

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
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>	
A This return/report is for:	☐ 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>WINIFRED MASTERSON BURKE MEDICAL RESEARCH INSTITUTE 403(B) DC PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>001</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>THE WINIFRED MASTERSON BURKE MEDICAL RESEARCH INSTITUTE INC</u> <u>785 MAMARONECK AVENUE</u> <u>WHITE PLAINS, NY 10605</u>	1c	Effective date of plan <u>08/01/1990</u>
	2b	Employer Identification Number (EIN) <u>13-3434924</u>
	2c	Plan Sponsor's telephone number <u>914-597-2500</u>
	2d	Business code (see instructions) <u>541700</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2023	JOHN LEAHY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ 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		5 266
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) 74
a(2) Total number of active participants at the end of the plan year		6a(2) 70
b Retired or separated participants receiving benefits		6b 0
c Other retired or separated participants entitled to future benefits.....		6c 148
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 218
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 3
f Total. Add lines 6d and 6e		6f 221
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 209
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: 2F 2G 2L 2M 2A 2T		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ 1 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	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 WINIFRED MASTERSON BURKE MEDICAL RESEARCH INSTITUTE 403(B) DC PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE WINIFRED MASTERSON BURKE MEDICAL RESEARCH INSTITUTE INC	D Employer Identification Number (EIN) 13-3434924	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	348135	168	01/01/2022	12/31/2022

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end.....	4	3868262
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	10681922

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount..... Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☒ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	3822442
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c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits.....	7c(2)		
(3) Interest credited during the year.....	7c(3)	146141	
(4) Transferred from separate account.....	7c(4)	129725	
(5) Other (specify below)	7c(5)		
▶			

(6) Total additions..... **7c(6)** 275866**d** Total of balance and additions (add lines **7b** and **7c(6)**)..... **7d** 4098308**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	94298	
(2) Administration charge made by carrier.....	7e(2)		
(3) Transferred to separate account.....	7e(3)	135129	
(4) Other (specify below)	7e(4)	619	
▶ PLAN FEES			

(5) Total deductions..... **7e(5)** 230046**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 3868262

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan WINIFRED MASTERSON BURKE MEDICAL RESEARCH INSTITUTE 403(B) DC PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE WINIFRED MASTERSON BURKE MEDICAL RESEARCH INSTITUTE INC	D Employer Identification Number (EIN) 13-3434924	

Part I	Service Provider Information (see instructions)
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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
TIAA
13-1624203
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

USI ADVISORS, INC

95 GLASTONBURY BLVD
STE 102
GLASTONBURY, CT 06033-4456

06-1397347

(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?
16	ADVISOR	12250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TIAA

730 THIRD AVE
NEW YORK, NY 10017-3206

13-1624203

(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?
64 65	RECORDKEEPER	9041	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan WINIFRED MASTERSON BURKE MEDICAL RESEARCH INSTITUTE 403(B) DC PLAN		B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 THE WINIFRED MASTERSON BURKE MEDICAL RESEARCH INSTITUTE INC		D Employer Identification Number (EIN) 13-3434924	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: TIAA REAL ESTATE			
b Name of sponsor of entity listed in (a): TIAA-CREF			
c EIN-PN 13-1624203-004	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 900540	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury 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 WINIFRED MASTERSON BURKE MEDICAL RESEARCH INSTITUTE 403(B) DC PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE WINIFRED MASTERSON BURKE MEDICAL RESEARCH INSTITUTE INC	D Employer Identification Number (EIN) 13-3434924	

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)	6999758278
(2) Participant contributions.....		1b(2)	
(3) Other.....		1b(3)	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....		1c(1)	
(2) U.S. Government securities		1c(2)	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A)	
(B) All other		1c(3)(B)	
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)	
(B) Common.....		1c(4)(B)	
(5) Partnership/joint venture interests		1c(5)	
(6) Real estate (other than employer real property)		1c(6)	
(7) Loans (other than to participants).....		1c(7)	
(8) Participant loans.....		1c(8)	4189260806
(9) Value of interest in common/collective trusts.....		1c(9)	
(10) Value of interest in pooled separate accounts.....		1c(10)	785459900540
(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)	1664908413670274
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	38224423868262
(15) Other		1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	21368874	18558160

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	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	21368874	18558160
---	-----------	----------	----------

