

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 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>10/01/2021</u> and ending <u>09/30/2022</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☒ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>THE MILFORD HOSPITAL PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>007</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>06/01/1967</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>007</u>	1c Effective date of plan <u>06/01/1967</u>	
1b Three-digit plan number (PN) ▶	<u>007</u>				
1c Effective date of plan <u>06/01/1967</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BRIDGEPORT HOSPITAL</u> <u>267 GRANT ST</u> <u>BRIDGEPORT, CT 06610-2805</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>06-0646554</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>203-384-3000</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>622000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>06-0646554</u>	2c Plan Sponsor's telephone number <u>203-384-3000</u>	2d Business code (see instructions) <u>622000</u>	
2b Employer Identification Number (EIN) <u>06-0646554</u>					
2c Plan Sponsor's telephone number <u>203-384-3000</u>					
2d Business code (see instructions) <u>622000</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/13/2023	BENJAMIN TUDOR
	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

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	764
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)	135
a(2) Total number of active participants at the end of the plan year		6a(2)	0
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1I			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☐ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 10/01/2021 and ending 09/30/2022

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

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

A Name of plan <u>THE MILFORD HOSPITAL PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>007</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BRIDGEPORT HOSPITAL</u>	D Employer Identification Number (EIN) <u>06-0646554</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2021</u>	
2 Assets:	
a Market value	2a <u>89196946</u>
b Actuarial value	2b <u>89196946</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants <u>371</u> (2) Vested Funding Target <u>41715953</u> (3) Total Funding Target <u>41715953</u>
b For terminated vested participants.....	<u>258</u> <u>13281079</u> <u>13281079</u>
c For active participants	<u>135</u> <u>14105597</u> <u>14105597</u>
d Total.....	<u>764</u> <u>69102629</u> <u>69102629</u>
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 <u>5.56</u> %
6 Target normal cost.....	
a Present value of current plan year accruals.....	6a <u>0</u>
b Expected plan-related expenses	6b <u>270000</u>
c Total (line 6a + line 6b)	6c <u>270000</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>07/13/2023</u>
Signature of actuary		Date
<u>CRAIG MORGAN</u>		<u>23-06864</u>
Type or print name of actuary		Most recent enrollment number
<u>WILLIS TOWERS WATSON US LLC</u>		<u>212-915-8888</u>
Firm name		Telephone number (including area code)
<u>200 LIBERTY STREET, FLOOR 6</u> <u>NEW YORK, NY 10281</u>		
Address of the firm		

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

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

Schedule SB (Form 5500) 2021
v. 201209

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	6200000
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)	0	6200000
10 Interest on line 9 using prior year's actual return of <u>16.80</u> %	0	1041600
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		6178905
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.70</u> %		352198
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		6531103
d Portion of (c) to be added to prefunding balance		6531103
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)	0	13772703

Part III Funding Percentages

14 Funding target attainment percentage	14	109.14 %
15 Adjusted funding target attainment percentage	15	129.07 %
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	102.34 %
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 ☒ 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:
4.75 %2nd segment:
5.36 %3rd segment:
6.11 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

0

22 Weighted average retirement age**22**

64

23 Mortality table(s) (see instructions) ☐ Prescribed - combined☒ Prescribed - separate☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years..... **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29)..... **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6c)..... **31a** 270000**b** Excess assets, if applicable, but not greater than line 31a **31b** 270000**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 0 Installment 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**35** Balances elected for use to offset funding requirement Carryover balance 0 Prefunding balance 0 Total balance 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 Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

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 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 10/01/2021 and ending 09/30/2022

A Name of plan <u>THE MILFORD HOSPITAL PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>007</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BRIDGEPORT HOSPITAL</u>	D Employer Identification Number (EIN) <u>06-0646554</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: MASTER PENSION TRUST

b Name of sponsor of entity listed in (a): YALE-NEW HAVEN HEALTH SYSTEM

c EIN-PN <u>47-2049187-001</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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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)
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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)
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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)
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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)
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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)
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 10/01/2021 and ending 09/30/2022		
A Name of plan THE MILFORD HOSPITAL PENSION PLAN	B Three-digit plan number (PN) ►	007
C Plan sponsor's name as shown on line 2a of Form 5500 BRIDGEPORT HOSPITAL	D Employer Identification Number (EIN) 06-0646554	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3120278	0
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	86076668	0
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	89196946	0

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	89196946	0
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(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)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	2682	
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		2682

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		-18730329
(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)		6707
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		-18720940
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	7111885	
(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)		7111885
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	25920	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	71912	
(4) Other.....	2i(4)	263437	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		361269
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		7473154
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-26194094
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		63002852

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **BAKER TILLY US, LLP**

(2) EIN: **39-0859910**

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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.)	X		
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?	X		
4k	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	
4n		X	
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☒ Yes ☐ No If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
RETIREMENT PLAN FOR EMPLOYEES OF GREENWICH HOSPITAL	06-0646659	002	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.)	☒ Yes ☐ No ☐ Not determined		
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 464094.			

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 2021 This Form is Open to Public Inspection.
---	--	---

For calendar plan year 2021 or fiscal plan year beginning 10/01/2021 and ending 09/30/2022

A Name of plan THE MILFORD HOSPITAL PENSION PLAN	B Three-digit plan number (PN) ► 007
C Plan sponsor's name as shown on line 2a of Form 5500 BRIDGEPORT HOSPITAL	D Employer Identification Number (EIN) 06-0646554

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): 75-3182674		
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	8

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☒ N/A

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

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

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

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

The Milford Hospital Pension Plan

Financial Statements and
Supplementary Information

September 30, 2022 and 2021

The Milford Hospital Pension Plan

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September 30, 2022 and 2021

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Independent Auditors' Report

To the Participants and Plan Administrator of
The Milford Hospital Pension Plan

Opinion

We have audited the financial statements of The Milford Hospital Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of September 30, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of September 30, 2022 and 2021, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Emphasis of Matter

As disclosed in Note 1 to the financial statements, the Plan merged into the Retirement Plan for Employees of Greenwich Hospital, effective September 30, 2022 and all assets were transferred as of September 30, 2022. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of 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.

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

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule, Schedule H, Line 4(j) - Schedule of Reportable Transactions for the year ended September 30, 2022, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Baker Tilly US, LLP

Iselin, New Jersey
July 14, 2023

The Milford Hospital Pension Plan

Statements of Net Assets Available for Benefits
September 30, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Assets		
Investments at fair value:		
Plan's interest in Yale-New Haven Health System		
Master Pension Trust investments	\$ -	\$ 86,076,668
Nonmaster Trust investments:		
Money market funds	-	3,120,278
	<u>-</u>	<u>3,120,278</u>
Total investments	-	89,196,946
	<u>-</u>	<u>89,196,946</u>
Net assets available for benefits	<u>\$ -</u>	<u>\$ 89,196,946</u>

