

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

Part II Basic Plan Information —enter all requested information	
<p>1a Name of plan <u>DEBORAH HEART AND LUNG CENTER PENSION PLAN</u></p> <p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>DEBORAH HEART AND LUNG CENTER</u></p> <p><u>200 TRENTON ROAD</u> <u>BROWNS MILLS, NJ 08015</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p> <p>1c Effective date of plan <u>01/01/1972</u></p> <p>2b Employer Identification Number (EIN) <u>23-1550955</u></p> <p>2c Plan Sponsor's telephone number <u>609-893-6611</u></p> <p>2d Business code (see instructions) <u>622000</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/04/2023	MARION STAMOPOULOS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/04/2023	MARION STAMOPOULOS
	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	5 241
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).	
6(1) Total number of active participants at the beginning of the plan year	6a(1) 3
6(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 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan 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 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>DEBORAH HEART AND LUNG CENTER PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>DEBORAH HEART AND LUNG CENTER</u>		
D Employer Identification Number (EIN) <u>23-1550955</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 checked="" type="checkbox"/> 101-500 <input 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>23750146</u>	
b Actuarial value.....	2b	<u>23750146</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>99</u>	<u>8164334</u>	<u>8164334</u>
b For terminated vested participants.....	<u>139</u>	<u>5084636</u>	<u>5084636</u>
c For active participants.....	<u>3</u>	<u>121028</u>	<u>121028</u>
d Total	<u>241</u>	<u>13369998</u>	<u>13369998</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions.....			4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....			4b
5 Effective interest rate.....			5 <u>5.39 %</u>
6 Target normal cost			
a Present value of current plan year accruals.....			6a <u>0</u>
b Expected plan-related expenses			6b <u>0</u>
c Total (line 6a + line 6b)			6c <u>0</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>10/03/2023</u> Date
	<u>MICHAEL IBRAHIM, FSEA, EA</u> Type or print name of actuary	<u>23-04567</u> Most recent enrollment number
	<u>APEX ACTUARIAL CONSULTANTS</u> Firm name	<u>201-725-2437</u> Telephone number (including area code)
	<u>293 RT 18 SOUTH, SUITE D EAST BRUNSWICK, NJ 08816</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	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of _____%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year).....		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of _____%.....		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	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	177.76 %
15	Adjusted funding target attainment percentage	15	177.76 %
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	117.76 %
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)		18(c)		

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	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?	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:		

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

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code)..... **21b** 4

22 Weighted average retirement age **22** 65

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years.....	28	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	0
b Excess assets, if applicable, but not greater than line 31a	31b	0

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.	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

A Name of plan <u>DEBORAH HEART AND LUNG CENTER PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DEBORAH HEART AND LUNG CENTER</u>	D Employer Identification Number (EIN) <u>23-1550955</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)

US BANK

31-0841368

(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 33 50 72	NONE	59793	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" 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 H
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

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

A Name of plan DEBORAH HEART AND LUNG CENTER PENSION PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 DEBORAH HEART AND LUNG CENTER	D Employer Identification Number (EIN) 23-1550955

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)	187435	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	1086473	0
(2) U.S. Government securities.....	1c(2)	2975375	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)	19500863	0
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests.....	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(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)		0
(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	23750146	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	23750146	0
---	----	----------	---

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	0	
(B) Participants.....	2a(1)(B)	0	
(C) Others (including rollovers).....	2a(1)(C)	0	
(2) Noncash contributions.....	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	73131	
(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)		73131
(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)		0
(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)	-3377044	
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		-3377044

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(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		-3303913
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	19666478	
(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)		19666478
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)	779755	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		779755
j Total expenses. Add all expense amounts in column (b) and enter total	2j		20446233
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-23750146
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan.....	2l(2)		0

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: WITHUMSMITH+BROWNPLC

(2) EIN: 22-2027092

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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	4i		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....	4k	X		
l Has the plan failed to provide any benefit when due under the plan?.....	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.....	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... Yes No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

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 461194.

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>DEBORAH HEART AND LUNG CENTER PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DEBORAH HEART AND LUNG CENTER</u>	D Employer Identification Number (EIN) <u>23-1550955</u>	

Part I	Distributions
---------------	----------------------

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

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

1	0
---	---

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

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	103
---	-----

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Yes.