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)	678018	
(B) Participants	2a(1)(B)	359088	
(C) Others (including rollovers)	2a(1)(C)	274	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1037380
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	1998	
(F) Other	2b(1)(F)	146142	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		148140
(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)	134754	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		134754
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		66726
(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)		-3299436
c Other income	2c		22300
d Total income. Add all income amounts in column (b) and enter total	2d		-1890136
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	897487	
(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)		897487
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)		
(2) Contract administrator fees	2i(2)	23091	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		23091
j Total expenses. Add all expense amounts in column (b) and enter total	2j		920578
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-2810714
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

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: PRAGER METIS CPAS, LLC

(2) EIN: 06-1667465

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.)		X	
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.)		X	
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.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		1000000
4e	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
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?		X	
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.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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 _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan WINIFRED MASTERSON BURKE MEDICAL RESEARCH INSTITUTE 403(B) DC PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE WINIFRED MASTERSON BURKE MEDICAL RESEARCH INSTITUTE INC		D Employer Identification Number (EIN) 13-3434924
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): 82-2826183		
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
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14	Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
	a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a	
	b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	
	c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year.....	15a	
	b The corresponding number for the second preceding plan year.....	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐		

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



**Winifred Masterson Burke Medical
Research Institute 403(b) DC Plan
Financial Statements and
Supplemental Schedules
December 31, 2022 and 2021,
and July 31, 2021**

Winifred Masterson Burke Medical Research Institute 403(b) DC Plan

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December 31, 2022, December 31, 2021, and July 31, 2021,

and for the year ended December 31, 2022 and the five-month period ended December 31, 2021

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Supplemental Schedules

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Independent Auditor's Report

To the Plan Administrator and Plan Management
Winifred Masterson Burke Medical Research Institute
403(b) DC Plan

Prager Metis CPAs, LLC

510 HAIGHT AVENUE
SUITE 201
POUGHKEEPSIE, NY 12603

T 845.473.7774

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www.pragermetis.com

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

We have performed audits of the financial statements of Winifred Masterson Burke Medical Research Institute 403(b) DC Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2022 and the five-month period ended December 31, 2021, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Winifred Masterson Burke Medical Research Institute 403(b) DC Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2022 and 2021, and for the year ended December 31, 2022 and the five-month period ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.



Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our 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 Winifred Masterson Burke Medical Research Institute 403(b) DC 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 ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Winifred Masterson Burke Medical Research Institute 403(b) DC Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.



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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Winifred Masterson Burke Medical Research Institute 403(b) DC Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Winifred Masterson Burke Medical Research Institute 403(b) DC Plan's ability to continue as a going concern for a reasonable period of time.



Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Other Matter — Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2022 and 2021, are presented for purposes of additional analysis and are not a required part of the financial statements but are 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 included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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



In our opinion

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditor's Report on the Financial Statements as of and for the year ended July 31, 2021

We were engaged to audit the financial statements of Winifred Masterson Burke Medical Research Institute 403(b) DC Plan as of and for the year ended July 31, 2021. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated April 6, 2022, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the financial statements as of and for the year ended July 31, 2021, and (b) the form and content of the information included in the financial statements as of and for the year ended July 31, 2021 other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Prager Metis CPAs, LLC

Prager Metis CPAs, LLC
Poughkeepsie, New York
October 10, 2023

Winifred Masterson Burke Medical Research Institute 403(b) DC Plan

Statements of Net Assets Available for Benefits

December 31, 2022, December 31, 2021 and July 31, 2021

	<u>December 31, 2022</u>	<u>December 31, 2021</u>	<u>July 31, 2021</u>
Assets			
Investments at fair value (See Note 4)	\$ 17,284,896	\$ 20,100,612	\$ 19,634,845
Investments at contract value (See Note 5)	1,154,180	1,156,373	1,145,155
Receivables			
Notes receivable from participants	60,806	41,892	33,724
Participant contributions	-	-	-
Employer contributions	58,278	69,997	-
Total receivables	<u>119,084</u>	<u>111,889</u>	<u>33,724</u>
Net assets available for benefits	<u>\$ 18,558,160</u>	<u>\$ 21,368,874</u>	<u>\$ 20,813,724</u>

The accompanying notes are an integral part of these financial statements.