See notes to financial statements

The Milford Hospital Pension Plan

Statements of Changes in Net Assets Available for Benefits
Years Ended September 30, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Additions		
Plan's interest in Yale-New Haven Health System Master Pension Trust investment (loss) income	<u>\$ (18,730,329)</u>	<u>\$ 11,027,401</u>
Nonmaster Trust Investment income:		
Net appreciation in fair value of investments	2,682	3,444
Interest and dividends	<u>6,707</u>	<u>501,282</u>
Total Nonmaster Trust investment income	<u>9,389</u>	<u>504,726</u>
Total investment (loss) income	(18,720,940)	11,532,127
Employer contributions	<u>-</u>	<u>6,500,000</u>
Total additions	<u>(18,720,940)</u>	<u>18,032,127</u>
Deductions		
Benefits paid to participants	7,111,885	5,582,443
Administrative and investment expenses	<u>361,269</u>	<u>604,094</u>
Total deductions	<u>7,473,154</u>	<u>6,186,537</u>
Net (decrease) increase in net assets before transfers	(26,194,094)	11,845,590
Transfers		
Transfer to Retirement Plan for Employees of Greenwich Hospital	<u>(63,002,852)</u>	<u>-</u>
Net (decrease) increase	(89,196,946)	11,845,590
Net Assets Available for Benefits		
Beginning of year	<u>89,196,946</u>	<u>77,351,356</u>
End of year	<u><u>\$ -</u></u>	<u><u>\$ 89,196,946</u></u>

See notes to financial statements

The Milford Hospital Pension Plan

Notes to Financial Statements

September 30, 2022 and 2021

1. Description of the Plan

The following description of The Milford Hospital Pension Plan (the 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 was a noncontributory defined benefit plan that covered all eligible employees of The Milford Hospital, Inc. and provided for retirement, death and disability benefits. The Plan was subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Bridgeport Hospital (the Hospital) assumed sponsorship of the Plan in June 2019.

The Plan's Retirement Committee had overall responsibility for the operation and administration of the Plan. The Plan's Investment Committee determined the appropriateness of the Plan's investment offerings, monitored investment performance and reported to the Plan's Retirement Committee.

Effective December 31, 2005, an amendment was made to the Plan to close it to new participants hired subsequent to January 1, 2006. Effective January 1, 2010, the Plan was frozen for all nonunion participants. Effective January 31, 2012, the Plan was frozen for union nurses and all other hospital personnel and union maintenance personnel became frozen on April 30, 2013.

As of June 30, 2020, terminated vested participants with an account balance less than or equal to \$5,000 received an automatic distribution from the Plan.

On April 27, 2022, the Hospital's Board of Trustees resolved to merge the Plan into the Retirement Plan for Employees of Greenwich Hospital (the Merged Plan). On September 30, 2022, \$63,002,852 was transferred into the Merged Plan from the Plan. The Plan and the Merged Plan shared a common governance, oversight and administration structure including participation in the Yale-New Haven Health System Master Pension Trust. Following the Plan merger, benefit payments will be provided under the Merged Plan. Effective October 1, 2022, the Merged Plan's sponsorship transferred to Yale New Haven Health Services Corporation and the Merged Plan will be known as Yale New Haven Health System Pension Plan (the YNHHS Pension Plan).

Funding Policy

The Hospital had agreed to voluntarily contribute such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to plan participants. The Hospital made contributions of varying amounts but in no case less than the ERISA minimum funding requirements. The Plan met the ERISA minimum funding requirements as of September 30, 2022 and 2021.

Vesting and Pension Benefits

Participants were entitled to pension benefits upon retirement, after five years of vesting service, as defined by the Plan. There was no partial vesting of benefits. The Plan provided for normal retirement upon reaching age 65 and for early retirement at ages 55-64. Upon retirement, the amount of annual benefits under the Plan was equal to 1.5% (1.4% if retired prior to January 1, 2004) of a participant's average compensation of the five highest consecutive years, multiplied by years of credited service not in excess of 40 years. Participants who retired after age 65 received an actuarial increase based on the age of the participant. Benefits were payable in the form of a lump sum, life annuity, a contingent beneficiary annuity or in installments.

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Death and Disability Benefits

In the event that a participant was married and 100% vested when the participant died (whether still employed by the Hospital or not) and the participant's benefits under the Plan had not commenced on the date of the participant's death, the participant's benefits would generally be payable to the participant's surviving spouse as a qualified preretirement survivor annuity (a joint and 50% annuity). In the event that a participant was unmarried and 100% vested when the participant died (whether still employed by the Hospital or not) and the participant's benefits under the Plan had not commenced on the date of the participant's death, the participant's accrued benefit would be payable to the participant's beneficiary as if the participant was married on the date of the participant's death and the participant's beneficiary was the surviving spouse (which is generally paid as a joint and 50% annuity).

If participants became permanently disabled after completing five or more years of vesting service while they were still employed by the Hospital, they could retire and receive their accrued benefit payable on a life annuity basis until they would have attained age 65. Disability benefits were only payable upon the termination of any long-term disability benefits under a plan provided by the Hospital. Upon attainment of normal retirement age, participants would be entitled to a normal retirement benefit based on their years of benefit service, final average compensation and benefit formula that was in effect at the time they became permanently disabled.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan were prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America required 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.

Payment of Benefits

Benefit payments to participants were recorded upon distribution.

Investments Valuation and Income Recognition

The Plan participated in the Yale-New Haven Health System Master Pension Trust (YNHHS MPT or Master Trust). See Note 4 for reference to the Master Trust and Note 5 for a discussion of fair value measurements. The Master Trust allows for any entity that becomes part of the Yale-New Haven Health System, with proper approval, to participate in the trust. Each participating plan has an allocated interest in the Master Trust.

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The Plan's interest in the Master Trust was based on the beginning of the year value of the Plan's interest in the Master Trust plus actual contributions to the Master Trust and allocated investment (loss) income, less allocated administrative expenses and actual benefit payments to participants. Investment (loss) income and administrative expenses relating to the Master Trust were allocated to the Plan based upon average monthly balances invested by the Plan. The underlying investments of the Master Trust were stated at fair value.

Fair value is the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants at the measurement date in the Plan's principal or most advantageous market for the asset or the liability.

Purchases and sales of securities were recorded on a trade-date basis. Interest income was recorded on the accrual basis. Dividends were recorded on the ex-dividend date. Net appreciation included the gains and losses on investments bought and sold as well as held during the year. The investment (loss) income of the Master Trust was reported in the Plan's interest in Yale-New Haven Health System Master Pension Trust investment (loss) income line of the Statements of Changes in net Assets Available for Benefits.

The Plan's Investment Committee determined the Plan's valuation policies utilizing information provided by the trustee.

Administrative Expenses

The Plan's expenses were paid either by the Plan or the plan sponsor, as provided by the plan document. Expenses that were paid directly by the plan sponsor were excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that were paid by the Plan were recorded as deductions in the accompanying Statements of Changes in Net Assets Available for Benefits. In addition, certain investment related expenses were included in the Master Trust investment (loss) income or net appreciation in fair value of investments presented in the accompanying Statements of Changes in Net Assets Available for Benefits.

3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that were attributable under the Plan's provisions to the service employees have rendered. 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 under the Plan are based on employees' compensation and years of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances such as retirement, death, disability and termination of employment are included, to the extent they are attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits was determined by the Plan's independent actuary as and was the 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.