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

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

No. Other. Provide explanation _____

Structured Attachment Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	Schedule SB, line 26a Schedule of Active Participant Data	2022 <hr/> This Form is Open to Public Inspection
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Name of Plan	DEBORAH HEART AND LUNG CENTER PENSION PLAN						
Plan Year Begin Date	01/01/2022	Plan Year End Date	12/31/2022	EIN	23-1550955	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44				2		
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69				1		
70 & Up						

Name of Plan	DEBORAH HEART AND LUNG CENTER PENSION PLAN						
Plan Year Begin Date	01/01/2022	Plan Year End Date	12/31/2022	EIN	23-1550955	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Name of Plan	DEBORAH HEART AND LUNG CENTER PENSION PLAN						
Plan Year Begin Date	01/01/2022	Plan Year End Date	12/31/2022	EIN	23-1550955	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

**DEBORAH HEART AND LUNG CENTER
PENSION PLAN
Financial Statements
December 31, 2022 and 2021 - Liquidation Basis
With Independent Auditor's Report**

Deborah Heart and Lung Center Pension Plan
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December 31, 2022 and 2021 - Liquidation Basis

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of
Deborah Heart and Lung Center Pension Plan:

Opinion

We have audited the financial statements of Deborah Heart and Lung Center Pension 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 (in liquidation), and the related statements of changes in net assets available for benefits for the years then ended (in liquidation), 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 Deborah Heart and Lung Center Pension Plan as of December 31, 2022 and 2021 (in liquidation), and the changes in net assets available for benefits for the years then ended (in liquidation) 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 Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Deborah Heart and Lung Center Pension Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Plan Termination and Liquidation Basis of Accounting

As discussed in Note 1 to the financial statements, on July 12, 2005, the Executive Committee approved a resolution to freeze benefit accruals under Deborah Heart and Lung Center Pension Plan as of December 31, 2005. Participation in Deborah Heart and Lung Center Pension Plan was closed with respect to new employees, service credit, and compensation. On April 22, 2021, Deborah Heart and Lung Center and Deborah Hospital Foundation (collectively, the "Plan Sponsor") made a decision to terminate Deborah Heart and Lung Center Pension Plan. Liquidation of plan assets began in September 2021 and was completed during the year ended December 31, 2022. As a result, Deborah Heart and Lung Center Pension Plan changed its basis of accounting in 2021 from the going concern basis of accounting to the liquidation basis of accounting used in presenting the 2022 and 2021 financial statements. Accounting principles generally accepted in the United States of America requires financial statements to be prepared on liquidation basis of accounting when an entity is in liquidation or when liquidation is imminent. 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.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 Deborah Heart and Lung Center Pension Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

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, Part IV, Line 4j – 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 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 Department of Labor'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 are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Withum Smith + Brown, PC

October 6, 2023

**Deborah Heart and Lung Center Pension Plan
Statements of Net Assets Available for Benefits
December 31, 2022 and 2021 (In Liquidation)**

	<u>2022</u>	<u>2021</u>
Assets		
Investments, at fair value		
Cash and cash equivalents	\$ -	\$ 1,086,473
United States government and government agencies' obligations	-	2,975,375
Corporate bonds	-	<u>19,500,863</u>
Total investments	-	23,562,711
Accrued interest receivable	-	<u>187,435</u>
Net assets available for benefits	<u>\$ -</u>	<u>\$ 23,750,146</u>

The Notes to Financial Statements are an integral part of these statements.

Deborah Heart and Lung Center Pension Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2022 and 2021 (In Liquidation)

	<u>2022</u>	<u>2021</u>
Additions (reductions)		
Additions (reductions) to net assets attributable to		
Investment income (loss)		
Net appreciation (depreciation) in fair value of investments	\$ (783,121)	\$ 5,644,951
Interest and dividends	<u>73,131</u>	<u>1,347,605</u>
Total additions (reductions)	<u>(709,990)</u>	<u>6,992,556</u>
Deductions		
Deductions from net assets attributable to		
Benefits paid directly to participants	19,666,478	43,378,183
Administrative expenses	<u>779,755</u>	<u>21,532</u>
Total deductions	<u>20,446,233</u>	<u>43,399,715</u>
Changes in net assets available for benefits before transfers	<u>(21,156,223)</u>	<u>(36,407,159)</u>
Transfer out of Plan		
Reversion paid to Plan Sponsor	<u>2,593,923</u>	<u>-</u>
Net changes in net assets available for benefits	(23,750,146)	(36,407,159)
Net assets available for benefits		
Beginning of year	<u>23,750,146</u>	<u>60,157,305</u>
End of year	<u>\$ -</u>	<u>\$ 23,750,146</u>

The Notes to Financial Statements are an integral part of these statements.