Winifred Masterson Burke Medical Research Institute 403(b) DC Plan
Statements of Changes in Net Assets Available for Benefits
Year Ended December 31, 2022 and Five-Months Ended December 31, 2021

	<u>Year Ended</u> <u>December 31, 2022</u>	<u>Five-Months Ended</u> <u>December 31, 2021</u>
Additions to (deductions from) net assets attributed to		
Investment income (loss)		
Net appreciation (depreciation) in fair value of investments	\$ (3,232,708)	\$ 521,369
Interest and dividends	280,896	223,282
Other	22,300	1,330
Total investment income (loss)	<u>(2,929,512)</u>	<u>745,981</u>
Interest income on notes receivable from participants	<u>1,998</u>	<u>734</u>
Contributions		
Participant	359,088	142,791
Rollover	274	-
Employer	678,018	257,417
Total contributions	<u>1,037,380</u>	<u>400,208</u>
Deductions		
Benefits paid to participants	<u>(897,489)</u>	<u>(587,665)</u>
Administrative expenses	<u>(23,091)</u>	<u>(4,108)</u>
Net increase (decrease)	(2,810,714)	555,150
Net assets available for benefits – beginning of period	<u>21,368,874</u>	<u>20,813,724</u>
Net assets available for benefits – end of year	<u>\$ 18,558,160</u>	<u>\$ 21,368,874</u>

The accompanying notes are an integral part of these financial statements.

Winifred Masterson Burke Medical Research Institute 403(b) DC Plan

Notes to Financial Statements

December 31, 2022, December 31, 2021 and July 31, 2021

and for the year ended December 31, 2022 and the five-month period ended December 31, 2021

Note 1 Plan Description

The following description of the Winifred Masterson Burke Medical Research Institute (the “Sponsor”) 403(b) DC Plan (the “Plan”) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

Effective August 1, 2021, the Plan was amended to change the Plan year to a calendar year end. The Plan year will be the annual period beginning on January 1 and ending on December 31. The period beginning on August 1, 2021 and ending on December 31, 2021 was a short plan year.

General

The Plan is a defined contribution 403(b) plan covering all eligible employees of the Sponsor. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). The assets of the Plan are held by Teachers Insurance and Annuity Association (“TIAA”) and College Retirement Equities Fund (“CREF”).

Eligibility

Generally, all employees of the Sponsor are eligible to participate in the Plan. An individual is eligible to participate in the Plan for purposes of making elective deferral contributions immediately.

Contributions

Each participating employee may contribute an amount of their compensation, as defined by the Plan, subject to annual limitations imposed by the Internal Revenue Code (“IRC”). Participants who have attained age 50 before the end of the Plan year are eligible to make catch up contributions. Also, participants with 15 years of service are eligible for Special Code 403(b) catch up contributions.

The Sponsor contributes a nondiscretionary employer contribution to eligible employees based on the employee’s age and years of service. Eligible employees must be at least 21 years old. Prior to January 1, 2022, eligible employees must also have completed 2 years of service. The Plan was amended effective January 1, 2022, to change the service requirement to 1 year of service with entry dates being January 1 and July 1. Employees hired during the period August 1, 2020 and August 1, 2021 are eligible effective January 1, 2022. The employer contribution is “Age-Graded” in three tiers as follows:

- Tier 1 – for eligible employees who are at least age 21 and less than age 40, the Sponsor will contribute 5% of wages up to the FICA wage base, and 10% of wages above the FICA wage base;
- Tier 2 – for eligible employees who are at least age 40 and less than or equal to age 49, the Sponsor will contribute 10% of wages up to the FICA wage base, and 15% of wages above the FICA wage base;
- Tier 3 – for eligible employees who are age 50 or older, the Sponsor will contribute 15% of wages up to the FICA wage base, and 20% of wages above the FICA wage base.

Winifred Masterson Burke Medical Research Institute 403(b) DC Plan

Notes to Financial Statements

December 31, 2022, December 31, 2021, and July 31, 2021

and for the year ended December 31, 2022 and the five-month period ended December 31, 2021

Note 1 Plan Description (continued)

Plan participants direct the investment of their contributions and the Sponsor's contributions into the various investment options offered by the Plan.

Rollover Contributions

A participant may contribute amounts distributed or transferred from another qualified plan, as defined in the Plan document.

Participant Accounts

Individual account balances are maintained for each participant. Each participant's account is credited with the participant's contributions and allocations of the Sponsor's contributions and Plan earnings net of administrative expenses. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Vesting

Participants are immediately 100% vested in their contributions plus actual earnings thereon. Prior to January 1, 2022, participants were 100% vested in any nonelective contributions and earnings thereon. The Plan was amended effective January 1, 2022, to establish a vesting schedule for nonelective contributions based upon years of service, as defined in the Plan document. Participants are 50% vested after 2 years of service, 75% vested after three years of service and 100% vested after four or more years of service. Employees hired August 1, 2021 and prior will be 100% vested.

