

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2022</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>	
A	This return/report is for: <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
	<input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____
B	This return/report is: <input type="checkbox"/> the first return/report <input checked="" type="checkbox"/> the final return/report
	<input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ <input type="checkbox"/>
D	Check box if filing under: <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program
	<input type="checkbox"/> special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ <input type="checkbox"/>

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF BRIDGEPORT HOSPITAL</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
	1c Effective date of plan <u>01/01/1965</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>	2b Employer Identification Number (EIN) <u>06-0646554</u>
<u>267 GRANT STREET</u> <u>BRIDGEPORT, CT 06610-2805</u>	2c Plan Sponsor's telephone number <u>203-384-3000</u>
<u>267 GRANT STREET</u> <u>BRIDGEPORT, CT 06610-2805</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.	10/10/2023	EUGENE COLUCCI
	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 (2022)
v. 220413

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 2633
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 432 6a(2) 0 6b 0 6c 0 6d 0 6e 0 6f 0 6g 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 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) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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

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

A Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF BRIDGEPORT HOSPITAL</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BRIDGEPORT HOSPITAL</u>	D Employer Identification Number (EIN) <u>06-0646554</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>			
2 Assets:			
a Market value.....	2a	<u>222341308</u>	
b Actuarial value.....	2b	<u>216771594</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	<u>1332</u>	<u>105974208</u>	<u>105974208</u>
b For terminated vested participants.....	<u>869</u>	<u>46063746</u>	<u>46063746</u>
c For active participants.....	<u>432</u>	<u>24387786</u>	<u>24387786</u>
d Total.....	<u>2633</u>	<u>176425740</u>	<u>176425740</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5	<u>5.36 %</u>	
6 Target normal cost.....			
a Present value of current plan year accruals.....	6a	<u>0</u>	
b Expected plan-related expenses.....	6b	<u>1120000</u>	
c Total (line 6a + line 6b).....	6c	<u>1120000</u>	

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

SIGN HERE		
	Signature of actuary	<u>10/09/2023</u> Date
	<u>CRAIG MORGAN</u> Type or print name of actuary	<u>23-06864</u> Most recent enrollment number
	<u>WILLIS TOWERS WATSON US LLC</u> Firm name	<u>212-309-3761</u> Telephone number (including area code)
	<u>200 LIBERTY STREET FLOOR 7 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

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	18483653
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	18483653
10	Interest on line 9 using prior year's actual return of <u>6.51</u> %	0	1203286
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year).....		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.53</u> %.....		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance.....		0
	d Portion of (c) to be added to prefunding balance.....		0
12	Other reductions in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	19686939

Part III Funding Percentages			
14	Funding target attainment percentage	14	111.70 %
15	Adjusted funding target attainment percentage	15	122.86 %
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	105.90 %
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: 5.18 %	3rd segment: 5.92 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code)..... **21b** 4

22 Weighted average retirement age **22** 66

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c).....	31a	1120000
b Excess assets, if applicable, but not greater than line 31a	31b	1120000

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment.....	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount..... **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0

36 Additional cash requirement (line 34 minus line 35)..... **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

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

a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0

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

40 Unpaid minimum required contributions for all years..... **40** 0

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

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

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

A Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF BRIDGEPORT HOSPITAL</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan 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 Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

METLIFE INVEST. MGMT HOLDINGS, LLC

82-2405817

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	187302	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
25	NONE	46685	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MERCER (US), INC.

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	26359	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

CHANNING CAPITAL MANAGEMENT LLC

20-0626809

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	7552	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <hr/> 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF BRIDGEPORT HOSPITAL</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>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:	<u>MASTER PENSION TRUST</u>		
b Name of sponsor of entity listed in (a):	<u>YALE NEW HAVEN HEALTH SYSTEM</u>		
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>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>NT COLLECTIVE GOV'T SHT TERM INV FD</u>		
b Name of sponsor of entity listed in (a):	<u>NORTHERN TRUST INVESTMENTS, INC.</u>		
c EIN-PN <u>45-6138589-068</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II	Information on Participating Plans (to be completed by DFEs) (Complete as many entries as needed to report all participating plans)
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a	Plan name
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b	Name of plan sponsor	c	EIN-PN
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a	Plan name
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b	Name of plan sponsor	c	EIN-PN
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a	Plan name
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b	Name of plan sponsor	c	EIN-PN
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a	Plan name
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b	Name of plan sponsor	c	EIN-PN
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a	Plan name
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b	Name of plan sponsor	c	EIN-PN
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a	Plan name
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b	Name of plan sponsor	c	EIN-PN
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a	Plan name
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b	Name of plan sponsor	c	EIN-PN
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a	Plan name
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b	Name of plan sponsor	c	EIN-PN
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a	Plan name
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b	Name of plan sponsor	c	EIN-PN
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a	Plan name
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b	Name of plan sponsor	c	EIN-PN
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a	Plan name
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b	Name of plan sponsor	c	EIN-PN
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a	Plan name
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b	Name of plan sponsor	c	EIN-PN
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**SCHEDULE H
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2022

**This Form is Open to Public
Inspection**

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

<p>A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF BRIDGEPORT HOSPITAL</p>	<p>B Three-digit plan number (PN) ► 001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BRIDGEPORT HOSPITAL</p>	<p>D Employer Identification Number (EIN) 06-0646554</p>