Deborah Heart and Lung Center Pension Plan

Notes to Financial Statements

December 31, 2022 and 2021 (In Liquidation)

1. DESCRIPTION OF PLAN

The following brief description of the Deborah Heart and Lung Center Pension Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan was established as a noncontributory defined benefit pension Plan covering substantially all employees of Deborah Heart and Lung Center and Deborah Hospital Foundation (collectively, the "Plan Sponsor"). The Plan provides for pension and death benefits and is subject to the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). On July 12, 2005, the Executive Committee approved a resolution to freeze benefit accruals under the Plan as of December 31, 2005 ("Freeze Date"). Participation in the Plan was closed with respect to new employees, Plan service credit, and Plan compensation. Effective January 1, 2006, a 401(k) plan was adopted and current participants in the Plan were immediately eligible to participate in the new 401(k) plan.

On April 22, 2021, the Plan Sponsor decided to terminate the Plan effective June 30, 2021 (see Note 5).

Funding Policy

The Plan was subject to the minimum funding requirements of ERISA. Contributions to the Plan were made periodically, as required by law, in amounts, as recommended by the consulting actuary, sufficient to fully provide for employees' benefits upon reaching normal retirement age. For the years ended December 31, 2022 and 2021, the Plan has exceeded the minimum funding requirements of ERISA.

Pension Benefits

Employees were entitled to Plan benefits beginning at age 65 or the fifth anniversary of participation in the Plan, if later, although earlier retirement with lesser benefits was permitted for participants who had completed 15 years of service and attained age 55. Employees who were terminated after the completion of five years of service but prior to eligibility for normal retirement or early retirement were entitled to a deferred vested benefit commencing at age 65 equal to their accrued benefit as of the date of termination.

Benefit payments were paid in the form of a life annuity for single participants and a joint-and-survivor annuity for married participants unless the participant elected a different form of payment. Based on the Plan's Adjusted Funding Target Attainment Percentage for 2022 and 2021, payments were full lump-sum method. Spousal consent was required to change payment methods except for 50% joint and survivor option.

Preretirement Death Benefits

The surviving spouse of an active or terminated participant was entitled to certain benefits as defined in the Plan document in the event that the participant died prior to receiving benefit payments. The amount of the preretirement death benefit payable with respect to an unmarried participant was clarified to be the actuarial equivalent of the death benefit that would have been payable to the surviving spouse of the participant if they were married on the date of his or her death and such spouse was exactly three years younger than such participant. Married participants may have, with written spousal consent, waived the preretirement death benefit otherwise payable to their spouse and designate a nonspousal beneficiary to receive a death benefit that is the actuarial equivalent of the preretirement death benefit that would have been payable to the participant's spouse. In order to have been eligible, certain requirements, which are fully described in the Plan document, must be satisfied.

Deborah Heart and Lung Center Pension Plan
Notes to Financial Statements
December 31, 2022 and 2021 (In Liquidation)

Vesting

Participants became 100% vested in their accrued benefits upon completion of five years of vesting service or, if earlier, they reach their normal retirement age while employed by the Plan Sponsor.

Administrative Expenses

The Plan's expenses were paid either by the Plan or the Plan Sponsor, as provided by the Plan document. Certain expenses incurred in connection with 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.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Board of Trustees of Deborah Heart and Lung Center Pension Plan approved plan termination in April 2021 and began plan liquidation in September 2021. As a result in 2021, the Plan changed its basis of accounting from the going concern basis to the liquidation basis used in presenting the 2022 and 2021 financial statements.

Investment Valuation and Income Recognition

The Plan's investments were stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determined the Plan's valuation policies utilizing information provided by the Plan's trustee and custodian. Marketable securities, including common stock, corporate bonds, and United States government and government agencies' obligations, were valued at the closing price reported on the active market on which the individual securities were traded. See Note 3 for discussion of fair value measurements.

The Plan presents, in the statements of changes in net assets available for benefits, the net appreciation (depreciation) in the fair value of the investments, which consists of the realized gains (losses) and the unrealized appreciation (depreciation) of those investments.

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

Payment of Benefits

Benefits are recorded when paid.

Use of Estimates

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

Risks and Uncertainties

The Plan invested in various investment securities. Investment securities, in general, are exposed to various risks such as interest rate risk, credit risk, and overall market volatility. Due to the level of risk associated with certain investment securities and the current world economy, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that those changes could materially affect the amounts reported in the financial statements.

Deborah Heart and Lung Center Pension Plan
Notes to Financial Statements
December 31, 2022 and 2021 (In Liquidation)

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

3. FAIR VALUE MEASUREMENTS

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

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

Level 2 - Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3 - Unobservable inputs that are supported by little or no market activity and that are financial instruments whose values are determined using pricing models, discounted cash flow methodologies, or similar techniques, as well as instruments for which the determination of fair value requires significant judgment or estimation.