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The actuarial present value of accumulated plan benefits as of October 1, 2021 was as follows:

Vested benefits:	
Participants currently receiving payments	\$ 46,748,510
Other vested participants	<u>35,272,123</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 82,020,633</u>

The changes in the actuarial present value of the accumulated plan benefits for the year ended September 30, 2021 are summarized as follows:

Actuarial present value of accumulated plan benefits, at beginning of year	\$ 62,465,128
Increase (decrease) during the year attributable to:	
Increase for interest due to decrease in discount period	4,027,989
Benefits paid	(5,582,443)
Changes in actuarial assumptions	20,138,758
Actuarial losses	<u>971,201</u>
Total	<u>\$ 82,020,633</u>

Significant assumptions underlying the actuarial computations are as follows:

Discount rate	4.00% for October 1, 2021
Long-term rate of return on assets	16.80% for October 1, 2021
Mortality	Pri-2012 Mortality Tables with MP-2019 Scale applied on a generational basis for October 1, 2021
Retirement age	Age 65 for terminated vested employees and variable rates from age 55 to 75 for active employees for October 1, 2021

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. On September 30, 2022, the Plan was merged into the Retirement Plan for Employees of Greenwich Hospital and all accumulated plan benefits of the Plan as of September 30, 2022 were legally transferred to the Merged Plan.

The decrease in the discount rate from 6.75% in 2020 to 4.00% in 2021 resulted in an increase of \$20,138,758 in actuarial present value of accumulated benefits for the year ended September 30, 2021.

4. Undivided Interest in Yale-New Haven Health System Master Trust

A portion of the Plan's investments were in the Master Trust, which was established for the investment of assets of the Plan and several other sponsored retirement plans. Each participating retirement plan had an undivided interest in the Master Trust. On September 30, 2022, the Milford Hospital Pension Plan's interest in the Master Trust was legally transferred to the Retirement Plan for Employees of Greenwich Hospital (Note 1).

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As of September 30, 2021, the Plan had an undivided interest in the net assets of the Master Trust of 7.27%. Investment income and administrative expenses relating to the Master Trust were allocated to the individual plans based upon the amount of the time the Plan's assets were invested in the Master Trust.

The following table presents the net assets of the Master Trust and the Plan's undivided interest as of September 30, 2021:

	2021	
	Master Trust Balances	Plan's Interest in Master Trust Balances
Investments:		
Money market funds	\$ 14,707,567	\$ 625,348
U.S. equity securities	89,252,409	2,794,004
International equity securities	188,145,683	5,890,659
Fixed income, U.S. government	338,926,103	36,580,188
Fixed income, Corporate debt	175,280,121	18,917,929
Commodities	2,295,579	-
Hedge funds, absolute return	189,796,400	11,151,704
Hedge funds, long/short equity	86,222,305	5,066,090
Hedge funds, long-only equity	83,502,399	5,050,746
Private equity	7,186,009	-
Real estate	7,929,032	-
	<u>\$ 1,183,243,607</u>	<u>\$ 86,076,668</u>
Total net assets		

The following is a summary of changes in the YNHHS MPT's net assets for the years ended September 30, 2022 and 2021:

	2022	2021
Investment (loss) income:		
Net (depreciation) appreciation in fair value of investments	\$ (201,164,933)	\$ 125,505,826
Interest and dividends	18,443,695	7,945,453
	<u>(182,721,238)</u>	<u>133,451,279</u>
Net investment (loss) income of the Master Trust		
Net transfers	(59,153,297)	(22,577,900)
Administrative and investment expenses	(376,488)	(665,117)
	<u>(242,251,023)</u>	<u>110,208,262</u>
(Decrease) increase in net assets		
Net assets, beginning of period	1,183,243,607	1,073,035,345
	<u>1,183,243,607</u>	<u>1,073,035,345</u>
Net assets, end of period		
	<u>\$ 940,992,584</u>	<u>\$ 1,183,243,607</u>
Plan's interest in Master Trust investment		
(loss) income	\$ (18,730,329)	\$ 11,027,401

Refer to Note 5 for a description of the valuation methodologies used.

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5. 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 following was a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at September 30, 2022 and 2021.

Money market funds were valued at the quoted net asset value (NAV) of shares held by the Plan at year-end.

Investments in equity securities with readily determinable fair values and investments in debt securities were measured at fair value (quoted market prices).

Alternative investments consisted of investments in private equity, some equity securities, hedge funds, commodities and real assets. Individual investment holdings within the alternative investments included investments in both nonmarketable and market traded securities. Alternative investments were valued using the NAV per share of each alternative investment as the practical expedient. The NAV of these investments were provided by the investment managers or general partner primarily based on financial data derived from the underlying securities and other financial instruments and other estimates that require varying degrees of judgment.

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The investments may have indirectly exposed the Plan to securities ending, short sales of securities and trading in futures and forwards contracts, options, swap contracts and other derivative products. While these financial instruments may have contained varying degrees of risk, the Plan's risk with respect to such transactions was limited to its capital balance in each investment. The financial statements of the investees were audited annually by independent auditors.

The following table set forth by level, within the fair value hierarchy, the Plan's assets, excluding their interest in the Master Trust, at fair value as of September 30, 2021:

Assets at Fair Value as of September 30, 2021			
	Investments Measured at Net Assets Value (a)	Level 1	Total
Money market funds	\$ -	\$ 3,120,278	\$ 3,120,278
Total assets in the fair value hierarchy	<u>\$ -</u>	<u>\$ 3,120,278</u>	<u>\$ 3,120,278</u>

The following table sets forth by level, within the fair value hierarchy, the Master Trust's assets at fair value as of September 30, 2021:

Assets at Fair Value as of September 30, 2021			
	Investments Measured at Net Asset Value (a)	Level 1	Total
Money market funds	\$ -	\$ 14,707,567	\$ 14,707,567
U.S. equity securities	-	89,252,409	89,252,409
International equity securities	188,143,089	2,594	188,145,683
Fixed income, U.S. government	-	338,926,103	338,926,103
Fixed income, corporate debt	-	175,280,121	175,280,121
Commodities	2,295,579	-	2,295,579
Hedge funds, absolute return	189,796,400	-	189,796,400
Hedge funds, long/short equity	86,222,305	-	86,222,305
Hedge funds, long-only equity	64,180,607	19,321,792	83,502,399
Private equity	7,186,009	-	7,186,009
Real estate	7,929,032	-	7,929,032
Total assets in the fair value hierarchy	<u>\$ 545,753,021</u>	<u>\$ 637,490,586</u>	<u>\$ 1,183,243,607</u>

- (a) Certain investments measured at NAV have not been classified in the fair value hierarchy but are presented in this table to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits (Nonmaster Trust investments) or to Note 4 (Master Trust investments).

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Investments Measured Using NAV per Share Practical Expedient

The following tables summarize investments measured at fair value based on NAV per share as of September 30, 2021.

	September 30, 2021			
	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Master Trust Investments:				
International equities (a)	\$ 188,143,089	\$ -	Daily/Monthly	1-30 days
Commodities (b)	2,295,579	3,458,219	None	None
Hedge funds, absolute return (c)	189,796,400	-	Monthly/Quarterly/Annual	45-90 days
Hedge funds, long/short equity (d)	86,222,305	-	Monthly/Quarterly	30-180 days
Hedge funds, long-only equity (e)	64,180,607	-	Daily	5 days
Private equity (f)	7,186,009	11,497,912	N/A	N/A
Real estate (g)	7,929,032	19,611,470	None	None

(a) Master Trust - International equities

The Master Trust invests in Black Creek International Equity Fund. The fund's objective is to outperform the MSCI All Country World ex USA Index. The Master Trust can redeem daily from the fund with no required redemption notice.

The Master Trust entered into a subscription agreement with Somerset Small Mid Cap FM All Country Fund LLC. The objective of the fund is to achieve long-term capital appreciation by investing in an actively managed portfolio of quoted securities issued by companies established or operating in emerging and frontier market countries, principally in Asia, Eastern Europe, the Middle East, Africa and Latin America. The Master Trust can redeem from the fund with 30 days' notice.