Payment of Benefits

Payments of benefits are made to participants or their beneficiaries upon death, retirement, disability, or termination of employment. Lump sum, partial payment, installment payments and annuity contract distributions are permitted by the Plan. In-service withdrawals and hardship withdrawals are also permitted by the Plan.

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum amount equal to the lesser of \$50,000 or 50% of their vested account balance. The term of the participant loan is up to five years, unless the loan is utilized to acquire a principal residence. The loans are secured by the balance in the participant's account and bear interest equal to the Federal Reserve Board Bank prime loan rate plus 1% at the time of the loan origination. Principal and interest are repaid directly to TIAA, at least quarterly.

Forfeited Accounts

There was no balance of forfeited non-vested accounts for each of the years presented. Forfeited accounts may be used to reduce nonelective contributions. During the year ended December 31, 2022, forfeited non-vested accounts of \$4,400 were used to reduce employer contributions.

Winifred Masterson Burke Medical Research Institute 403(b) DC Plan

Notes to Financial Statements

December 31, 2022, December 31, 2021, and July 31, 2021

and for the year ended December 31, 2022 and the five-month period ended December 31, 2021

Note 2 Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared under the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (“GAAP”).

Use of Estimates

The preparation of financial statements in conformity with GAAP requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein and disclosures of contingent assets and liabilities at the date of the financial statements. Actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan document. (See Note 5.)

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. See Note 4 for discussion of fair value measurement.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. 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 years.

Payment of Benefits

Benefits are recorded when paid.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as charges to participant accounts. No allowance for credit losses has been recorded as of December 31, 2022 and 2021. If a participant ceases to make scheduled loan repayments, the plan administrator may deem the participant’s loan to be in default and the participant’s loan balance may be reduced, with a benefit payment recorded.

Winifred Masterson Burke Medical Research Institute 403(b) DC Plan

Notes to Financial Statements

December 31, 2022, December 31, 2021, and July 31, 2021

and for the year ended December 31, 2022 and the five-month period ended December 31, 2021

Note 2 Summary of Significant Accounting Policies (continued)

Expenses

The Plan allows certain administrative expenses to be paid from Plan assets, unless otherwise paid by the Sponsor. Expenses that are paid by the Sponsor are excluded from these financial statements. Through its revenue sharing agreement with TIAA, the Plan may receive a return of fees from TIAA which may be used to pay direct, reasonable and necessary Plan expenses or to provide plan servicing credits to participants. Certain investment-related expenses are included in the net appreciation (depreciation) in fair value of investments.

Note 3 Information Certified by the Custodian

Plan management has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments and notes receivable from participants held at December 31, 2022 and 2021, and net appreciation (depreciation) in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2022 and the five-month period ended December 31, 2021, was obtained by management and agreed to or derived from information certified as complete and accurate by the custodian of the Plan, TIAA and CREF. The certification also extends to those investments, if any, which TIAA, FSB, a federal savings association, held as a directed trustee or custodian that were record kept by TIAA.

Note 4 Fair Value Measurement

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") Topic 820, *Fair Value Measurement*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2: Inputs to the valuation methodology include:

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

Winifred Masterson Burke Medical Research Institute 403(b) DC Plan

Notes to Financial Statements

December 31, 2022, December 31, 2021, and July 31, 2021

and for the year ended December 31, 2022 and the five-month period ended December 31, 2021

Note 4 Fair Value Measurement (continued)

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

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. There have been no changes in the methodologies used at December 31, 2022 and 2021.

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

TIAA Traditional Annuity, Non-Benefit Responsive: Investments in TIAA Traditional Annuity (non-benefit responsive) contracts are contract-based, therefore observable prices for identical or similar investments do not exist and, accordingly, these investments are valued using unobservable inputs (Level 3). The fair value equals the accumulated cash contributions and interest credited to the contract, less any withdrawals. Liquidity restrictions apply to Retirement Annuity ("RA") contracts that could impact the value realized upon exiting the contract. All withdrawals and transfers from RA contracts must be distributed over ten annual installments.