The asset's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. However, the determination of what constitutes observable requires judgment by the Plan's management. Plan management considers observable data to be that market data, which is readily available, regularly distributed or updated, reliable and verifiable, not proprietary, and provided by multiple independent sources that are actively involved in the relevant market.

The categorization of an investment within the fair value hierarchy is based upon the pricing transparency of the investment and does not necessarily correspond to Plan management's perceived risk of the investment.

The following is a description of the valuation methodologies used for the Plan's assets measured at fair value:

Cash and Cash Equivalents: Cash and cash equivalents are valued at cost, which approximates fair value.

United States Government and Government Agencies' Obligations: These investments are valued using pricing models maximizing the use of observable inputs for similar securities.

Corporate Bonds: These investments are valued at quoted market prices which represent the value of similar assets held on the market.

Deborah Heart and Lung Center Pension Plan
Notes to Financial Statements
December 31, 2022 and 2021 (In Liquidation)

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

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

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash and cash equivalents	\$ 1,086,473	\$ -	\$ -	\$ 1,086,473
United States government and government agencies' obligations	-	2,975,375	-	2,975,375
Corporate bonds	-	19,500,863	-	19,500,863
Total investments, at fair value	<u>\$ 1,086,473</u>	<u>\$ 22,476,238</u>	<u>\$ -</u>	<u>\$ 23,562,711</u>

4. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those estimated future periodic benefit payments, including lump-sum distributions, that were attributable under the Plan's provisions to the services rendered by the employees through the earlier of the valuation date or the Freeze Date (see Note 1), and have been calculated by the Plan's consulting actuaries. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries. Benefits under the Plan are based on employees' highest average annual compensation received in any five consecutive years preceding retirement date.

Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included to the extent they are deemed attributable to participant service rendered through the earlier of the valuation date or the Freeze Date.

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

The significant actuarial assumptions used in the valuation as of January 1, 2022 and 2021, were as follows:

Rate of Return	2.81% and 2.55% compounded annually as of January 1, 2022 and 2021, respectively.
Mortality	2022 and 2021 static mortality table for annuitants and non-annuitants per Internal Revenue Code Section 1.430(h)(3)-(e) as of January 1, 2022 and 2021.
Retirement	Age 65 (with a small percentage of retirements at ages 55 - 62) as of January 1, 2022 and 2021.

Deborah Heart and Lung Center Pension Plan
Notes to Financial Statements
December 31, 2022 and 2021 (In Liquidation)

Actuarial assumptions for the year ended December 31, 2022 and 2021 have been adjusted using different assumptions and other facts for Plan termination basis.

The actuarial present value of accumulated plan benefits information, as of the dates of the latest available actuarial valuations (the beginning of each year), is as follows:

Actuarial present value of vested accumulated plan benefits

Vested benefits

Participants and beneficiaries currently receiving payments	\$ 11,466,762
Other participants	<u>9,102,221</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 20,568,983</u>

The changes in the actuarial present value of accumulated plan benefits, based upon the January 1, 2022 and 2021 valuations, are as follows:

Actuarial present value of accumulated plan benefits, beginning of year	\$ 64,897,959
Increase (decrease) during the year	
Benefits paid	(43,593,078)
Other changes (adjustment due to Plan termination basis and interest rate change)	(1,833,895)
Interest accumulation	<u>1,097,997</u>
Net change	<u>(44,328,976)</u>
Actuarial present value of accumulated plan benefits, end of year	<u>\$ 20,568,983</u>

The Plan's actuaries estimated the fair market value of the Plan's net assets to be in excess of the present value of accumulated plan benefits owed to participants. At January 1, 2022, the Plan's actuaries estimated the fair market value of the Plan's net assets to be approximately \$23,700,000 with benefits owed to participants amounting to approximately \$20,600,000. Upon settlement of all accumulated Plan benefits owed to participants, the Plan reverted approximately \$2,600,000 of excess Plan assets back to the Plan Sponsor.

5. PLAN TERMINATION

On April 22, 2021, the Plan Sponsor's Board of Trustees approved a resolution to terminate the Plan effective June 30, 2021. All required documents related to the Plan's termination were filed with the Internal Revenue Service ("IRS") and the Pension Benefit Guaranty Corporation ("PBGC") in June 2021. The Plan received a letter dated July 15, 2021 from the PBGC acknowledging receipt of the standard termination and stating that if the PBGC does not issue a Notice of Noncompliance within 60 days, the Plan must begin distributing Plan assets to close out the Plan. The Plan previously received a favorable IRS determination letter on March 4, 2020. The Plan began distributing Plan assets on September 1, 2021, and all assets were distributed as of December 31, 2022. As part of Plan termination \$2,593,923 was reverted to the Plan Sponsor after all assets were distributed to Plan participants to close out the trust account.