The Master Trust entered into a subscription agreement with Trinity Street Commingled EAFE Equity Fund, L.P. The objective is to achieve long-term capital appreciation by investing primarily in long positions in publicly traded mid-to large-capitalization companies on an international basis. The Master Trust can redeem from the fund monthly with 30 days' notice.

The Master Trust entered into a subscription agreement with Highclere International Investors Smid Fund on March 1, 2019. The objective is to achieve long-term growth by investing in a diversified portfolio of small and mid-capitalization equity securities in companies that are located outside of the U.S. and Canada. The Master Trust can redeem from the fund monthly with ten days' notice.

The Master Trust entered into a subscription agreement with Doddington Emerging Fund LLC on June 1, 2019. The fund's objective is to achieve over the long-term a total return in excess of that of the MSCI Emerging Markets Index through investment in a concentrated portfolio of equity securities of companies primarily located in emerging markets and those markets where the company concerned is overwhelmingly an emerging market related company. The Master Trust can redeem monthly with five days' notice.

The Master Trust entered into a subscription agreement with Silchester International Equity Group in June 2019. The investment objective of the fund is to provide for the collective investment and reinvestment of certain assets principally investing in a diversified portfolio of equity securities of companies ordinarily incorporated in any country other than the United States. The Master Trust can redeem monthly from the fund with ten days' notice.

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The Master Trust entered into a subscription agreement with Skerryvore Global Emerging Markets Equity Fund L.P. on March 9, 2021. The fund's objective is to outperform the MSCI Emerging Markets Index. The Master Trust can redeem monthly from the fund with ten business days' redemption notice.

(b) Master Trusts - Commodities

The Master Trust entered into a subscription agreement in March 2019 with Merit Energy Partners K, L.P. The fund's objective is to acquire, operate and develop mature, producing oil and gas assets. The subscription agreement calls for an investment commitment of \$5,000,000. The fund has a 15-year term with a nine-year investment period. The Master Trust has an unfunded commitment of \$3,153,329 as of September 30, 2022.

The Master Trust entered into a subscription agreement with Solum Partners Fund II-A, LP in December 2021. This fund will invest in a portfolio of agricultural-based assets primarily located in North America, South America, Western Europe, Australia and New Zealand. The partnership has a five year investment period and ten year term, with up to two one-year extensions subject to Advisory Board approval. The agreement also has certain restrictions on the withdrawal of capital. The Master Trust has an unfunded commitment of \$3,945,471 as of September 30, 2022.

(c) Master Trust - Hedge funds, absolute return

The Master Trust entered into a subscription agreement with Rivulet Capital Offshore Fund Ltd. in February 2019. The fund attempts to generate attractive risk adjusted absolute returns by opportunistically investing in actively traded corporate equity and debt of consumer related companies. The Master Trust can redeem quarterly from the fund with 90 days' notice.

The Master Trust entered into a subscription agreement with HG Vora Special Opportunities Fund, Ltd. in February 2019. The fund attempts to generate attractive risk adjusted absolute returns by opportunistically investing in actively traded corporate equity and debt of consumer related companies. The Master Trust can redeem quarterly from the fund with 90 days' notice.

The Master Trust entered into a subscription agreement with Farallon Capital Offshore, L.P. in February 2016. The fund seeks superior risk adjusted returns through market cycles by focusing on capital appreciation, pursuing fundamental, bottom-up investing, employing niche expertise in corporate events, being a provider of liquidity and dynamically allocating across sectors and geographies. The Master Trust can redeem annually from the fund with 45 days' notice.

The Master Trust entered into a subscription agreement with Pentwater Event Fund, Ltd. in February 2016. The fund aims to identify opportunities to generate superior investment returns and to employ strategies with lower correlation to the market in order to limit downside risk and volatility. The Master Trust can redeem monthly from the fund with 90 days' notice.

The Master Trust entered into a subscription agreement with King Street Capital, Ltd. in February 2019. The fund attempts to produce attractive, long-term risk-adjusted returns throughout the market cycle while preserving capital and minimizing volatility. The fund's primary focus is on global long/short credit and event-driven opportunities. The Master Trust can redeem quarterly from the fund with 65 days' notice.

The Master Trust entered into a subscription agreement with Diameter Offshore Fund, L.P. The fund's objective is to earn superior risk and liquidity-adjusted returns by investing long and short primarily in the credit markets. The Master Trust can redeem from the fund on a quarterly basis with 90 days' notice. The fund has a 12.5% investor level gate.

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(d) Master Trust - Hedge funds, long/short equity

The Master Trust entered into a subscription agreement with Aleutian Fund Ltd. managed by Alyeska Investment Group in February 2016. The fund's investment objective is to generate long-term capital appreciation using a multi-manager approach to implement a market-neutral, long-short equity portfolio. The Master Trust can redeem monthly from the fund with 90 days' notice.

The Master Trust entered into a subscription agreement with MW Eureka Fund managed by Marshall Wace Funds plc in February 2016. The fund seeks to maximize risk-adjusted returns by dynamically allocating capital to diverse, global alpha streams by combining fundamental long/short and quantitative driven strategies. The Master Trust can redeem monthly from the fund with 30 days' notice.

The Master Trust entered into a subscription agreement with Pelham Long/Short Fund, Ltd. in March 2016. The fund focuses on identifying European small to mid-cap investment ideas that aims to take advantage of the ongoing restructuring in continental Europe. The Master Trust can redeem quarterly from the fund with 180 days' notice.

The Master Trust entered into a subscription agreement with Freshford Partners, L.P. in March 2016. The fund focuses on identifying European small to mid-cap investment ideas that aims to take advantage of the ongoing restructuring in continental Europe. The Master Trust can redeem quarterly from the fund with 180 days' notice.

(e) Master Trust - Hedge funds, long-only equity

The Master Trust entered into a subscription agreement with First Eagle Global Value Fund, L.P. The fund's objective is to achieve long-term capital appreciation via investing in a range of asset classes from global markets and avoiding a permanent impairment of capital. The Master Trust can redeem from the fund monthly with five days' notice.

(f) Master Trust - Private equity

The Master Trust entered into a subscription agreement with Genstar Capital Partners IX, L.P. in February 2019. The subscription calls for an investment commitment of \$4,000,000 over a period as determined by the investment manager. The partnership focuses on acquiring middle market businesses in its core verticals: financial services, software, industrial technology and healthcare. The partnership has a ten-year term with a six-year investment period. The agreement also has certain restrictions on the withdrawal of capital and limited liquidity options. The Master Trust has an unfunded commitment of \$434,915 as of September 30, 2022.

The Master Trust entered into a subscription agreement with Great Hill Equity Partners VII in February 2019. The company invests in education, finance, healthcare, information technology, consumer internet, digital media, e-commerce, consumer and software industries. The subscription calls for an investment commitment of \$5,000,000 over a period as determined by the investment manager. The agreement also has certain restrictions on the withdrawal of capital and limited liquidity options. The Master Trust has an unfunded commitment of \$839,175 as of September 30, 2022.

The Master Trust entered into a subscription agreement with K5 Capital Partners in July 23, 2020. The subscription calls for an investment commitment of \$5,000,000 over a period as determined by the investment manager. The partnership focuses on acquiring lower middle market enterprise software companies. The partnership has a ten-year term with up to three one-year extensions. The agreement also has certain restrictions on the withdrawal of capital. The Master Trust has an unfunded commitment of \$3,206,232 as of September 30, 2022.

