 2003 for credited service on or after January 1, 2003.

The plan was restated January 1, 2018. Effective March 23, 2017, new hires accrue the Cash Balance formula. On December 31, 2020, assets and liabilities associated with Dominion Energy Transmission, Inc. participants were transferred to the Dominion Energy Pension Plan.

Plan Year

The twelve-month period ending December 31.

Coverage and Participation

Old Plan: Any employee of the Company (excluding leased employees) who is in a job classification represented for collective bargaining purposes by, and is a member of, The United Gas Worker's Union, Local No. 69 -Division II, Utility Worker's Union of America, AFL-CIO. The Old Plan closed to new hires effective January 1, 2003.

New Plan: Any employee of the Company (excluding leased employees) who is in a job classification represented for collective bargaining purposes by, and is a member of, the United Gas Worker's Union, Local No. 69 - Division II, Utility Worker's Union of America, AFL-CIO, is eligible to participate in the New Plan as of the later of date of hire and attainment of age 18. All employees who were eligible to participate in the Old Plan as of December 31, 2002 are eligible to participate in the New Plan on January 1, 2003, even if they have not yet attained age 18. The New Plan closed to new hires effective March 23, 2017.

SCHEDULE SB ATTACHMENTS

Cash Balance Plan: Any employee of the Company (excluding leased employees) who is hired or rehired on or after March 23, 2017 and in a job classification represented for collective bargaining purposes by, and is a member of, the United Gas Worker's Union, Local No. 69, Utility Worker's Union of America, AFL-CIO, is eligible to participate in the Cash Balance plan as of the later of date of hire and attainment of age 18.

Credited Service

Old Plan: Based on elapsed time from date of hire, with 15 or more days worked in a calendar month counting as 1/12 of a year of credited service.

New Plan: Based on elapsed time from date of hire. Service is awarded for each calendar month in which at least one hour of service is worked.

Cash Balance Plan: Based on elapsed time from date of hire. Service is awarded for each calendar month in which at least one hour of service is worked.

Vesting Service

Based on elapsed time from date of hire.

Compensation

Old Plan: Wage or salary, excluding bonuses and overtime payments, but including commissions, workers' compensation payments, disability benefits, employee elective deferrals to 401(k) and Section 125 plans, and other specified amounts, subject to IRC 401(a)(17) compensation limits.

New Plan: Base pay actually paid plus any amounts deferred under Section 125 or Section 401(k) plan plus merit lump sum payments, and other specified amounts, subject to IRC 401(a)(17) compensation limits.

Cash Balance Plan: Base pay actually paid plus any amounts deferred under Section 125 or Section 401(k) plan plus merit lump sum payments, and other specified amounts, subject to IRC 401(a)(17) compensation limits.

Final Average Compensation/Salary

Old Plan: The annual average of old plan compensation in the 60 highest consecutive months during the last 120 months of employment.

New Plan: The annual average of new plan compensation in the 60 highest consecutive months during the last 120 months of employment.

Plan Name:	Hope Gas Pension Plan
EIN / PN:	55-0196830/002
Plan Sponsor:	Hope Gas, Inc.
Valuation Date:	January 1, 2022

SCHEDULE SB ATTACHMENTS

Special Retirement Account (SRA)

New Plan Only

1. Pay Credits: 2% of compensation beginning January 1, 2003.

2. Interest Credited to Account Balance: Credited on a daily basis annually equivalent to the 30-year Treasury bond rate for September of the preceding year, subject to a minimum of 1.5%.

3. Payment Options:

   - Immediate lump sum – equal to the account balance;
   - Immediate annuity; or
   - Deferred annuity – paid in same form and beginning at the same time as the remaining retirement benefit.

4. Annuity Conversion Basis: The SRA is converted from an account balance to a single life annuity at benefit commencement age using the section 417(e) applicable mortality table and the 30-year Treasury bond rate used for interest crediting in the year of benefit commencement. All other payment options are converted using the Plan's actuarial equivalence basis for payment options.