Part I Asset and Liability Statement

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions.....	1b(1)	
(2) Participant contributions.....	1b(2)	
(3) Other.....	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	
(2) U.S. Government securities.....	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred.....	1c(3)(A)	
(B) All other.....	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred.....	1c(4)(A)	
(B) Common.....	1c(4)(B)	
(5) Partnership/joint venture interests.....	1c(5)	
(6) Real estate (other than employer real property).....	1c(6)	
(7) Loans (other than to participants).....	1c(7)	
(8) Participant loans.....	1c(8)	
(9) Value of interest in common/collective trusts.....	1c(9)	0
(10) Value of interest in pooled separate accounts.....	1c(10)	
(11) Value of interest in master trust investment accounts.....	1c(11)	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	223829593	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	223829593	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)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		32730
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		-42091419
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-42058689
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	11175462	
(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)		11175462
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)	73044	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees	2i(3)	194855	
(4) Other	2i(4)	721889	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		989788
j Total expenses. Add all expense amounts in column (b) and enter total	2j		12165250
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-54223939
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan.....	2l(2)		169605654

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?.....	4e	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?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	4i		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k	X		
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
YALE NEW HAVEN HEALTH SYSTEM PENSION PLAN	22-2529464	001

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 476943.

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

A Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF BRIDGEPORT HOSPITAL</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan 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	Distributions
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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
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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): 06-1213065

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	1
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Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Stock: 0.0 % Investment-Grade Debt: 63.0 % High-Yield Debt: 0.0 % Real Estate: 0.0 % Other: 37.0 %

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 _____

Retirement Plan for Employees of Bridgeport Hospital

Financial Statements and
Supplementary Information

December 31, 2022 and 2021

Retirement Plan for Employees of Bridgeport Hospital

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December 31, 2022 and 2021

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Independent Auditors' Report

To the Participants and Plan Administrator of
Retirement Plan for Employees of Bridgeport Hospital

Opinion

We have audited the financial statements of Retirement Plan for Employees of Bridgeport Hospital (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 December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 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 Yale New Haven Health System Pension Plan, effective December 31, 2022 and all assets were transferred as of December 31, 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 December 31, 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
October 4, 2023

Retirement Plan for Employees of Bridgeport Hospital

Statements of Net Assets Available for Benefits

December 31, 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	\$ -	\$ 220,026,959
Non-Master Trust investments:		
Money market fund	-	<u>3,802,634</u>
 Total investments	 -	 <u>223,829,593</u>
 Net assets available for benefits	 <u>\$ -</u>	 <u>\$ 223,829,593</u>

See notes to financial statements

Retirement Plan for Employees of Bridgeport Hospital

Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 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	\$ (42,091,419)	\$ 14,795,929
Non-Master Trust investment income: Interest and dividends	<u>32,730</u>	<u>-</u>
Total investment (loss) income	(42,058,689)	14,795,929
Employer contributions	<u>-</u>	<u>19,000,000</u>
Total additions	<u>(42,058,689)</u>	<u>33,795,929</u>
Deductions		
Benefits paid to participants	11,175,462	10,691,169
Administrative and investment expenses	<u>989,788</u>	<u>951,623</u>
Total deductions	<u>12,165,250</u>	<u>11,642,792</u>
Net (decrease) increase in net assets before transfers	(54,223,939)	22,153,137
Transfers		
Transfer to Yale New Haven Health System Pension Plan	<u>(169,605,654)</u>	<u>-</u>
Net (decrease) increase	(223,829,593)	22,153,137
Net Assets Available for Benefits		
Beginning of year	<u>223,829,593</u>	<u>201,676,456</u>
End of year	<u>\$ -</u>	<u>\$ 223,829,593</u>

See notes to financial statements

Retirement Plan for Employees of Bridgeport Hospital

Notes to Financial Statements

December 31, 2022 and 2021

1. Description of the Plan

The following description of the Retirement Plan for Employees of Bridgeport Hospital (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 defined benefit plan in which all employees of Bridgeport Hospital, Bridgeport Hospital Foundation, Inc., Ahlbin Centers for Rehabilitation Medicine, Huntington Medical Practice, P.C. Inc. and certain Northeast Medical Group, Inc. (NEMG) (formerly Mill Hill Medical Consultants), (collectively, the Hospital) were eligible to participate. The Plan was subject to the provisions of the Employee Retirement Income Securities Act of 1974 (ERISA).

During May 2006, the Board of Directors of the Hospital approved a resolution to freeze benefits of the Plan effective June 30, 2006. The Plan was amended so that accrued benefits for active participants were "frozen" as of that date and no further benefits would be earned.

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

The Plan was intended to qualify as a defined benefit pension plan and trust meeting the requirements of Section 401(a) and related provisions of the Internal Revenue Code (IRC).

On April 28, 2022, the Hospital's Board of Trustees resolved to merge the Plan into the Yale New Haven Health System Pension Plan (the Merged Plan). On December 31, 2022, \$169,605,654 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.

Funding Policy

The Plan's funding policy was for the Hospital to contribute an amount which met or exceeded the annual ERISA minimum funding requirement. No participant contributions were permitted. The minimum funding requirements of ERISA were met for 2022 and 2021.

Pension Benefits

Prior to June 30, 2006, all employees became participants on the first day of the month next following the attainment of age 21 and the completion of one year of service.

Participants became fully vested after five years of service. In accordance with the amendment to freeze the Plan as noted above, for vesting purposes all participants were credited with a full year of service for the 2006 year.

Benefits were normally paid in the form of monthly straight life annuities at the normal retirement age of 65. If a participant's vested benefit is \$5,000 or less when leaving the Hospital, upon consent, the participant received a lump-sum distribution equal to the vested benefit. The Plan also provided for early retirement benefits for an employee who had five years of vested service and had reached the age of 60.