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The Master Trust entered into a subscription agreement with Tribeca Venture Partners III on May 17, 2021. The company invests in venture capital technology companies based in New York City and the surrounding tristate area (New York, New Jersey and Connecticut). The subscription calls for an investment commitment of \$2,500,000 over a period as determined by the investment manager. The partnership has a ten-year term with up to two one-year extensions. The agreement also has certain restrictions on the withdrawal of capital and limited liquidity options. The Master Trust has an unfunded commitment of \$1,692,500 as of September 30, 2022.

The Master Trust entered into a subscription agreement with Upfront VII on April 14, 2021. The company invests in venture capital companies in various industries including enterprise software, consumer and digital media. The partnership has a ten-year term with up to two one-year extensions subject to Advisory Board approval. The subscription calls for an investment commitment of \$2,500,000 over a period as determined by the investment manager. The agreement also has certain restrictions on the withdrawal of capital and limited liquidity options. The Master Trust has an unfunded commitment of \$2,052,410 as of September 30, 2022.

The Master Trust entered into a subscription agreement with Genstar Capital Partners X, L.P. in March 2021. The subscription calls for an investment commitment of \$2,750,000 over a period as determined by the investment manager. The partnership focuses on acquiring middle market businesses in its core verticals: financial services, software, industrial technology and healthcare. The partnership has a ten-year term with two one-year extensions with consent of the Advisory Board. The fund has a six-year investment period. The agreement also has certain restrictions on the withdrawal of capital and limited liquidity options. The Master Trust has an unfunded commitment of \$1,583,324 as of September 30, 2022.

The Master Trust entered into a subscription agreement with Lead Edge Capital VI in February 2022. The subscription calls for an investment commitment of \$5,000,000 over a period as determined by the investment manager. The partnership focuses on acquiring early-stage businesses in its core verticals: financial services, software, industrial technology and healthcare. The partnership has a ten-year term with a five-year investment period. The fund can have two one-year extensions with consent from the Limited Partner Advisory Committee. The agreement also has certain restrictions on the withdrawal of capital and limited liquidity options. The Master Trust has an unfunded commitment of \$4,750,000 as of September 30, 2022.

The Master Trust entered into a subscription agreement with LRVHealth II, LP in February 2022. The subscription calls for an investment commitment of \$5,000,000 over a period as determined by the investment manager. The partnership focuses on acquiring early-stage businesses in its core verticals of software and healthcare. The partnership has a ten-year term with a six-year investment period, with two one-year extensions possible with consent of the Limited Partner Advisory Committee. The agreement also has certain restrictions on the withdrawal of capital and limited liquidity options. The Master Trust has an unfunded commitment of \$4,625,000 as of September 30, 2022.

(g) Master Trust - Real estate

The Master Trust entered into a subscription agreement with Shorenstein Realty Investors XII, L.P. in February 2019. The Master Trust agreed to make a commitment of \$5,000,000. The partnership makes investments in office buildings and mixed-use projects with significant office components in the U.S. and on occasion will take on development projects. The partnership has a 15-year term. There are limited liquidity options. The Master Trust has an unfunded commitment of \$2,610,936 as of September 30, 2022.

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The Master Trust entered into a subscription agreement with WHI Real Estate Partners in October 2019. The subscription agreement calls for an investment commitment of \$5,000,000 over a period as determined by WHI Real Estate Partners. WHI Real Estate Partners specializes in repositioning middle-market real estate assets. The Plan has an unfunded commitment of \$1,742,495 as of September 30, 2022.

The Master Trust entered into a subscription agreement with AG Net Lease Realty in December 2019. The subscription agreement calls for an investment commitment of \$5,000,000 over a period as determined by AG Net Lease Realty. AG Net Lease Realty provides real estate sale-leaseback financing to less-than-investment grade owner-occupiers of corporate real estate. The Master Trust has an unfunded commitment of \$1,725,000 as of September 30, 2022.

The Master Trust entered into a subscription agreement with DRA Growth and Income Fund X in May 2019. The subscription calls for an investment commitment of \$4,900,000 over a period determined by the investment manager. The partnership will invest in a diversified portfolio of office, retail, multi-family, industrial and other real-estate related properties and assets across the United States and its territories. The partnership is organized as a Delaware limited partnership and has a ten-year term subject to two one-year extensions. The agreement also has certain restrictions on the withdrawal of capital. The investment manager has sole discretion to grant withdrawals to limited partners such as the Plan. The Plan has an unfunded commitment of \$2,136,937 as of September 30, 2022.

The Master Trust entered into a subscription agreement with Abacus Multi-Family Partners Fund V in 2020. This fund will invest in a portfolio of multi-family properties across the United States. The partnership has a three-year investment period and seven-year term, with up to two one-year extensions subject to Advisory Board approval. The agreement also has certain restrictions on the withdrawal of capital. The Master Trust has an unfunded commitment of \$896,227 as of September 30, 2022.

The Master Trust entered into a subscription agreement with Stonepeak Infrastructure Fund IV on February 4, 2021. The subscription agreement calls for an investment commitment of \$5,000,000 over a period as determined by the investment manager. The partnership will invest in a diversified portfolio of infrastructure assets (power, renewables, utilities, midstream, communications, water and transportation sectors) located in North America. The partnership is organized as a Delaware limited partnership and has a 12-year term subject to three additional one-year extensions. The agreement also has certain restrictions on the withdrawal of capital. The Master Trust has an unfunded commitment of \$3,140,031 as of September 30, 2022.

The Master Trust entered into a subscription agreement with Panco in October 2021 for a \$6,000,000 initial investment. The fund makes core plus real estate investments within the United States. The Master Trust has an unfunded commitment of \$3,274,192 as of September 30, 2022.

The Master Trust entered into a subscription agreement with Abacus Multi-Family Partners Fund VI in March 2022. The subscription agreement calls for an investment commitment of \$5,000,000 over a period as determined by the investment manager. This fund will invest in a portfolio of multi-family properties across the United States. The partnership has a three year investment period and eight year term, with up to two one-year extensions subject to General Partner and Limited Partner Advisory Committee approval. The agreement also has certain restrictions on the withdrawal of capital. The Master Trust has an unfunded commitment of \$4,797,339 as of September 30, 2022.

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The Master Trust entered into a subscription agreement with HitecVision in July 2022 for a \$4,655,475 initial investment. The Fund makes investments in companies focused on the energy transition and decarbonization effort, with a geographical focus on the Nordics and the North Sea Region. The term of the fund is ten years, with two one-year extensions possible with Limited Partner Advisory Committee approval. The investment period is five years. The Master Trust has an unfunded commitment of \$2,363,769 as of September 30, 2022.

6. Related-Party and Party In Interest Transactions

Prior to the merger, the Plan's investments were administered under a contract with Northern Trust Company. Contributions were held and managed by Northern Trust Company, who invested cash received, interest and dividend income and made distributions to participants. These transactions qualified as party in interest transactions under ERISA.

As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers. Additionally, certain administrative functions of the Plan were performed by officers or employees of the Hospital. No such officer or employee received compensation from the Plan. These transactions qualified as party in interest transactions under ERISA.