5. Annuity Options:

   - Retirement-eligible terminated participant – Same as payment options for remaining retirement benefit.
   - Deferred vested terminated participant – single life annuity or 50% joint and survivor annuity, if paid as an immediate annuity. Same as payment options for remaining retirement benefit, if paid as a deferred annuity.

SCHEDULE SB ATTACHMENTS

Cash Balance

Cash Balance Plan Only

1. Pay Credits:

   Pay-Based Credits are credited monthly to the accounts of Cash Balance participants as a percentage of their plan compensation based on the following schedule:

Years of Credited Service	Pay-Based Credits as a Percentage of Earnings
Fewer than 5 years	4%
5 years to 14 years	5%
15 years to 24 years	6%
25 or more years	7%

2. Interest Credit: Interest Credits are credited monthly to the Cash Balance account on a daily basis at a rate annually equivalent to the Applicable Interest Rate for the Plan Year, subject to a minimum rate of 1.5%.

3. Payment Options:

   - Immediate lump sum – equal to the account balance;
   - Immediate annuity; or
   - Deferred annuity – paid in same form and beginning at the same time as the remaining retirement benefit.

4. Applicable Interest Rate: The annual yield on the 30-year Treasury securities for September of the preceding year.

5. Applicable Mortality Table: The prescribed mortality assumption as specified under the Internal Revenue Code section 417(e)(3)(B).

6. Annuity Conversion Basis: One form of benefit shall be the actuarial equivalent value of another form of benefit determined on the basis of the Applicable Interest Rate and Applicable Mortality Table.

7. Annuity Options:

   - Retirement-eligible terminated participant – Same as payment options for remaining retirement benefit.

   - Deferred vested terminated participant – single life annuity or 50% joint and survivor annuity, if paid as an immediate annuity. Same as payment options for remaining retirement benefit, if paid as a deferred annuity.

SCHEDULE SB ATTACHMENTS

Permanent Supplement

All employees who were participants on December 31, 2002 are eligible to receive the permanent supplement of $11 per month for each year of credited service as of January 1, 2003 with completed months of credited service counting as a fraction of a year, payable as an annual benefit.

Normal Retirement Benefit

1. Normal Retirement Date:

   - For participants who retired prior to January 1, 2003, first of month in which 65th birthday occurs. Benefits of female employees, credited in earlier years on the basis of younger normal retirement ages, are increased to actuarial equivalent amounts in the event of retirement after such ages.

   - For participants who retire after December 31, 2002, first of month coincident with or next following attainment of age 65.

2. Annual Benefit:

   - Old Plan:

     The greater of [(a)+(b)] or (c),

     plus the Permanent Supplement

     a) For service prior to January 1, 1980, in accordance with the Plan as in effect to that date.

     b) For each year of credited service on and after January 1, 1980 and on or before December 31, 2002, 1.7% of Old Plan compensation.

     c) 1.125% of Old Plan final average compensation times years of credited service.

   - New Plan:

     a) 1.80% of New Plan final average compensation times credited service up to 30 years (30 year service cap includes credited service under the Old Plan formula)

        less

     b) 1.50% of the participant's age 65 annual Primary Insurance Amount under the Social Security law in effect on the date of determination (assuming no future earnings), times credited service up to 30 years (30 year service cap includes credited service under the Old Plan formula)

        plus

     c) SRA as of normal retirement date payable as an immediate lump sum or immediate annuity taken in the same optional form as the remaining retirement benefit.

Plan Name:	Hope Gas Pension Plan
EIN / PN:	55-0196830/002
Plan Sponsor:	Hope Gas, Inc.
Valuation Date:	January 1, 2022

All employees who were participants on December 31, 2002 received a five-year extension to the service cap in the New Plan formula.

- Cash Balance Plan:

  The Cash Balance account as of normal retirement date payable as an immediate lump sum or immediate annuity taken in the normal form of payment or optional forms of retirement income.