Retirement Plan for Employees of Bridgeport Hospital

Notes to Financial Statements

December 31, 2022 and 2021

Benefits were based on the participant's benefit years of service, highest five year average compensation, and social security covered compensation as of the time the benefit was calculated. However, the compensation and service after June 30, 2006 will not be taken into account, except if the participant was an active member in the Plan on June 30, 2006 and received credit for a full year of service for the 2006 plan year.

Death and Disability Benefits

Disability benefits were available for an employee who had ten years of vested service and had reached the age of 50. Early retirement and disability benefits were paid at a reduced amount. The Plan also allowed for late retirement, with the consent of the Hospital, but benefits were based on no more than 30 years of service. If a married, vested participant who had satisfied the requirements for early retirement died, the surviving spouse received 50% of the monthly benefit determined on a joint and survivor basis.

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.

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.

Retirement Plan for Employees of Bridgeport Hospital

Notes to Financial Statements

December 31, 2022 and 2021

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. 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 out of the trust assets as provided by the plan document. Expenses that were paid directly by the Hospital 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 presented in the accompanying Statements of Changes in Net Assets Available for Benefits.

Reclassifications

Certain reclassifications have been made to year ended December 31, 2021, balances previously reported in the financial statements in order to conform to the year ended December 31, 2022 presentation.

Subsequent Events

The Plan has evaluated subsequent events for recognition or disclosure through October 4, 2023, the date the financial statements were available to be issued.

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 through June 30, 2006. 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 were based on an employee's average compensation, as defined in the plan document.

The actuarial present value of accumulated plan benefits was determined by the Plan's independent actuary as of January 1, 2022 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.

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

Vested benefits:	
Participants and beneficiaries currently receiving payments	\$ 116,483,495
Other participants	<u>86,560,740</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 203,044,235</u>

Retirement Plan for Employees of Bridgeport Hospital

Notes to Financial Statements
December 31, 2022 and 2021

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

Actuarial present value of accumulated plan benefits, at beginning of year	\$ 163,531,710
Changes during the year attributable to:	
Actuarial losses	101,349
Assumption changes	40,210,649
Increase for interest due to decrease in discount period	9,891,696
Benefits paid	<u>(10,691,169)</u>
Actuarial present value of accumulated plan benefits, at end of year	<u>\$ 203,044,235</u>

Significant assumptions underlying the actuarial computations are as follows:

Discount rate	4.00% for January 1, 2022
Mortality	Pri-2012 Mortality Tables with MP-2019 scale applied on a generational basis for January 1, 2022
Retirement age	The latter of age 65 or attained age

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. On December 31, 2022, the Plan was merged into the Yale New Haven Health System Pension Plan and all accumulated plan benefits of the Plan as of December 31, 2022 were legally transferred to the Merged Plan.

The decrease in the discount rate from 6.25% in 2020 to 4.00% in 2021 resulted in an increase of \$40,210,649 in the actuarial present value of accumulated benefits for the year ended December 31, 2021.

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

A majority 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 December 31, 2022, the Retirement Plan for Employees of Bridgeport Hospital's interest in the Master Trust was legally transferred to the Yale New Haven Health System Pension Plan (Note 1).

As of December 31, 2021, the Plan had an undivided interest in the net assets of the Master Trust of approximately 17.8%. Investment income and administrative expenses relating to the Master Trust was allocated to the individual plans based upon the average monthly balances invested by each plan.

Retirement Plan for Employees of Bridgeport Hospital

Notes to Financial Statements
December 31, 2022 and 2021

The following table presents the net assets of the Master Trust and the Plan's undivided interest as of December 31, 2021:

	Master Trust Balances	Plan's Interest in Master Trust Balances
Investments:		
Money market funds	\$ 3,894,076	\$ 573,583
U.S. equity securities	151,675,411	17,465,896
International equity securities	181,305,953	20,877,946
Fixed income, U.S. government	215,151,997	50,496,005
Fixed income, corporate debt	316,078,043	89,988,184
Commodities	2,568,375	-
Hedge funds, absolute return	184,586,760	21,578,248
Hedge funds, long/short equity	79,112,919	9,248,324
Hedge funds, long-only equity	77,008,082	9,798,773
Private equity	10,124,616	-
Real estate	14,232,512	-
	<u>\$ 1,235,738,744</u>	<u>\$ 220,026,959</u>
Total net assets		

The following is a summary of changes in the Master Trust's net assets for the years ended December 31, 2022 and 2021:

	2022	2021
Investment (loss) income:		
Net (depreciation) appreciation in fair value of investments	\$ (202,384,551)	\$ 76,121,514
Interest and dividends	20,082,969	11,620,606
	<u>(182,301,582)</u>	<u>87,742,120</u>
Net investment (loss) income of the Master Trust		
Net transfers	(8,059,568)	(20,745,385)
Benefits paid to participants	(7,512,209)	-
Administrative and investment expenses	(393,951)	(628,117)
	<u>(198,267,310)</u>	<u>66,368,618</u>
(Decrease) increase in net assets		
Net assets, beginning of period	<u>1,235,738,744</u>	<u>1,169,370,126</u>
Net assets, end of period	<u>\$ 1,037,471,434</u>	<u>\$ 1,235,738,744</u>
Plan's interest in Master Trust investment (loss) income	<u>\$ (42,091,419)</u>	<u>\$ 14,795,929</u>

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

Retirement Plan for Employees of Bridgeport Hospital

Notes to Financial Statements

December 31, 2022 and 2021

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 is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2022 and 2021.