TIAA Real Estate: The fair value of the Plan's interest in the TIAA Real Estate Account (a pooled separate account) is based on the fund's daily net asset value ("NAV"), which is used as a practical expedient to approximate fair value. The unit value of the fund is calculated daily. Underlying holdings are primarily valued using independent appraisals or independent pricing sources. Although the underlying assets of the fund cannot be quickly sold and converted to liquid assets, the TIAA general account provides the fund with a liquidity guarantee whereby TIAA ensures that the fund has funds available to meet participant redemption, transfer or cash withdrawal requests. There are no unfunded commitments from participants in the Plan who invest in this account.

CREF Funds: The fair values of accumulation units held by the Plan in CREF accounts (variable annuity accounts) are valued at quoted market prices at the close of the last business day of the year. Data for net asset values are available daily to plan administrators and client investors on NASDAQ's website. These variable annuity accounts invest principally in equity securities, fixed-income instruments and short-term investments in accordance with each portfolio's investment objectives. Underlying holdings are primarily valued using market quotations or prices obtained from independent pricing sources who may employ various pricing methods to value the investments including matrix pricing.

Winifred Masterson Burke Medical Research Institute 403(b) DC Plan

Notes to Financial Statements

December 31, 2022, December 31, 2021, and July 31, 2021

and for the year ended December 31, 2022 and the five-month period ended December 31, 2021

Note 4 Fair Value Measurement (continued)

TIAA – CREF and Other Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

All assets have been valued using a market approach, except for Level 3 assets. See Quantitative Information table below for description of valuation techniques used to calculate fair value of Level 3 assets.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value:

Assets at Fair Value as of December 31, 2022				
	Level 1	Level 2	Level 3	Total
TIAA Traditional Annuity, non-benefit responsive	\$ -	\$ -	\$ 2,714,083	\$ 2,714,083
CREF Funds, variable annuity accounts	9,781,384	-	-	9,781,384
TIAA-CREF and Other Mutual Funds	3,888,889	-	-	3,888,889
Total assets in the fair value hierarchy	<u>\$ 13,670,273</u>	<u>\$ -</u>	<u>\$ 2,714,083</u>	16,384,356
Investments measured at net asset value (*)				
TIAA Real Estate				<u>900,540</u>
Investments at fair value				<u>\$ 17,284,896</u>

Assets at Fair Value as of December 31, 2021				
	Level 1	Level 2	Level 3	Fair Value
TIAA Traditional Annuity, non-benefit responsive	\$ -	\$ -	\$ 2,666,069	\$ 2,666,069
CREF Funds, variable annuity accounts	12,984,290	-	-	12,984,290
TIAA-CREF and Other Mutual Funds	3,664,794	-	-	3,664,794
Total assets in the fair value hierarchy	<u>\$ 16,649,084</u>	<u>\$ -</u>	<u>\$ 2,666,069</u>	19,315,153
Investments measured at net asset value (*)				
TIAA Real Estate				<u>785,459</u>
Investments at fair value				<u>\$ 20,100,612</u>

Winifred Masterson Burke Medical Research Institute 403(b) DC Plan

Notes to Financial Statements

December 31, 2022, December 31, 2021, and July 31, 2021

and for the year ended December 31, 2022 and the five-month period ended December 31, 2021

Note 4 Fair Value Measurement (continued)

Assets at Fair Value as of July 31, 2021				
	Level 1	Level 2	Level 3	Fair Value
TIAA Traditional Annuity, non-benefit responsive	\$ -	\$ -	\$ 2,678,757	\$ 2,678,757
CREF Funds, variable annuity accounts	12,765,075	-	-	12,765,075
TIAA-CREF and Other Mutual Funds	3,434,094	-	-	3,434,094
Total assets in the fair value hierarchy	<u>\$ 16,199,169</u>	<u>\$ -</u>	<u>\$ 2,678,757</u>	18,877,926
Investments measured at net asset value (*)				
TIAA Real Estate				<u>756,919</u>
Investments at fair value				<u>\$ 19,634,845</u>

(*) In accordance with FASB ASC Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the fair value of the Plan's investments in the statements of net assets available for benefits.