Late Retirement

If retirement occurs after normal retirement date, the late retirement income will be the normal retirement benefit calculated using credited service, final average compensation, Primary Insurance Amount, and SRA compensation and interest credits, and/or cash balance compensation and interest credits as of the late retirement date, as appropriate.

Accrued Benefits

The participant's accrued benefit at any given date is determined under the normal retirement formula shown above, but is based on current credited service, final average compensation, Primary Insurance Amount, and SRA compensation and interest credits, and/or cash balance compensation and interest credits.

Early Retirement Benefit

1. Eligibility:
   - For participants who terminate before January 1, 2003, age 55 and 15 years of vesting service.
   - For participants who terminate after December 31, 2002, age 55 and 3 years of vesting service.
2. Annual Benefit:
   - Old Plan: The benefit is determined under the normal retirement formula reduced 1/4% for each month within the first 24 months by which the participant's benefit commencement date precedes age 62 plus 5/12% for each month within the next 60 months by which the benefit commencement date precedes age 60. The Permanent Supplement is unreduced for early retirement from active status.
   - New Plan: The benefit is determined under the normal retirement formula with the a) and the b) pieces of the New Plan formula reduced 1/4% for each month within the first 24 months by which the participant's benefit commencement date precedes age 60 plus 1/2% for each month within the next 36 months by which the benefit commencement date precedes age 58. The SRA as of the early retirement date is payable as an immediate lump sum or immediate annuity in the same optional form as the remaining retirement benefit.

SCHEDULE SB ATTACHMENTS

Supplemental Retirement Allowance

All employees who were participants on December 31, 2002 will receive $440 per month payable from date of retirement until age 62.

Disability Benefit

1. Eligibility:

   - For participants who become disabled prior to January 1, 2003, after 15 years of vesting service if certified as totally and permanently disabled by the System Medical Director or Consultant.

   - For participants who qualify for benefits under Dominion Energy, Inc.'s long-term disability plan on or after January 1, 2003 and after completing 5 years of vesting service.

2. Annual Benefit:

   - For participants who become disabled prior to January 1, 2003, benefit accrued to date of disability without reduction.

   - For participants who become disabled after December 31, 2002, the accrued benefit payable at normal retirement date under the Old Plan and New Plan formulas based on final average compensation and Primary Insurance Amount at the date of disability, and credited service accrued to the earlier of recovery from disability and normal retirement date. The SRA is available as an immediate lump sum or an immediate annuity at disability. No further compensation credits are granted after disability. If an immediate lump sum or immediate annuity is not elected, the disabled participant may take a deferred annuity reflecting additional interest credits after disability at the same time and in the same form as the remaining retirement benefit. The Permanent Supplement is also available to disabled participants at normal retirement.

Vested Benefits upon Termination of Service

1. Vesting: For participants who terminate before January 1, 2003, full vesting after five years of vesting service, or at normal retirement date, if earlier.

   For participants who terminate after December 31, 2002, full vesting after three years of vesting service, or at normal retirement date, if earlier.

2. Vested Termination Benefit: The termination benefit is equal to the accrued benefit. The benefit is payable any time after attainment of age 55 with the Old Plan benefit, the a) and the b) pieces of the New Plan benefit, and the Permanent Supplement reduced in accordance with the table of factors below, or without reduction at age 65.

Age	Reduction %	Age	Reduction %
55	55%	60	35%
56	52%	61	30%
57	48%	62	23%
58	44%	63	16%
59	40%	64	9%

plus,

For participants who have an SRA balance, either:

- SRA determined as of termination date payable as an immediate lump sum or an immediate annuity; or
- SRA determined as of retirement date payable as an annuity in the same form as the remaining retirement benefit.
- For participants with Cash Balance formula, the Cash Balance account determined as of the benefit commencement date elected by the participant payable as an immediate lump sum or an immediate annuity.