7. Tax Status

The Plan had received a determination letter from the Internal Revenue Service (IRS) dated February 22, 2008, stating that the Plan was qualified under Section 401(a) of the Internal Revenue Code (IRC) and, therefore, the related trust was exempt from taxation. Subsequent to this determination by the IRS, the Plan had been amended. The plan administrator believes the Plan was designed and was 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 was subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

The Milford Hospital Pension Plan

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 06-0646741 Plan Number: 001

Year Ended September 30, 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) Net Gain (Loss)
Single Transactions								
* Sales:	NT COLLECTIVE GOVT SHORT TERM INVT FD	\$ -	\$ 379,825	\$ -	\$ -	\$ 379,825	\$ 379,825	\$ -
*	NT COLLECTIVE GOVT SHORT TERM INVT FD	-	346,659	-	-	346,659	346,659	-
*	NT COLLECTIVE GOVT SHORT TERM INVT FD	-	348,004	-	-	348,004	348,004	-
*	NT COLLECTIVE GOVT SHORT TERM INVT FD	-	303,317	-	-	303,317	303,317	-
*	NT COLLECTIVE GOVT SHORT TERM INVT FD	-	557,675	-	-	557,675	557,675	-
*	NTGI COLTV GOVT STIF	-	343,321	-	-	343,321	343,321	-
*	NTGI COLTV GOVT STIF	-	2,360,521	-	-	2,360,521	2,360,521	-
*	NTGI COLTV GOVT STIF	-	1,974,874	-	-	1,974,874	1,974,874	-
*	NTGI COLTV GOVT STIF	-	329,647	-	-	329,647	329,647	-
*	NTGI COLTV GOVT STIF	-	1,464,505	-	-	1,464,505	1,464,505	-
*	NTGI COLTV GOVT STIF	-	2,069,586	-	-	2,069,586	2,069,586	-
*	NTGI COLTV GOVT STIF	-	1,652,246	-	-	1,652,246	1,652,246	-
*	NTGI COLTV GOVT STIF	-	165,976	-	-	165,976	165,976	-
*	NTGI COLTV GOVT STIF	-	1,039,485	-	-	1,039,485	1,039,485	-
*	NTGI COLTV GOVT STIF	-	710,912	-	-	710,912	710,912	-
*	NTGI COLTV GOVT STIF	-	1,075,640	-	-	1,075,640	1,075,640	-
*	NTGI COLTV GOVT STIF	-	637,051	-	-	637,051	637,051	-
*	NTGI COLTV GOVT STIF	-	596,949	-	-	596,949	596,949	-
* Purchases:	NT COLLECTIVE GOVT SHORT TERM INVT FD	1,249,930	-	-	-	1,249,930	1,249,930	-
*	NT COLLECTIVE GOVT SHORT TERM INVT FD	654,947	-	-	-	654,947	654,947	-
*	NT COLLECTIVE GOVT SHORT TERM INVT FD	505,536	-	-	-	505,536	505,536	-
*	NT COLLECTIVE GOVT SHORT TERM INVT FD	650,822	-	-	-	650,822	650,822	-
*	NTGI COLTV GOVT STIF	1,670,633	-	-	-	1,670,633	1,670,633	-
*	NTGI COLTV GOVT STIF	1,633,732	-	-	-	1,633,732	1,633,732	-
*	NTGI COLTV GOVT STIF	1,283,684	-	-	-	1,283,684	1,283,684	-
*	NTGI COLTV GOVT STIF	772,487	-	-	-	772,487	772,487	-
*	NTGI COLTV GOVT STIF	1,999,559	-	-	-	1,999,559	1,999,559	-
*	NTGI COLTV GOVT STIF	1,373,468	-	-	-	1,373,468	1,373,468	-
*	NTGI COLTV GOVT STIF	962,952	-	-	-	962,952	962,952	-
*	NTGI COLTV GOVT STIF	400,000	-	-	-	400,000	400,000	-
*	NTGI COLTV GOVT STIF	1,200,000	-	-	-	1,200,000	1,200,000	-
Series Transactions								
* Sales:	NT COLLECTIVE GOVT SHORT TERM INVT FD 11 Transactions	-	2,314,465	-	-	2,314,465	2,314,465	-
*	NTGI COLTV GOVT STIF 22 Transactions	-	14,342,912	-	-	14,342,912	14,342,912	-
* Purchases:	NT COLLECTIVE GOVT SHORT TERM INVT FD 12 Transactions	3,081,760	-	-	-	3,081,760	3,081,760	-
*	NTGI COLTV GOVT STIF 22 Transactions	11,321,284	-	-	-	11,321,284	11,321,284	-

* A party in interest as defined by ERISA.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The plan was originally effective on January 1, 1963 and was most recently restated as of September 30, 2013. The following plan provisions reflect plan amendments that have been adopted through October 1, 2021.

Covered employees All employees are eligible to participate in the plan once they obtain age 21 and complete one year of service (1,000 or more hours during a 12 month period after hire or a subsequent Plan Year). No new participants after December 31, 2006.

Participation date Date of becoming a covered employee

Definitions

Credited Service Credited Service is based on hours of service earned during a calendar year. A full year of service is earned if 1,800 or more hours are credited. 1/10 of a year rounded to the next higher 1/10 year of credited service is earned for each 180 hours of service provided a minimum of 500 hours of service are credited.

Pensionable Pay W-2 earnings annualized by dividing W-2 earnings for the year by credited service earned for the year.

Final Average Salary Average of Pensionable Pay of five highest consecutive calendar years.

Normal Retirement Date (NRD) The first of the month coincident with or next following the later of age 65 and the fifth anniversary of participation.

Pension Benefit 1.5% of Final Average Salary times years of Credited Service (maximum of 40 years). As of December 31, 2009, plan benefits were frozen for Non-Union employees. As of January 31, 2012, plan benefits were frozen for Nurses' Union Employees. As of April 30, 2013, plan benefits were frozen for Skilled Maintenance Worker's Union employees.

No employee hired after December 31, 2005 will be eligible for participation. For certain prior participants in Plan B merged into this Plan October 1, 1990, the accrued benefit for service through September 30, 1990, under Plan B plus 1.4% of Final Average Salary times years of Credited Service earned after October 1, 1990, may produce a larger accrued minimum benefit.

Plan Name: Milford Hospital Pension Plan
EIN / PN: 06-0646554 / 007
Plan Sponsor: Bridgeport Hospital
Valuation Date: October 1, 2021

SCHEDULE SB ATTACHMENTS

Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing five years of service
Postponed retirement	Retirement after NRD.
Deferred vested termination	Termination for reasons other than death or retirement after completing five years of vesting service.
Preretirement death benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with five years of vesting service.

Benefits Paid Upon the Following Events

Normal retirement	The monthly Pension Benefit determined as of NRD.
Early retirement	Accrued Pension Benefit reduced 5/9% for each of the first 60 months and 5/18% for each additional month early retirement precedes normal retirement.
Postponed retirement	Accrued Pension Benefit as of the late retirement date.
Deferred vested termination	Accrued Pension Benefit based on Credited Service and Pensionable Pay to date of termination. Payable at age 65 or reduced benefit at early retirement.
Preretirement death	If eligible for early retirement: Surviving spouse benefit equals 50% of early retirement benefit that participant would have received had he/she elected early retirement on the joint and 50% survivor annuity basis on the day before death. If not eligible for early retirement: a deferred benefit payable when participant would have attained early retirement eligibility. Benefit is 50% of early retirement benefit payable on joint and 50% survivor basis.