As of the date of Plan termination, June 30, 2021, the Plan was fully funded.

Deborah Heart and Lung Center Pension Plan
Notes to Financial Statements
December 31, 2022 and 2021 (In Liquidation)

6. TAX STATUS

The Plan obtained its latest determination letter on March 4, 2020 in which the IRS stated that the Plan, as then designed, was in compliance with the applicable sections of the Internal Revenue Code (the "Code") and the related trust is exempt from federal income taxes under Section 401(a) of the Code. The Plan administrator and the Plan's tax counsel believe that the Plan was designed and had been operated in compliance with the applicable requirements of the Code and, therefore, believe that the Plan was qualified, and the related trust is tax exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and to 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 administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2022 and 2021, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. In addition, there has been no tax-related interest or penalties for the periods presented in these financial statements.

7. SUBSEQUENT EVENTS

Subsequent events were evaluated through October 6, 2023, which is the date the financial statements were available to be issued. Based on this evaluation, the Plan has determined that no subsequent events have occurred that would require disclosure in or adjustments to the financial statements.

SUPPLEMENTARY INFORMATION

**Deborah Heart and Lung Center Pension Plan
Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions
EIN #23-1550955, Plan #001
Year Ended December 31, 2022 (In Liquidation)**

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) - Single transactions in excess of 5% of plan assets						
First American Government Obligation Fund	Cash equivalents	\$ 3,206,441	\$ -	\$ 3,206,441	\$ 3,206,441	\$ -
		15,331,537	-	15,331,537	15,331,537	-
		13,886,162	-	13,886,162	13,886,162	-
		2,847,597	-	2,847,597	2,847,597	-
		-	1,941,593	1,941,593	1,941,593	-
		-	12,847,348	12,847,348	12,847,348	-
		-	2,409,697	2,409,697	2,409,697	-
		-	1,528,965	1,528,965	1,528,965	-
		-	11,403,111	11,403,111	11,403,111	-
		-	1,729,422	1,729,422	1,729,422	-
US Treasury Note	US Note, 0.125%, 6/30/22	2,997,666	-	2,997,666	2,997,666	-
		-	2,996,357	2,997,666	2,997,666	(1,309)
US Treasury Note	US Note, 1.500%, 9/15/22	2,013,444	-	2,013,444	2,013,444	-
		-	2,827,761	2,834,515	2,834,515	(6,754)
US Treasury Note	US Note, 1.625%, 8/15/22	2,013,913	-	2,013,913	2,013,913	-
		-	2,827,306	2,834,169	2,834,169	(6,863)
US Treasury Note	US Note, 1.625%, 11/15/22	2,017,507	-	2,017,507	2,017,507	-
		-	2,824,589	2,833,742	2,833,742	(9,153)
US Treasury Note	US Note, 1.875%, 4/30/22	6,026,504	-	6,026,504	6,026,504	-
		-	5,188,122	5,197,860	5,197,860	(9,738)

See Independent Auditor's Report.

**Deborah Heart and Lung Center Pension Plan
Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions
EIN #23-1550955, Plan #001
Year Ended December 31, 2022 (In Liquidation)**

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii) - Series of transactions in excess of 5% of plan assets						
First American Government Obligation Fund	Cash equivalents	\$ 39,284,334	\$ -	\$ 39,284,334	\$ 39,284,334	\$ -
		-	40,301,937	40,301,937	40,301,937	-
US Treasury Note	US Note, 0.125%, 6/30/22	2,997,666	-	2,997,666	2,997,666	-
		-	2,996,357	2,997,666	2,997,666	(1,309)
US Treasury Note	US Note, 1.500%, 9/15/22	2,834,515	-	2,834,515	2,834,515	-
		-	2,827,761	2,834,515	2,834,515	(6,754)
US Treasury Note	US Note, 1.625%, 8/15/22	2,834,167	-	2,834,167	2,834,167	-
		-	2,827,306	2,834,169	2,834,169	(6,863)
US Treasury Note	US Note, 1.625%, 11/15/22	2,833,742	-	2,833,742	2,833,742	-
		-	2,824,589	2,833,742	2,833,742	(9,153)
US Treasury Note	US Note, 1.875%, 4/30/22	6,026,504	-	6,026,504	6,026,504	-
		-	6,015,923	6,026,504	6,026,504	(10,581)
US Treasury Note	US Note, 1.500%, 2/15/30	-	1,347,194	1,405,559	1,405,559	(58,365)

There were no category (ii) or (iv) reportable transactions during the year ended December 31, 2022.

Columns for "Lease rental" and "Expenses incurred with transactions" are not applicable.

See Independent Auditor's Report.