Death Benefits for Vested Participants in Active Service or Terminated Vested Participants

1. Eligibility: Vested on date of death.

2. Benefit: For participants who were in the plan on December 31, 2002 and who die while actively employed, the surviving spouse will receive an immediate monthly income payable for life equal to 50% of the participant's accrued benefit at the date of death valued under the 50% joint and survivor option and with the Old Plan benefit, the a) and the b) pieces of the New Plan benefit and the Permanent Supplement reduced for early retirement using the active early retirement factors. For benefit commencement before the participant's earliest retirement date, this benefit is further reduced for ages below 55 as follows:

Ages	Yearly Reduction %
35-55	3.000%
30-35	0.500%
<30	0.333%

SCHEDULE SB ATTACHMENTS

For employees who become participants on or after January 1, 2003, the surviving spouse will receive a monthly retirement income payable for life in an amount equal to 50% of the amount the participant would have received if he had survived and elected to commence receiving a retirement income at the earliest date allowed under the plan, payable under the 50% joint and survivor option.

The spouse may elect to defer the survivor benefit until normal retirement date.

The SRA is payable to the surviving spouse of an active vested participant who dies as either:

i. an immediate lump sum;

ii. an immediate annuity payable for the spouse's lifetime; or

iii. an annuity deferred to the date of benefit commencement for the remaining death benefit and payable for the spouse's remaining lifetime.

For unmarried vested participants who die while in active service or after termination, the SRA is payable as an immediate lump sum to the named beneficiary.

For terminated vested participants who die, the surviving spouse will receive a monthly retirement income under the Old Plan formula and the a) and the b) pieces of the New Plan formula payable for life in an amount equal to 50% of the amount the participant would have received if he had survived and elected to commence receiving a retirement income at the earliest date allowed under the plan, payable under the 50% joint and survivor option. The same SRA payment options apply to surviving spouses of deceased vested terminated participants as summarized above for spouses of deceased active participants.

The Cash Balance is payable to the Cash Balance participant's beneficiary commencing on a benefit commencement date elected by the beneficiary following the Cash Balance participant's death as an active or terminated vested participant.

- If the beneficiary is the cash balance participant's spouse, the beneficiary may receive the cash balance participant's retirement benefit in either (i) a single sum calculated as of the beneficiary's benefit commencement date or (ii) a single life annuity for the life of the beneficiary that is the actuarial equivalent of the participant's Cash Balance account as of the beneficiary's benefit commencement date.

- If the beneficiary is not the cash balance participant's spouse, the beneficiary may receive the cash balance participant's accrued benefit only as a single sum one-time payment.

Death Benefits for Non-Vested Participants in Active Service

If the participant is not vested, the beneficiary will receive, in a lump sum, the participant's SRA balance.

SCHEDULE SB ATTACHMENTS

Death Benefits for Retired Participants

Any death benefits payable to a beneficiary will be paid in accordance with the optional form of benefit chosen at retirement.

Normal Form of Payment

For unmarried participants, the normal form of payment is a five-year certain and life annuity for benefits accrued to June 30, 1965 and a single life annuity for benefits accrued after June 30, 1965. For married participants, the normal form is an actuarially equivalent 50% joint and survivor benefit.

Optional Forms of Retirement Income in Lieu of Normal Form

- 50% joint and survivor annuity
- 75% joint and survivor annuity
- 100% joint and survivor annuity
- Social Security leveling option to age 62
- Single life annuity
- Lump Sum (for Cash Balance and SRA only)

Changes in Plan Provisions since Last Actuarial Valuation

None.

Plan Name	**Hope Gas Pension Plan**
Plan Sponsor EIN	**55-0196830**
ERISA Plan #	**002**
Plan Year Ending	**December 31, 2022**

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

The retirement rates, termination rates and salary scale were updated based on an experience study conducted in 2021.

Plan Name:	Hope Gas Pension Plan
EIN / PN:	55-0196830/002
Plan Sponsor:	Hope Gas, Inc.
Valuation Date:	January 1, 2022