Plan Name:	Milford Hospital Pension Plan
EIN / PN:	06-0646554 / 007
Plan Sponsor:	Bridgeport Hospital
Valuation Date:	October 1, 2021

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Forms of payment	The normal form of payment is a life annuity or actuarial equivalent qualified joint and survivor annuity if married. Options: • Joint and 50%, 66 2/3%, 75% or 100% Survivor Annuity • Life Annuity • Ten year certain and continuous annuity • Lump Sum at age 65 if terminated after Early Retirement
Pension Increases	None.
Plan participants' contributions	Not required.
Limits on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Future Plan Changes

No future plan changes were recognized in determining pension cost. Willis Towers Watson is not aware of any future plan changes which are required to be reflected.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Plan Name:	Milford Hospital Pension Plan
EIN / PN:	06-0646554 / 007
Plan Sponsor:	Bridgeport Hospital
Valuation Date:	October 1, 2021

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of October 1, 2021

Attained Age	Attained Years of Credited Service ¹										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	2	0	0	0	0	0	0	0	0	0	2
40-44	0	0	2	5	0	0	0	0	0	0	7
45-49	1	0	5	4	3	0	0	0	0	0	13
50-54	0	0	5	11	2	2	0	0	0	0	20
55-59	2	1	3	13	2	3	5	1	0	0	30
60-64	0	0	5	6	7	10	6	10	0	0	44
65-69	0	1	3	1	3	4	3	0	1	0	16
70 & over	0	0	1	0	0	1	1	0	0	0	3
Total	5	2	24	40	17	20	15	11	1	0	135

¹ Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Milford Hospital Pension Plan
 EIN / PN: 06-0646554 / 007
 Plan Sponsor: Bridgeport Hospital
 Valuation Date: October 1, 2021

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

- Applicable month October
- Interest rate basis 3-Segment Rates

Interest rates

	Reflecting Corridors	Not Reflecting Corridors
■ First segment rate	4.75%	1.01%
■ Second segment rate	5.36%	2.65%
■ Third segment rate	6.11%	3.34%
■ Effective interest rate	5.56%	2.85%

Annual rates of increase

- Compensation N/A
- Future Social Security wage bases N/A
- Statutory limits on compensation N/A

Plan-related expenses

The amount included this year for plan-related expenses is \$270,000.

Plan Name: Milford Hospital Pension Plan
EIN / PN: 06-0646554 / 007
Plan Sponsor: Bridgeport Hospital
Valuation Date: October 1, 2021

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

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

New or rehired employees It was assumed there will be no new or rehired employees.

Mortality

■ Healthy

For All Participants

The prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using static tables with separate mortality rates for annuitants and non-annuitants.

■ Disabled

None.

Termination The 2003 SOA Pension Plan Turnover – Basic Age Table.

Disability None.

Demographic Assumptions, Continued

Retirement For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Age	Annual Rate of Retiring
55	2.4%
56	0.6%
57	0.5%
58	0.9%
59	1.1%
60	1.3%
61	1.8%
62	5.7%
63	2.8%
64	2.5%
65	100.0%

Plan Name: Milford Hospital Pension Plan
EIN / PN: 06-0646554 / 007
Plan Sponsor: Bridgeport Hospital
Valuation Date: October 1, 2021

SCHEDULE SB ATTACHMENTS

Benefit commencement date

- Preretirement death benefit The later of the death of the active participant or the date the participant would have attained age 55.
- Deferred vested benefit The later of age 65 or termination of employment.
- Retirement benefit The date of retirement after attaining retirement eligibility.

Form of payment

Actives: 25% assumed to elect lump sum, 75% assumed to elect annuity. Terminated vested: 100% assumed to elect annuity. Lump sums valued using the substitution of annuity form under IRS Proposed Regulation 1.430(d)-1(f)(4).

Percent married

100% of males and 100% of females are assumed to be married.

Spouse age

Wife is the same age as husband.

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.

Plan compensation

Not applicable, since the plan is frozen.

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.

Actuarial value of assets for determining minimum required contributions

Equal to the fair market value of assets on the valuation date, adjusted for contributions for the prior plan year that are received after the valuation date.

Plan Name: Milford Hospital Pension Plan
EIN / PN: 06-0646554 / 007
Plan Sponsor: Bridgeport Hospital
Valuation Date: October 1, 2021

SCHEDULE SB ATTACHMENTS

Benefits not valued

All benefits described in the Plan Provisions section of this report were valued. Willis Towers Watson has reviewed the plan provisions with the plan sponsor, 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 furnished participant data as of 10/1/2021. Information on assets, contributions benefit payments, administrative expenses, and plan provisions was also supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed.

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

Assumptions Rationale – Significant Economic Assumptions

Interest rate

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.

Assumptions Rationale – Significant Demographic Assumptions

Healthy Mortality

Assumptions used for funding purposes are as prescribed by IRC §430(h).

Termination

This assumption was selected by the plan sponsor and represents a best estimate of future experience.

Retirement

This assumption was selected by the plan sponsor and represents a best estimate of future experience.

Form of payment

This assumption was selected by the plan sponsor and represents a best estimate of future experience.

Source of 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.

Plan Name:	Milford Hospital Pension Plan
EIN / PN:	06-0646554 / 007
Plan Sponsor:	Bridgeport Hospital
Valuation Date:	October 1, 2021

SCHEDULE SB ATTACHMENTS

Other Significant Assumptions

None.

Changes in Assumptions and Methods

Changes in assumptions and methods since prior valuation

The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of October 2020 to October 2021, adjusted as required for interest rate relief.

The mortality table used to calculate the funding target and target normal cost was updated to use the MP-2019 projection scale as specified in the regulations under §1.430(h)(3)-1.

Plan Name: Milford Hospital Pension Plan
EIN / PN: 06-0646554 / 007
Plan Sponsor: Bridgeport Hospital
Valuation Date: October 1, 2021

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Bridgeport Hospital
EIN/PN	06-0646554 / 007
Plan Name	Milford Hospital Pension Plan
Valuation Date	October 1, 2021
Enrolled Actuary	Craig Morgan
Enrollment Number	23-06864

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 October 1, 2021

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

(1)	(2)	(3)	(4)	(5)
Age	Absolute Retirement Rate	Cumulative Probability of Not Having Retired	Probability of Employee Age 55 Retiring at Age (X)	(1) X (4)
55	2.4%	97.60%	2.40%	1.32
56	0.6%	97.01%	0.59%	0.33
57	0.5%	96.53%	0.49%	0.28
58	0.9%	95.66%	0.87%	0.50
59	1.1%	94.61%	1.05%	0.62
60	1.3%	93.38%	1.23%	0.74
61	1.8%	91.70%	1.68%	1.03
62	5.7%	86.47%	5.23%	3.24
63	2.8%	84.05%	2.42%	1.53
64	2.5%	81.95%	2.10%	1.34
65	100.0%	0.00%	81.95%	53.27
Average age at retirement				64.19
Rounded for Schedule SB Item 22				64

Plan Name: Milford Hospital Pension Plan
EIN / PN: 06-0646554 / 007
Plan Sponsor: Bridgeport Hospital
Valuation Date: October 1, 2021

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 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2021 or fiscal plan year beginning 10/01/2021 and ending 09/30/2022			
A	This return/report is for:	☐ a multiemployer plan	☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instr.)
B	This return/report is:	☒ a single-employer plan	☐ a DFE (specify) _____
		☐ the first return/report	☒ the final return/report
		☐ an amended return/report	☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here	☒	
D	Check box if filing under:	☒ Form 5558	☐ automatic extension
		☐ special extension (enter description)	☐ the DFVC program
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	☐	