The tables below set forth a summary of changes in the fair value of the Plan's Level 3 assets:

Level 3 Assets for the year ended December 31, 2022:

	TIAA Traditional Annuity, non-benefit responsive
Purchases	\$ 129,726
Issuances	\$ (189,976)
Transfers in	\$ -
Transfers out	\$ -

Level 3 Assets for the five-months ended December 31, 2021:

	TIAA Traditional Annuity, non-benefit responsive
Purchases	\$ -
Issuances	\$ (49,085)
Transfers in	\$ -
Transfers out	\$ -

Winifred Masterson Burke Medical Research Institute 403(b) DC Plan

Notes to Financial Statements

December 31, 2022, December 31, 2021, and July 31, 2021

and for the year ended December 31, 2022 and the five-month period ended December 31, 2021

Note 4 Fair Value Measurement (continued)

Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements

The following table represents the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs as of December 31, 2022 and 2021 and July 31, 2021:

Investment	Fair Value	Valuation Technique	Unobservable Inputs	Range
	December 31, 2022:			At December 31, 2022:
TIAA Traditional Annuity, non-benefit responsive	<u><u>\$ 2,714,083</u></u>	Discounted Cash Flow and Theoretical Transfer (exit value)	Risk-adjusted discount rate applied*	RA – 3.70% – 6.25% RC – 3.95% – 6.50%
	December 31, 2021:			At December 31, 2021:
	<u><u>\$ 2,666,069</u></u>			RA – 3.00% – 3.80%
				RC – 2.75% – 3.90%
	July 31, 2021:			At July 31, 2021:
	<u><u>\$ 2,678,757</u></u>			RA – 3.00% – 4.45%
				RC – 2.50% – 4.45%

*Unobservable inputs include discount rate applied.

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2022 and 2021 and July 31, 2021. There are no participant redemption restrictions for these investments.

	<u>12/31/22</u> <u>Fair Value</u>	<u>12/31/21</u> <u>Fair Value</u>	<u>7/31/21</u> <u>Fair Value</u>	<u>Unfunded</u> <u>Commitments</u>	<u>Redemption</u> <u>Frequency</u>	<u>Redemption</u> <u>Notice Period</u>
TIAA real estate account (a)	<u><u>\$ 900,540</u></u>	<u><u>\$ 785,459</u></u>	<u><u>\$ 756,919</u></u>	<u>N/A</u>	<u>Quarterly</u>	<u>Daily</u>

(a) This fund invests in real estate properties, other real estate-related investments, and securities. Underlying real estate holdings are valued principally using external appraisals. Underlying securities are generally priced using values obtained from independent pricing sources. Redemptions are permitted daily, except participant transfers out of the fund which are limited to one per calendar quarter.

Note 5 Fully Benefit Responsive Investment Contract

The Plan holds a portfolio of investment contracts that comprises a traditional investment contract. The type of contract through which a participant invests in the TIAA Traditional Annuity (“TIAA Traditional”) determines the applicability of certain account features, such as the guaranteed minimum interest rate, additional interest declarations, the degree of liquidity of the participant’s account, and the options for income upon retirement. The Supplemental Retirement Annuity and Group Supplemental Retirement Annuity TIAA Traditional contract types held by the Plan meet the fully benefit-responsive investment contract criteria, and therefore are reported at contract value. Contract value is a relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by TIAA, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The TIAA Traditional is an unallocated fixed-annuity contract that is fully and unconditionally guaranteed by TIAA. TIAA Traditional provides a guarantee of principal, a guaranteed minimum rate of interest (generally 3% but could range from 1% – 3%), and the potential for additional interest if declared by TIAA. Additional interest, when declared, remains in effect for the “declaration year,” which begins each March 1. Additional interest is not guaranteed for future years. Contributions to a participant’s account purchases a guaranteed amount of lifetime annuity income. When a participant’s account in the TIAA Traditional is annuitized based on available options, the present value of the stream of payments is equal to the account balance. The subsequent stream of annuity payments occurs outside of the Plan and does not represent an obligation of the Plan. The key factors that influence future interest crediting rates could include the following: the level of market interest rates, the amount and timing of participant contributions, transfers and withdrawals into/out of the contracts; and the duration of the underlying investments backing the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuer, and also that limit the ability of the Plan to transact at contract value with participants.

Note 6 Party-In-Interest Transactions

A party-in-interest is defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. TIAA and CREF is the custodian for the Plan. Plan investments include investment contracts, registered investment companies, and pooled separate accounts managed by TIAA and CREF. Therefore, transactions pertaining to these investments qualify as party-in-interest transactions. Additionally, the Plan pays certain investment and recordkeeping fees and expenses to TIAA and CREF. These transactions qualify as party-in-interest transactions.