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 instructions.)

a single-employer plan; a DFE (specify) _____

B This return/report is: the first return/report; the final return/report;

an amended return/report; a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here ►

D Check box if filing under: Form 5558; automatic extension; the DFVC program;

special extension (enter description)



E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ►

Part II Basic Plan Information --- enter all requested information

1a Name of plan <u>Deborah Heart and Lung Center Pension Plan</u>	1b Three-digit plan number (PN) ► <u>001</u>
	1c Effective date of plan <u>01/01/1972</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>Deborah Heart and Lung Center</u> <u>200 Trenton Road</u> <u>US Browns Mills NJ 08015</u>	2b Employer Identification Number (EIN) <u>23-1550955</u>
	2c Plan Sponsor's telephone number <u>(609) 893-6611</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		<u>10/4/2023</u>	<u>Marion Stamopoulos</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>10/4/2023</u>	<u>Marion Stamopoulos</u>
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 20px; width: 100%;"></div>
--	--

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 and 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	241
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)	3
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	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1I

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

9a Plan funding arrangement (check all that apply) (1) <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
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) <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 type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
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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)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

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

▶ Round off amounts to nearest dollar.

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


A Name of plan Deborah Heart and Lung Center Pension Plan		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Deborah Heart and Lung Center		D Employer Identification Number (EIN) 23-1550955	
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 checked="" type="checkbox"/> 101-500 <input 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	23,750,146	
b Actuarial value	2b	23,750,146	
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	99	8,164,334	8,164,334
b For terminated vested participants	139	5,084,636	5,084,636
c For active participants	3	121,028	121,028
d Total	241	13,369,998	13,369,998
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5		5.39 %
6 Target normal cost			
a Present value of current plan year accruals	6a		0
b Expected plan-related expenses	6b		0
c Total (line 6a + line 6b)	6c		0

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		10/03/2023
	Signature of actuary Michael Ibrahim, FSEA, EA	Date 23-04567
	Type or print name of actuary Apex Actuarial Consultants	Most recent enrollment number (201) 725-2437
	Firm name 293 RT 18 South, Suite D US East Brunswick NJ 08816	Telephone number (including area code)
	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

**DEBORAH HEART AND LUNG CENTER
PENSION PLAN
ACTUARIAL VALUATION
FOR THE PLAN YEAR BEGINNING JANUARY, 2022**

VI. PRINCIPAL PLAN PROVISIONS

The following summary describes principal plan provisions assumed in calculating the cost of your pension plan.

General Information

Plan Name: Deborah Heart and Lung Center Pension Plan

Original Effective Date: January 1, 1972

Effective Date of Last Amendment: December 31, 2018

Plan Year: January 1 to December 31

Employer ID Number: 23-1550955

Plan Administrator's ID Number: 23-1550955

Plan Number: 001

Plan Administrator: Deborah Heart and Lung Center

Eligibility

The first day of the month coincident with or next following the attainment of age 21 and completion of one year of service following date of hire or any subsequent Plan Year in which 1,000 hours of service are credited. No employee is permitted to participate in the Plan after December 31, 2005.

Compensation

Base earnings and any shift differential. It does not include bonuses, overtime pay, commissions, unused vacation pay, premium pay, severance pay, the taxable cost of life insurance, auto stipends, royalties, and nonqualified deferred compensation. For benefits accruing after 1993, compensation is limited to \$150,000 for 1996 and each prior year; \$160,000 for 1997, 1998, and 1999; \$170,000 for 2000 and 2001; and \$200,000 for 2002 and 2003; \$205,000 for 2004, and \$210,000 for 2005. Compensation earned after December 31, 2005 will not be considered under this Plan.

Covered Compensation

The average of the maximum Social Security taxable wage bases for the 35 year period ending with the calendar year in which a participant attains his Social Security retirement age (age 65 if born before 1938, age 66 if born after 1937 and before 1955, and age 67 if born after 1954), rounded to the nearest \$12, assuming that there are no increases in the Social Security taxable wage base after the calendar year of termination of active participation. Changes in the Social Security taxable wage base after December 31, 2005 are not considered.

Highest Average Compensation

The annual average of Compensation in the highest five consecutive years preceding the year of retirement. Compensation earned after December 31, 2005 is not considered.

Average Excess Compensation

The excess of a Participant's Average Final Compensation over the Participant's Covered Compensation.

Year of Benefit Service

One Year of service is credited for any Plan Year during which the Employee has 1,000 of more Hours of Service. Benefit Service will not be credited after December 31, 2005.

Normal Retirement Date

Normal Retirement Date is the later of the attainment of age 65 or the fifth anniversary of participation in the Plan.