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, international equity securities, hedge funds, commodities and real estate. Individual investment holdings within the alternative investments included investments in both nonmarketable and market traded securities. Alternative investments were valued using the net asset values per share of each alternative investment as the practical expedient. Net asset values 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 required varying degrees of judgment.

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.

Retirement Plan for Employees of Bridgeport Hospital

Notes to Financial Statements

December 31, 2022 and 2021

The following table sets forth by level, within the fair value hierarchy, the Plan's assets, excluding their interest in the Master Trust, at fair value as of December 31, 2021:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market fund	\$ 3,802,634	\$ -	\$ -	\$ 3,802,634
Total assets in the fair value hierarchy	<u>\$ 3,802,634</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 3,802,634</u>

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

	<u>Investments Measured at Net Asset Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Total</u>
Money market funds	\$ -	\$ 3,894,076	\$ -	\$ 3,894,076
U.S. equity securities	-	151,675,411	-	151,675,411
International equity securities	172,493,117	8,812,836	-	181,305,953
Fixed Income, U.S. government	-	215,151,997	-	215,151,997
Fixed income, corporate debt	-	316,078,043	-	316,078,043
Commodities	2,568,375	-	-	2,568,375
Hedge funds, absolute return	184,586,760	-	-	184,586,760
Hedge funds, long/short equity	79,112,919	-	-	79,112,919
Hedge funds, long-only equity	58,170,842	18,837,240	-	77,008,082
Private equity	10,124,616	-	-	10,124,616
Real estate	14,232,512	-	-	14,232,512
Total assets in the fair value hierarchy	<u>\$ 521,289,141</u>	<u>\$ 714,449,603</u>	<u>\$ -</u>	<u>\$ 1,235,738,744</u>

In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits or to Note 4 for the Master Trust balances.

Retirement Plan for Employees of Bridgeport Hospital

Notes to Financial Statements
December 31, 2022 and 2021

Investments Measured Using NAV per Share Practical Expedient

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2021.

	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Master Trust Investments				
International equity securities (a)	\$ 172,493,117	\$ -	Daily/Monthly	1-30 days
Commodities (b)	2,568,375	3,153,329	None	None
Hedge funds, absolute return (c)	184,586,760	-	Monthly/Quarterly/ Annual	45-90 days
Hedge funds, long/short equity (d)	79,112,919	-	Monthly/Quarterly	30-180 days
Hedge funds, long-only equity (e)	58,170,842	-	Monthly	5 days
Private equity (f)	10,124,616	12,261,740	N/A	N/A
Real estate (g)	14,232,512	24,910,577	N/A	N/A

(a) Master Trust - International equities

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 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 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.

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 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 Skerryvore Global Emerging Markets Equity Fund L.P. on March 9, 2021. 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 categorized as an emerging market. The Master Trust can redeem monthly from the fund with ten days' notice.

Retirement Plan for Employees of Bridgeport Hospital

Notes to Financial Statements

December 31, 2022 and 2021

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.

(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 December 31, 2021.

(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 Pentwater Event Fund, Ltd. in February 2016. The fund at 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 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 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 ninety days' notice. The fund has a 12.5% investor level gate.

(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 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.

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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.

(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 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 \$1,651,072 as of December 31, 2021.

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 \$342,640 as of December 31, 2021.

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 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 \$2,443,756 as of December 31, 2021.

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 \$3,761,249 as of December 31, 2021.

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 \$1,887,500 as of December 31, 2021.

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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 \$2,175,523 as of December 31, 2021.

(g) Master Trust - Real Estate

The Master Trust entered into a subscription agreement with Abacus Multi-Family Partners Funds 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 \$1,273,585 as of December 31, 2021.

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 \$4,942,032 as of December 31, 2021.

The Master Trust entered into a subscription agreement with Solum in 2020. This fund invests 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 \$2,555,734 as of December 31, 2021.

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 \$4,031,310 as of December 31, 2021.

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 \$2,600,000 as of December 31, 2021.

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 Master Trust has an unfunded commitment of \$3,621,715 as of December 31, 2021.

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 Master Trust has an unfunded commitment of \$3,265,315 as of December 31, 2021.

Retirement Plan for Employees of Bridgeport Hospital

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The Master Trust entered into a subscription agreement with Shorestein 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 \$2,620,886 as of December 31, 2021.

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 which were exempt from the prohibited transactions rules of 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.

7. Tax Status

The Internal Revenue Service (IRS) had determined and informed the Hospital by a letter dated May 15, 2015 that the Plan and related trust were designed in accordance with applicable sections of the IRC. The Plan had been amended since receiving the determination letter. However, the plan administrator believes that 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.