The Plan makes loans to participants and therefore, these transactions qualify as party-in-interest transactions.

Winifred Masterson Burke Medical Research Institute 403(b) DC Plan

Notes to Financial Statements

December 31, 2022, December 31, 2021, and July 31, 2021

and for the year ended December 31, 2022 and the five-month period ended December 31, 2021

Note 7 Plan Termination

Although it has not expressed any intent to do so, the Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, the net assets of the Plan will be allocated as prescribed by ERISA and regulations pursuant thereto.

Note 8 Tax Status

The Plan is an adoption of the TIAA ERISA 403(b) Volume Submitter Plan and has been designed to qualify under Section 403(b) of the IRC. TIAA has been notified by the Internal Revenue Service in a letter dated August 7, 2017 that the form of the plan identified above is acceptable under Section 403(b) of IRC. The Plan is required to operate in conformity with the IRC to maintain the tax-exempt status for plan participants under Section 403(b). Although the Plan has been amended, the plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires plan management to evaluate tax positions taken by the plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 9 Risks and Uncertainties

The Plan holds various investment securities. Investments are exposed to various risks such as interest rate, market, liquidity and credit risks. Market risks include global events which could impact the value of investment securities. Due to the level of risk associated with certain investment securities and the sensitivity of certain fair value estimates to changes in valuation assumptions, it is at least reasonably possible that changes in the fair values of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Note 10 Subsequent Events

The Plan has evaluated subsequent events through October 10, 2023, the date on which the financial statements were available to be issued.

Supplemental Schedules

Winifred Masterson Burke Medical Research Institute 403(b) DC Plan
Plan Number 001
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
EIN: 13-3434924
December 31, 2022

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost**	Current Value
		Fixed annuity contract:		
*	TIAA	TIAA Traditional Annuity, Non Benefit Responsive		\$ 2,714,083
		Pooled separate account:		
*	TIAA	TIAA Real Estate		900,540
		Registered investment company shares - CREF:		
*	CREF	CREF Stock		2,451,374
*	CREF	CREF Money Market		856,428
*	CREF	CREF Social Choice		341,357
*	CREF	CREF Core Bond		543,197
*	CREF	CREF Global Equities		1,539,275
*	CREF	CREF Growth		1,951,587
*	CREF	CREF Equity Index		2,016,732
*	CREF	CREF Inflation-Linked Bond		81,434
				9,781,384
		Registered investment company shares - TIAA-CREF:		
*	TIAA-CREF	TIAA-CREF Lifecycle Idx 2020-Inst		238,163
*	TIAA-CREF	TIAA-CREF Lifecycle Idx 2025-Inst		611,775
*	TIAA-CREF	TIAA-CREF Lifecycle Idx 2030-Inst		174,437
*	TIAA-CREF	TIAA-CREF Lifecycle Idx 2035-Inst		519,865
*	TIAA-CREF	TIAA-CREF Lifecycle Idx 2040-Inst		511,979
*	TIAA-CREF	TIAA-CREF Lifecycle Idx 2045-Inst		58,755
*	TIAA-CREF	TIAA-CREF Lifecycle Idx 2050-Inst		70,252
*	TIAA-CREF	TIAA-CREF Lifecycle Idx 2055-Inst		62,521
*	TIAA-CREF	TIAA-CREF Lifecycle Idx 2060-Inst		89,045
*	TIAA-CREF	TIAA-CREF Lifecycle Idx 2065-Inst		9,579
				2,346,371
		Registered investment company shares - Other:		
	American Century	American Century Mid Cap		157,798
	Invesco	Invesco Oppen Developing Markets Fund		28,965
	PGIM	PGIM Total Return Bond Z		113,984
	BlackRock	BlackRock High Yield Bond		103,250
	JPMorgan	JPMorgan Equity Income		53,487
	Pioneer	Pioneer Fundamental Growth Y		464,569
	MFS	MFS Mid Cap Growth Fund		10,922
	Delaware	Delaware International Core Equity Fund		16,567
	Schwab	Schwab S&P 500 Index Fund		129,194
	Vanguard	Vanguard Mid-Cap Value Index		229,780
	Schwab	Schwab Small Cap Index Fund		26,639
	Delaware	Delaware Small Cap Value Institutional Class		5,418
	PIMCO	PIMCO Income Fund Class I2		92,867
	Invesco	Invesco International Bond Y		82,150
	Vanguard	Vanguard Federal Money Market		26,928
				1,542,518
	Total investments at fair value			17,284,896
		Fixed annuity contract, at contract value:		
*	TIAA	TIAA Traditional Annuity, Fully Benefit-Responsive		1,154,180
*	Participant Loans	Various maturity dates, interest rates 4.25%-6.50%	\$-0-	60,806
				\$ 18,499,882