Early Retirement

Early Retirement is available upon the completion of 15 years of Vesting Service and the attainment of age 55. The Participant will receive an immediate benefit equal to the Normal Retirement Benefit based on service at early retirement and appropriately reduced for the earlier commencement of benefits.

Normal Retirement Benefit

The normal retirement benefit is equal to 1.2% of Highest Average Compensation times Years of Benefit Service, plus 0.65% (.70% or .75% for different Social Security Retirement ages) of Average Excess Compensation times Years of Benefit Service. A different formula applies to employees who were earning more than \$150,000 in 1993.

Spouse's Pre-Retirement Death Benefit

Eligibility: Spouses or beneficiaries of vested participants who die before retirement.

Benefit: 50% of the Joint and Survivor annuity at Early Retirement, payable at the participant's earliest Retirement age had he (she) not died.

Severance Benefit

Eligibility: A participant is 100% vested after 5 years of Vesting Service.

Benefit: Retirement benefits can commence early but the benefits will be reduced actuarially.

Normal Form of Payment

The Normal Form of Payment is a life annuity paid in monthly installments.

Optional Methods of Settlement

All Optional Methods of Settlement are actuarially equivalent to the Normal Form of Payment. If a married participant does not elect the Normal Form of Payment or does not elect one of the Optional Methods of Settlement described below, then the participant's Retirement Benefit shall automatically be paid under option (1) below. The options are:

- (1) A reduced benefit to be paid during the participant's lifetime with one-half of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (2) A reduced benefit to be paid during the participant's lifetime with $\frac{3}{4}$ of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (3) A reduced benefit to be paid during the participant's lifetime with equal payments of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (4) A reduced benefit to be paid for a period of five years (or 10 or 15) certain and life thereafter.
- (5) A lump sum, subject to Section 436 benefit limitations, if hire date is prior to January 1, 1997.

All Optional Methods of Settlement are actuarially equivalent to the Normal Form of Payment on a unisex basis.

Amendment or Termination of Plan

The Plan Sponsor made a resolution to terminate the Deborah Heart and Lung Center Pension Plan as of June 30, 2021 in a Standard Termination.

Additional Information

The above description is a summary only; for additional details, reference should be made to the formal Plan document.

<p style="text-align: center;">DEBORAH HEART AND LUNG CENTER PENSION PLAN ACTUARIAL VALUATION FOR THE PLAN YEAR BEGINNING JANUARY 1, 2022</p>
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V. ACTUARIAL BASIS AND METHODOLOGY

In valuing the liabilities and determining the contribution requirements for a defined benefit pension plan, it is desirable to take into consideration every reasonably predictable future contingency which will have an effect on the ultimate cost of the Plan. The actuary does this by making assumptions regarding the incidence and occurrence of those future events and trends upon which the payment and amount of benefits is contingent.

Federal law requires that assumptions upon which Plan funding is based must represent the actuary's best estimate of anticipated future experience in light of all the pertinent circumstances surrounding the particular Plan situation. The law also requires that each assumption must be "reasonable".

In order to establish appropriate assumptions with respect to your plan, we will analyze the experience of your population for prior and future years, and as a result of this information and our own predictive data and resources, we have selected the underlying assumptions upon which your pension valuations and funding are based. These are discussed in detail under Item B in this section.

In addition to assumptions, the second element of the valuation, which forms the basis of current contributions, is the "actuarial cost method." The cost method is simply a payment schedule designed to insure that sufficient funds are accumulated over time to meet the benefit obligations of the Plan.

A. ACTUARIAL COST METHOD

Unit Credit Actuarial Cost Method

The actuarial cost method used to determine funding requirements is the Unit Credit Cost Method, which is also known as the Accrued Benefit Cost Method. Under this method, an unfunded actuarial accrued liability is determined as of the initial valuation date. In each subsequent year, the unfunded actuarial accrued liability is adjusted for actuarial gains and losses, as well as any plan amendments and changes in actuarial assumptions. The normal cost for any year is determined as the present value of benefits accrued during the year.

Asset Valuation Method

Market Value

B. ACTUARIAL ASSUMPTIONS

Interest Rates	Target Liability Interest Rates (by segment): HAFTA Segment Rates in effect at January 1, 2022 4.75% 5.18% 5.92%	
IRC Section 404	1.07%, 2.68%, 3.36%	
Effective Annual Interest Rate	5.39%	
Mortality	2022 static mortality table for annuitants and non-annuitants per IRC Section 1.430(h)(3)-(e).	
Turnover	None.	
Asset Valuation Method	Fair Market Value.	
Retirement Age	Age	Percentage
	55	10%
	56	10%
	57	10%
	58	10%
	59	10%
	60	10%
	61	10%
	62	30%
	63	0%
	64	0%
	65	100%
Normal Form	It is assumed that for those that are eligible, 50% will elect the lump sum form of benefit.	
Spouse's Age	It is assumed that males are three years older than their spouse.	