Retirement Plan for Employees of Bridgeport Hospital

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

EIN: 06-0646554 Plan Number: 001

Year Ended December 31, 2022

(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain (Loss)
Single Transactions								
Sales:								
* Northern Trust	NT COLLECTIVE GOVT SHORT TERM INVT FD	\$ -	\$ 921,400	\$ -	\$ -	\$ 921,400	\$ 921,400	\$ -
*	NT COLLECTIVE GOVT SHORT TERM INVT FD	-	922,674	-	-	922,674	922,674	-
*	NT COLLECTIVE GOVT SHORT TERM INVT FD	-	922,790	-	-	922,790	922,790	-
*	NT COLLECTIVE GOVT SHORT TERM INVT FD	-	930,600	-	-	930,600	930,600	-
*	NT COLLECTIVE GOVT SHORT TERM INVT FD	-	555,775	-	-	555,775	555,775	-
*	NT COLLECTIVE GOVT SHORT TERM INVT FD	-	554,067	-	-	554,067	554,067	-
*	NT COLLECTIVE GOVT SHORT TERM INVT FD	-	943,003	-	-	943,003	943,003	-
*	NT COLLECTIVE GOVT SHORT TERM INVT FD	-	643,194	-	-	643,194	643,194	-
*	NTGI COLTV GOVT STIF	-	3,910,192	-	-	3,910,192	3,910,192	-
*	NTGI COLTV GOVT STIF	-	3,895,563	-	-	3,895,563	3,895,563	-
*	NTGI COLTV GOVT STIF	-	3,986,284	-	-	3,986,284	3,986,284	-
*	NTGI COLTV GOVT STIF	-	3,088,843	-	-	3,088,843	3,088,843	-
*	NTGI COLTV GOVT STIF	-	2,989,334	-	-	2,989,334	2,989,334	-
Purchases:								
* Northern Trust	NT COLLECTIVE GOVT SHORT TERM INVT FD	2,070,141	-	-	-	2,070,141	2,070,141	-
*	NT COLLECTIVE GOVT SHORT TERM INVT FD	1,000,000	-	-	-	1,000,000	1,000,000	-
*	NT COLLECTIVE GOVT SHORT TERM INVT FD	3,001,037	-	-	-	3,001,037	3,001,037	-
*	NT COLLECTIVE GOVT SHORT TERM INVT FD	555,775	-	-	-	555,775	555,775	-
*	NTGI COLTV GOVT STIF	1,990,181	-	-	-	1,990,181	1,990,181	-
*	NTGI COLTV GOVT STIF	1,999,701	-	-	-	1,999,701	1,999,701	-
*	NTGI COLTV GOVT STIF	2,054,366	-	-	-	2,054,366	2,054,366	-
*	NTGI COLTV GOVT STIF	2,000,000	-	-	-	2,000,000	2,000,000	-
*	NTGI COLTV GOVT STIF	2,064,134	-	-	-	2,064,134	2,064,134	-
*	NTGI COLTV GOVT STIF	2,000,000	-	-	-	2,000,000	2,000,000	-
*	NTGI COLTV GOVT STIF	2,117,907	-	-	-	2,117,907	2,117,907	-
Series Transactions								
Sales:								
* Northern Trust	NT COLLECTIVE GOVT SHORT TERM INVT FD 29 Transactions	-	6,753,282	-	-	6,753,282	6,753,282	-
*	NTGI COLTV GOVT STIF 15 Transactions	-	18,037,193	-	-	18,037,193	18,037,193	-
Purchases:								
* Northern Trust	NT COLLECTIVE GOVT SHORT TERM INVT FD 31 Transactions	6,753,282	-	-	-	6,753,282	6,753,282	-
*	NTGI COLTV GOVT STIF 12 Transactions	14,234,559	-	-	-	14,234,559	14,234,559	-

* 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 January 1, 1965. The plan was amended to freeze plan participation and benefit accruals as of June 30, 2006. The following plan provisions reflect amendments effective through September 30, 2019.

Coverage and Participation Age 21 with 1 year of service.

Definitions

Vesting Service One year of vesting service for each plan year in which 1,000 hours are worked, regardless of whether or not the employee was a participant during the plan year.

Benefit Credit One year of service for benefit accrual purposes for each plan year in which 1,000 hours or more are worked, provided that the employee was a participant for part of the plan year. No additional benefit service accrues after June 30, 2006.

Eligibility for Benefits

Normal Retirement Age 65 and on or after the earlier of fifth anniversary of the date of participation or completion of five years of vesting service.

Early Retirement Retirement before Normal Retirement and on or after both attaining age 60 and completing five years of vesting service.

Termination 5 years of vesting service.

Disability Disability retirement prior to Normal Retirement and on or after both attaining age 50 and completing ten years of vesting service.

Preretirement Death Benefit Death on or after completing five years of vesting service, with a surviving spouse.

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Benefits Paid upon the Following Events

Normal Retirement	<p>The monthly pension benefit determined as of NRD:</p> <p>The sum of (1) and (2) below multiplied by years of service for benefit accrual purposes (to a maximum of 30 years):</p> <ol style="list-style-type: none">(1) 1.0% of highest five year average compensation up to covered compensation.(2) 1.65% of the highest five year average compensation in excess of covered compensation (if any). <p>Highest five-year average compensation is the average annual compensation of the five consecutive calendar years that yield the highest average. Previously, salary in the year of termination was not considered.</p> <p>Covered compensation is the average of the taxable wage bases in the 35 years prior to a participant's Social Security retirement age.</p> <p>The minimum benefit for Rehabilitation Center employees is the greater of:</p> <ol style="list-style-type: none">(1) The benefit accrued under the Rehabilitation Center Pension Plan as of December 31, 1989.(2) The benefit accrued under the Rehabilitation Center Pension Plan as of May 31, 1989 plus accruals after June 1, 1989 under the Bridgeport Hospital Retirement Plan. <p>Benefits are frozen as of June 30, 2006.</p>
Early Retirement	<p>Normal pension accrued reduced by 7.704% per year for the first 3 years and by 3.852% per year for the next 2 years by which the early retirement date precedes Normal Retirement.</p>
Termination Benefit	<p>Normal pension accrued payable at age 65.</p>
Disability	<p>Normal pension accrued reduced by 7.704% per year for the first 3 years and by 3.852% per year for the next 2 years and actuarially reduced for each additional year by which retirement precedes Normal Retirement.</p>
Pre-Retirement Death Benefit	<p>50% of the benefit the employee would have received had he retired the day before he died and elected the joint and survivor option. If the employee was not yet eligible for Early or Normal Retirement, payments are deferred until the employee would have been eligible for Early Retirement.</p>

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Post-Retirement Death Benefit

If married, pension benefits are paid in the form of a 50% joint and survivor annuity unless this form is rejected by the employee and his or her spouse. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage. If rejected, or if not married, benefits are payable for the life of the employee without reduction or in any other available optional form elected by the employee in an actuarially equivalent amount.