Part II Basic Plan Information - enter all requested information			
1a	Name of plan THE MILFORD HOSPITAL PENSION PLAN	1b	Three-digit plan number (PN) ► 007
		1c	Effective date of plan 06/01/1967
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) BRIDGEPORT HOSPITAL 267 GRANT ST BRIDGEPORT CT 06610-2805	2b	Employer Identification Number (EIN) 06-0646554
		2c	Plan Sponsor's telephone number 203-384-3000
		2d	Business code (see instructions) 622000

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		7/13/2023	BENJAMIN TUDOR
	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

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
--	--

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
--	-----------------------------------

5 Total number of participants at the beginning of the plan year	5	764
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)	135
a (2) Total number of active participants at the end of the plan year	6a(2)	0
b Retired or separated participants receiving benefits	6b	0
c Other retired or separated participants entitled to future benefits	6c	0
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	0
f Total. Add lines 6d and 6e	6f	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1A 1I

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

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

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
(2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

The Milford Hospital Pension Plan

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 06-0646741 Plan Number: 001

Year Ended September 30, 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) Net Gain (Loss)
Single Transactions								
* Sales:	NT COLLECTIVE GOVT SHORT TERM INVT FD	\$ -	\$ 379,825	\$ -	\$ -	\$ 379,825	\$ 379,825	\$ -
*	NT COLLECTIVE GOVT SHORT TERM INVT FD	-	346,659	-	-	346,659	346,659	-
*	NT COLLECTIVE GOVT SHORT TERM INVT FD	-	348,004	-	-	348,004	348,004	-
*	NT COLLECTIVE GOVT SHORT TERM INVT FD	-	303,317	-	-	303,317	303,317	-
*	NT COLLECTIVE GOVT SHORT TERM INVT FD	-	557,675	-	-	557,675	557,675	-
*	NTGI COLTV GOVT STIF	-	343,321	-	-	343,321	343,321	-
*	NTGI COLTV GOVT STIF	-	2,360,521	-	-	2,360,521	2,360,521	-
*	NTGI COLTV GOVT STIF	-	1,974,874	-	-	1,974,874	1,974,874	-
*	NTGI COLTV GOVT STIF	-	329,647	-	-	329,647	329,647	-
*	NTGI COLTV GOVT STIF	-	1,464,505	-	-	1,464,505	1,464,505	-
*	NTGI COLTV GOVT STIF	-	2,069,586	-	-	2,069,586	2,069,586	-
*	NTGI COLTV GOVT STIF	-	1,652,246	-	-	1,652,246	1,652,246	-
*	NTGI COLTV GOVT STIF	-	165,976	-	-	165,976	165,976	-
*	NTGI COLTV GOVT STIF	-	1,039,485	-	-	1,039,485	1,039,485	-
*	NTGI COLTV GOVT STIF	-	710,912	-	-	710,912	710,912	-
*	NTGI COLTV GOVT STIF	-	1,075,640	-	-	1,075,640	1,075,640	-
*	NTGI COLTV GOVT STIF	-	637,051	-	-	637,051	637,051	-
*	NTGI COLTV GOVT STIF	-	596,949	-	-	596,949	596,949	-
* Purchases:	NT COLLECTIVE GOVT SHORT TERM INVT FD	1,249,930	-	-	-	1,249,930	1,249,930	-
*	NT COLLECTIVE GOVT SHORT TERM INVT FD	654,947	-	-	-	654,947	654,947	-
*	NT COLLECTIVE GOVT SHORT TERM INVT FD	505,536	-	-	-	505,536	505,536	-
*	NT COLLECTIVE GOVT SHORT TERM INVT FD	650,822	-	-	-	650,822	650,822	-
*	NTGI COLTV GOVT STIF	1,670,633	-	-	-	1,670,633	1,670,633	-
*	NTGI COLTV GOVT STIF	1,633,732	-	-	-	1,633,732	1,633,732	-
*	NTGI COLTV GOVT STIF	1,283,684	-	-	-	1,283,684	1,283,684	-
*	NTGI COLTV GOVT STIF	772,487	-	-	-	772,487	772,487	-
*	NTGI COLTV GOVT STIF	1,999,559	-	-	-	1,999,559	1,999,559	-
*	NTGI COLTV GOVT STIF	1,373,468	-	-	-	1,373,468	1,373,468	-
*	NTGI COLTV GOVT STIF	962,952	-	-	-	962,952	962,952	-
*	NTGI COLTV GOVT STIF	400,000	-	-	-	400,000	400,000	-
*	NTGI COLTV GOVT STIF	1,200,000	-	-	-	1,200,000	1,200,000	-
Series Transactions								
* Sales:	NT COLLECTIVE GOVT SHORT TERM INVT FD 11 Transactions	-	2,314,465	-	-	2,314,465	2,314,465	-
*	NTGI COLTV GOVT STIF 22 Transactions	-	14,342,912	-	-	14,342,912	14,342,912	-
* Purchases:	NT COLLECTIVE GOVT SHORT TERM INVT FD 12 Transactions	3,081,760	-	-	-	3,081,760	3,081,760	-
*	NTGI COLTV GOVT STIF 22 Transactions	11,321,284	-	-	-	11,321,284	11,321,284	-

* A party in interest as defined by ERISA.

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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 10/01/2021 and ending 09/30/2022

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

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

A Name of plan THE MILFORD HOSPITAL PENSION PLAN	B Three-digit plan number (PN) ►	007
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BRIDGEPORT HOSPITAL	D Employer Identification Number (EIN) 06-0646554	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information

1 Enter the valuation date: Month 10 Day 01 Year 2021

2 Assets:			
a Market value	2a	89,196,946	
b Actuarial value	2b	89,196,946	
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	371	41,715,953	41,715,953
b For terminated vested participants	258	13,281,079	13,281,079
c For active participants	135	14,105,597	14,105,597
d Total	764	69,102,629	69,102,629
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	5.56 %	
6 Target normal cost			
a Present value of current plan year accruals	6a	0	
b Expected plan-related expenses	6b	270,000	
c Total (line 6a + line 6b)	6c	270,000	

Statement by Enrolled Actuary

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

SIGN HERE Signature of actuary CRAIG MORGAN Type or print name of actuary WILLIS TOWERS WATSON US LLC Firm name 200 LIBERTY STREET, FLOOR 6 NEW YORK NY 10281 Address of the firm	7/13/2023 Date 23-06864 Most recent enrollment number 212-915-8888 Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2021 v. 210624

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	6,200,000
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)	0	6,200,000
10 Interest on line 9 using prior year's actual return of 16.80 %	0	1,041,600
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		6,178,905
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 5.70 %		352,198
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		6,531,103
d Portion of (c) to be added to prefunding balance		6,531,103
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)	0	13,772,703

Part III Funding Percentages

14 Funding target attainment percentage	14	109.14 %
15 Adjusted funding target attainment percentage	15	129.07 %
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	102.34 %
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

(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) style="text-align: right;">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 ☒ 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: 4.75 %	2nd segment: 5.36 %	3rd segment: 6.11 %	☐ N/A, full yield curve used
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b Applicable month (enter code) **21b** 0

22 Weighted average retirement age **22** 64

23 Mortality table(s) (see instructions) ☐ Prescribed -- combined ☒ Prescribed -- separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	31a	270,000
b Excess assets, if applicable, but not greater than line 31a	31b	270,000

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 Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made 2008 2009 2010 2011