Structured Attachment

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Schedule SB, line 26a
Schedule of Active Participant Data**

2022

**This Form is Open to
Public Inspection**

Name of Plan	Deborah Heart and Lung Center Pension Plan						
Plan Year Begin Date	01/01/2022	Plan Year End Date	12/31/2022	EIN	23-1550955	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
Compensation		Cash Balance	Compensation		Cash Balance	
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 and up						

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
Compensation		Cash Balance	Compensation		Cash Balance	
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44				2		
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69				1		
70 and up						

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
Compensation		Cash Balance	Compensation		Cash Balance	
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 and up						

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
Compensation		Cash Balance	Compensation		Cash Balance	
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 and up						

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 and up		
	No.	Average		No.	Average	
Compensation		Cash Balance	Compensation		Cash Balance	
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 and up						

**Deborah Heart and Lung Center Pension Plan
Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions
EIN #23-1550955, Plan #001
Year Ended December 31, 2022 (In Liquidation)**

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) - Single transactions in excess of 5% of plan assets						
First American Government Obligation Fund	Cash equivalents	\$ 3,206,441	\$ -	\$ 3,206,441	\$ 3,206,441	\$ -
		15,331,537	-	15,331,537	15,331,537	-
		13,886,162	-	13,886,162	13,886,162	-
		2,847,597	-	2,847,597	2,847,597	-
		-	1,941,593	1,941,593	1,941,593	-
		-	12,847,348	12,847,348	12,847,348	-
		-	2,409,697	2,409,697	2,409,697	-
		-	1,528,965	1,528,965	1,528,965	-
		-	11,403,111	11,403,111	11,403,111	-
		-	1,729,422	1,729,422	1,729,422	-
		-	2,531,519	2,531,519	2,531,519	-
US Treasury Note	US Note, 0.125%, 6/30/22	2,997,666	-	2,997,666	2,997,666	-
		-	2,996,357	2,997,666	2,997,666	(1,309)
US Treasury Note	US Note, 1.500%, 9/15/22	2,013,444	-	2,013,444	2,013,444	-
		-	2,827,761	2,834,515	2,834,515	(6,754)
US Treasury Note	US Note, 1.625%, 8/15/22	2,013,913	-	2,013,913	2,013,913	-
		-	2,827,306	2,834,169	2,834,169	(6,863)
US Treasury Note	US Note, 1.625%, 11/15/22	2,017,507	-	2,017,507	2,017,507	-
		-	2,824,589	2,833,742	2,833,742	(9,153)
US Treasury Note	US Note, 1.875%, 4/30/22	6,026,504	-	6,026,504	6,026,504	-
		-	5,188,122	5,197,860	5,197,860	(9,738)

See Independent Auditor's Report.

**Deborah Heart and Lung Center Pension Plan
Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions
EIN #23-1550955, Plan #001
Year Ended December 31, 2022 (In Liquidation)**

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii) - Series of transactions in excess of 5% of plan assets						
First American Government Obligation Fund	Cash equivalents	\$ 39,284,334	\$ -	\$ 39,284,334	\$ 39,284,334	\$ -
		-	40,301,937	40,301,937	40,301,937	-
US Treasury Note	US Note, 0.125%, 6/30/22	2,997,666	-	2,997,666	2,997,666	-
		-	2,996,357	2,997,666	2,997,666	(1,309)
US Treasury Note	US Note, 1.500%, 9/15/22	2,834,515	-	2,834,515	2,834,515	-
		-	2,827,761	2,834,515	2,834,515	(6,754)
US Treasury Note	US Note, 1.625%, 8/15/22	2,834,167	-	2,834,167	2,834,167	-
		-	2,827,306	2,834,169	2,834,169	(6,863)
US Treasury Note	US Note, 1.625%, 11/15/22	2,833,742	-	2,833,742	2,833,742	-
		-	2,824,589	2,833,742	2,833,742	(9,153)
US Treasury Note	US Note, 1.875%, 4/30/22	6,026,504	-	6,026,504	6,026,504	-
		-	6,015,923	6,026,504	6,026,504	(10,581)
US Treasury Note	US Note, 1.500%, 2/15/30	-	1,347,194	1,405,559	1,405,559	(58,365)

There were no category (ii) or (iv) reportable transactions during the year ended December 31, 2022.

Columns for "Lease rental" and "Expenses incurred with transactions" are not applicable.

See Independent Auditor's Report.