Other Plan Provisions

Plan Participants' Contributions

Mandatory employee contributions ceased effective May 1, 1973. Employee contributions with accumulated interest are the minimum benefit.

Forms of Payment

- Normal form of benefit A life annuity for single employees. An actuarially reduced 50% joint and survivor annuity for married employees.
- Optional forms of benefit Ten-year certain and life annuity, fifteen-year certain and life annuity, 75% joint and survivor annuity and 100% joint and survivor annuity.

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.

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

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	0
25-29	0	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0	0
35-39	0	5	0	0	0	0	0	0	0	0	0	5
40-44	0	13	7	0	0	0	0	0	0	0	0	20
45-49	0	19	21	1	1	0	0	0	0	0	0	42
50-54	0	22	20	15	11	2	0	0	0	0	0	70
55-59	0	17	28	12	20	20	0	0	0	0	0	97
60-64	0	19	23	22	19	18	28	0	0	0	0	129
65-69	0	2	9	12	8	8	12	1	0	0	0	52
70 & over	0	4	4	3	2	1	2	1	0	0	0	17
Total	0	101	112	65	61	49	42	2	0	0	0	432

¹ Age and service for purposes of determining category are based on exact (not rounded) values.
 Plan Name: Retirement Plan for Employees of Bridgeport Hospital
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Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest Rate Basis

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

Interest Rates

	Reflecting Corridors	Not Reflecting Corridors
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Plan-related Expenses

The amount included for plan-related expenses is equal to estimated administrative expenses and PBGC premiums for the current valuation year and is \$1,120,000.

Plan Name: Retirement Plan for Employees of Bridgeport Hospital
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Demographic Assumptions

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

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

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

Termination Representative Termination Rates (per 100 employees) not due to disability, retirement, or mortality.

Representative Termination Rates	
Attained Age	All Participants
20	30.0
25	30.0
30	20.0
35	14.0
40	11.5
45	9.0
50	6.0
55	3.0
60 and Over	1.2

Disability None.

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Retirement

The rates at which participants are assumed to retire by age are shown below:

Retirement Rates	
Attained Age	All Participants
Less than 60	0.0
60	2.0
61	4.0
62	6.0
63	8.0
64	10.0
65	30.0
66 – 69	20.0
70 and Over	100.0

Form of Payment

70% assumed to elect single life annuity, 30% assumed to elect 50% joint and survivor annuity.

Percent Married

85% of males and 55% of females are assumed to be married.

Spouse Age

Husbands three years older than wives.

Benefit Commencement Dates

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

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.

Covered Pay

Not applicable since the plan is frozen.

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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	Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year). The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. Because expected investment returns under this method are limited under WRERA, over time it is more likely to produce an actuarial value that is expected to be less than the market value of assets.
Benefits Not Valued	All benefits described in the Plan Provisions section of this report were valued.

Sources of Data and Other Information

The plan sponsor furnished participant data as of 1/1/2022. Information on assets, contributions 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.

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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

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

Termination Termination rates were selected based on a review of the actual number of terminations during the period 2014 to 2018, as compared to the current assumption. Based on this review, the termination rates were updated to reflect expected future termination experience. In addition, this assumption has not been a significant source of actuarial gain/loss in recent years.

Retirement Retirement rates were selected based on a review of the actual number of retirements during the period 2014 to 2018 as compared to the current assumption. Based on this review, the retirement rates were updated to reflect expected future retirement experience. In addition, this assumption has not been a significant source of actuarial gain/loss.

Form of Payment The form of payment assumption was selected based on a review of the actual historical form of payment elections during the period 2014 through 2018, and the review confirmed the future use of the assumption.

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.

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Changes in Assumptions and Methods

Change in Assumptions and Methods since Prior Valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated from the applicable month of September 2020 to September 2021.
- The mortality table used to calculate the funding target and target normal cost was updated to use the MP-2020 projection scale as specified in the regulations under §1.430(h)(3)-1.
- The assumed plan-related expenses added to the target normal cost were updated from \$630,000 for 2021 to \$1,120,000 for 2022.

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Schedule SB, Line 24 Change in Actuarial Assumptions

The assumed plan-related expenses added to the target normal cost were updated from \$630,000 for 2021 to \$1,120,000 for 2022.

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Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Bridgeport Hospital
EIN/PN	06-0646554/001
Plan Name	Retirement Plan for Employees of Bridgeport Hospital
Valuation Date	January 1, 2022
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 January 1, 2022

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.

x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x^r * l_x / l_{55}$
55	0.00	1,000	1.000000	0.000000	0.000000
56	0.00	1,000	1.000000	0.000000	0.000000
57	0.00	1,000	1.000000	0.000000	0.000000
58	0.00	1,000	1.000000	0.000000	0.000000
59	0.00	1,000	1.000000	0.000000	0.000000
60	0.02	1,000	1.000000	0.020000	1.200000
61	0.04	980	0.980000	0.039200	2.391200
62	0.06	941	0.940800	0.056448	3.499776
63	0.08	884	0.884352	0.070748	4.457134
64	0.10	814	0.813604	0.081360	5.207065
65	0.30	732	0.732243	0.219673	14.278747
66	0.20	513	0.512570	0.102514	6.765930
67	0.20	410	0.410056	0.082011	5.494755
68	0.20	328	0.328045	0.065609	4.461413
69	0.20	262	0.262436	0.052487	3.621618
70	1.00	210	0.209949	0.209949	14.696419
Average age at retirement					66.074056
Rounded for Schedule SB item 22					66

Plan Name: Retirement Plan for Employees of Bridgeport Hospital
 EIN / PN: 06-0646554/001
 Plan Sponsor: Bridgeport Hospital
 Valuation Date: January 1, 2022

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26b Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2022	252,615	1,042,602	10,806,751	12,101,968
2023	685,745	1,474,053	10,563,020	12,722,818
2024	980,209	1,911,484	10,242,852	13,134,545
2025	1,189,712	2,220,777	9,912,856	13,323,345
2026	1,374,954	2,515,686	9,571,765	13,462,405
2027	1,549,928	2,832,385	9,216,014	13,598,327
2028	1,696,010	3,069,989	8,837,987	13,603,986
2029	1,821,573	3,288,378	8,447,571	13,557,522
2030	1,931,995	3,491,215	8,051,146	13,474,356
2031	2,010,003	3,628,861	7,643,396	13,282,260
2032	2,070,041	3,719,591	7,220,275	13,009,907
2033	2,112,234	3,765,481	6,794,813	12,672,528
2034	2,134,994	3,828,172	6,376,482	12,339,648
2035	2,144,255	3,888,626	5,954,738	11,987,619
2036	2,139,401	3,908,322	5,529,654	11,577,377
2037	2,124,283	3,891,338	5,104,842	11,120,463
2038	2,095,934	3,847,566	4,685,258	10,628,758
2039	2,055,730	3,794,887	4,272,817	10,123,434
2040	2,004,515	3,724,504	3,868,670	9,597,689
2041	1,938,367	3,626,726	3,475,336	9,040,429
2042	1,864,737	3,512,926	3,095,421	8,473,084
2043	1,784,500	3,385,905	2,731,509	7,901,914
2044	1,697,500	3,252,673	2,386,155	7,336,328
2045	1,604,444	3,109,402	2,061,840	6,775,686
2046	1,505,623	2,947,855	1,760,828	6,214,306
2047	1,403,220	2,776,165	1,485,068	5,664,453
2048	1,298,455	2,597,477	1,236,039	5,131,971
2049	1,192,192	2,412,458	1,014,585	4,619,235
2050	1,086,242	2,223,737	820,839	4,130,818

Plan Name: Retirement Plan for Employees of Bridgeport Hospital
EIN / PN: 06-0646554/001
Plan Sponsor: Bridgeport Hospital
Valuation Date: January 1, 2022

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2051	982,111	2,033,571	654,219	3,669,901
2052	881,027	1,845,063	513,451	3,239,541
2053	784,120	1,660,566	396,684	2,841,370
2054	692,346	1,482,282	301,627	2,476,255
2055	606,489	1,312,189	225,720	2,144,398
2056	527,102	1,151,967	166,269	1,845,338
2057	454,530	1,002,929	120,606	1,578,065
2058	388,925	865,980	86,206	1,341,111
2059	330,258	741,616	60,772	1,132,646
2060	278,347	629,959	42,297	950,603
2061	232,877	530,804	29,092	792,773
2062	193,432	443,675	19,790	656,897
2063	159,526	367,891	13,320	540,737
2064	130,632	302,624	8,868	442,124
2065	106,214	246,956	5,837	359,007
2066	85,743	199,922	3,793	289,458
2067	68,717	160,548	2,430	231,695
2068	54,665	127,887	1,531	184,083
2069	43,156	101,040	947	145,143
2070	33,801	79,169	574	113,544
2071	26,255	61,513	341	88,109

Plan Name: Retirement Plan for Employees of Bridgeport Hospital
EIN / PN: 06-0646554/001
Plan Sponsor: Bridgeport Hospital
Valuation Date: January 1, 2022

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210 - 0110
1210 - 0089

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A** This return/report is for: a multiemployer plan a 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 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 RETIREMENT PLAN FOR EMPLOYEES OF BRIDGEPORT HOSPITAL	1b Three-digit plan number (PN) ►	001
	1c Effective date of plan	01/01/1965
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 STREET 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	<i>Eugene Colucci</i>	<u>10/10/23</u>	EUGENE COLUCCI
	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 (2022)
v. 220413

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number

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

5 Total number of participants at the beginning of the plan year	5 2,633
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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) 432
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)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) **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)

Retirement Plan for Employees of Bridgeport Hospital

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

EIN: 06-0646554 Plan Number: 001

Year Ended December 31, 2022

(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain (Loss)
Single Transactions								
Sales:								
* Northern Trust	NT COLLECTIVE GOVT SHORT TERM INVT FD	\$ -	\$ 921,400	\$ -	\$ -	\$ 921,400	\$ 921,400	\$ -
*	NT COLLECTIVE GOVT SHORT TERM INVT FD	-	922,674	-	-	922,674	922,674	-
*	NT COLLECTIVE GOVT SHORT TERM INVT FD	-	922,790	-	-	922,790	922,790	-
*	NT COLLECTIVE GOVT SHORT TERM INVT FD	-	930,600	-	-	930,600	930,600	-
*	NT COLLECTIVE GOVT SHORT TERM INVT FD	-	555,775	-	-	555,775	555,775	-
*	NT COLLECTIVE GOVT SHORT TERM INVT FD	-	554,067	-	-	554,067	554,067	-
*	NT COLLECTIVE GOVT SHORT TERM INVT FD	-	943,003	-	-	943,003	943,003	-
*	NT COLLECTIVE GOVT SHORT TERM INVT FD	-	643,194	-	-	643,194	643,194	-
*	NTGI COLTV GOVT STIF	-	3,910,192	-	-	3,910,192	3,910,192	-
*	NTGI COLTV GOVT STIF	-	3,895,563	-	-	3,895,563	3,895,563	-
*	NTGI COLTV GOVT STIF	-	3,986,284	-	-	3,986,284	3,986,284	-
*	NTGI COLTV GOVT STIF	-	3,088,843	-	-	3,088,843	3,088,843	-
*	NTGI COLTV GOVT STIF	-	2,989,334	-	-	2,989,334	2,989,334	-
Purchases:								
* Northern Trust	NT COLLECTIVE GOVT SHORT TERM INVT FD	2,070,141	-	-	-	2,070,141	2,070,141	-
*	NT COLLECTIVE GOVT SHORT TERM INVT FD	1,000,000	-	-	-	1,000,000	1,000,000	-
*	NT COLLECTIVE GOVT SHORT TERM INVT FD	3,001,037	-	-	-	3,001,037	3,001,037	-
*	NT COLLECTIVE GOVT SHORT TERM INVT FD	555,775	-	-	-	555,775	555,775	-
*	NTGI COLTV GOVT STIF	1,990,181	-	-	-	1,990,181	1,990,181	-
*	NTGI COLTV GOVT STIF	1,999,701	-	-	-	1,999,701	1,999,701	-
*	NTGI COLTV GOVT STIF	2,054,366	-	-	-	2,054,366	2,054,366	-
*	NTGI COLTV GOVT STIF	2,000,000	-	-	-	2,000,000	2,000,000	-
*	NTGI COLTV GOVT STIF	2,064,134	-	-	-	2,064,134	2,064,134	-
*	NTGI COLTV GOVT STIF	2,000,000	-	-	-	2,000,000	2,000,000	-
*	NTGI COLTV GOVT STIF	2,117,907	-	-	-	2,117,907	2,117,907	-
Series Transactions								
Sales:								
* Northern Trust	NT COLLECTIVE GOVT SHORT TERM INVT FD 29 Transactions	-	6,753,282	-	-	6,753,282	6,753,282	-
*	NTGI COLTV GOVT STIF 15 Transactions	-	18,037,193	-	-	18,037,193	18,037,193	-
Purchases:								
* Northern Trust	NT COLLECTIVE GOVT SHORT TERM INVT FD 31 Transactions	6,753,282	-	-	-	6,753,282	6,753,282	-
*	NTGI COLTV GOVT STIF 12 Transactions	14,234,559	-	-	-	14,234,559	14,234,559	-

* A party in interest as defined by ERISA.

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

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

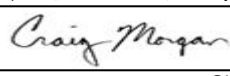
A Name of plan	B Three-digit plan number (PN) ▶	001
RETIREMENT PLAN FOR EMPLOYEES OF		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer Identification Number (EIN)
BRIDGEPORT HOSPITAL		06-0646554
E Type of plan:	<input checked="" type="checkbox"/> Single	<input type="checkbox"/> Multiple-A
	<input type="checkbox"/> Multiple-B	<input type="checkbox"/> F Prior year plan size:
		<input type="checkbox"/> 100 or fewer
		<input type="checkbox"/> 101-500
		<input checked="" type="checkbox"/> More than 500

Part I Basic Information

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

2 Assets:		
a Market value	2a	222,341,308
b Actuarial value	2b	216,771,594
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	1,332	105,974,208
b For terminated vested participants	869	46,063,746
c For active participants	432	24,387,786
d Total	2,633	176,425,740
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)		<input type="checkbox"/>
a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	5.36 %
6 Target normal cost		
a Present value of current plan year accruals	6a	0
b Expected plan-related expenses	6b	1,120,000
c Total (line 6a + line 6b)	6c	1,120,000

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	<u>10/9/2023</u>
	Date
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>212-309-3761</u>
Firm name	Telephone number (including area code)
<u>200 LIBERTY STREET FLOOR 7</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) 2022 v. 220413

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	18,483,653
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	18,483,653
10 Interest on line 9 using prior year's actual return of <u>6.51</u> %	0	1,203,286
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b (1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.53</u> %		0
b (2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	19,686,939

Part III Funding Percentages

14 Funding target attainment percentage	14	111.70 %
15 Adjusted funding target attainment percentage	15	122.86 %
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	105.90 %
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	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	<input checked="" type="checkbox"/>	No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?		Yes	<input type="checkbox"/>	No
c If line 20a is "Yes," see instructions and complete the following table as applicable:				

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

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

21 Discount rate:

a Segment rates:

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

b Applicable month (enter code) **21b** 4

22 Weighted average retirement age **22** 66

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c) **31a** 1,120,000

b Excess assets, if applicable, but not greater than line 31a **31b** 1,120,000

32 Amortization installments:		
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
35 Balances elected for use to offset funding requirement	0	0
	0	0

36 Additional cash requirement (line 34 minus line 35) **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 0

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

a Total (excess, if any, of line 37 over line 36) **38a** 0

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 0

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

40 Unpaid minimum required contributions for all years **40** 0

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

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