* Party-in-interest

** Cost information is not required for participant-directed investments.

Winifred Masterson Burke Medical Research Institute 403(b) DC Plan
Plan Number 001
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
EIN: 13-3434924
December 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost**	Current Value
*	TIAA	Fixed annuity contract: TIAA Traditional Annuity, Non Benefit Responsive		\$ 2,666,069
*	TIAA	Pooled separate account: TIAA Real Estate		785,459
		Registered investment company shares - CREF:		
*	CREF	CREF Stock		2,941,683
*	CREF	CREF Money Market		1,354,501
*	CREF	CREF Social Choice		400,043
*	CREF	CREF Bond Market		609,609
*	CREF	CREF Global Equities		1,951,722
*	CREF	CREF Growth		3,170,606
*	CREF	CREF Equity Index		2,440,312
*	CREF	CREF Inflation-Linked Bond		115,814
				12,984,290
		Registered investment company shares - TIAA-CREF:		
*	TIAA-CREF	TIAA-CREF Lifecycle Idx 2020-Inst		174,641
*	TIAA-CREF	TIAA-CREF Lifecycle Idx 2025-Inst		501,643
*	TIAA-CREF	TIAA-CREF Lifecycle Idx 2030-Inst		153,864
*	TIAA-CREF	TIAA-CREF Lifecycle Idx 2035-Inst		394,852
*	TIAA-CREF	TIAA-CREF Lifecycle Idx 2040-Inst		440,662
*	TIAA-CREF	TIAA-CREF Lifecycle Idx 2045-Inst		143,509
*	TIAA-CREF	TIAA-CREF Lifecycle Idx 2050-Inst		45,278
*	TIAA-CREF	TIAA-CREF Lifecycle Idx 2055-Inst		64,519
*	TIAA-CREF	TIAA-CREF Lifecycle Idx 2060-Inst		80,260
				1,999,228
		Registered investment company shares - Other:		
	American Century	American Century Mid Cap		159,956
	Invesco	Invesco Oppen Developing Markets Fund		27,186
	PGIM	PGIM Total Return Bond Z		127,667
	BlackRock	BlackRock High Yield Bond		114,501
	JPMorgan	JPMorgan Equity Income		48,150
	Pioneer	Pioneer Fundamental Growth Y		412,151
	MFS	MFS Mid Cap Growth Fund		11,983
	Delaware	Delaware International Core Equity Fund		16,633
	Schwab	Schwab S&P 500 Index Fund		146,938
	Vanguard	Vanguard Mid-Cap Value Index		247,250
	Schwab	Schwab Small Cap Index Fund		56,411
	Delaware	Delaware Small Cap Value Institutional Class		38,567
	PIMCO	PIMCO Income Fund Class I2		101,019
	Invesco	Invesco International Bond Y		93,205
	Vanguard	Vanguard Federal Money Market		63,949
				1,665,566
	Total investments at fair value			20,100,612
		Fixed annuity contract, at contract value:		
*	TIAA	TIAA Traditional Annuity, Fully Benefit-Responsive		1,156,373
*	Participant Loans	Various maturity dates, interest rates 4.25%-6.50%	\$-0-	41,892
				\$ 21,298,877

* Party-in-interest

** Cost information is not required for participant-directed investments.

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

► Winifred Masterson Burke Medical Research Institute 403(b) DC Plan

Employer Identification Number:► 13-3434924

For plan year (beginning/ending):► 1/1/2022 to 12/31/2022

Plan number:► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	College Retirement Equities Fund variable annuities	TIAA Traditional Benefit Responsive		\$ 1,154,179.74
*	College Retirement Equities Fund variable annuities	TIAA Traditional Non Benefit Responsive		\$ 2,223,440.56
*	College Retirement Equities Fund variable annuities	TIAA Traditional Non Benefit Responsive 2		\$ 490,642.03
*	College Retirement Equities Fund variable annuities	CREF Stock R1		\$ 2,451,373.71
*	College Retirement Equities Fund variable annuities	CREF Money Market R1		\$ 856,427.55
*	College Retirement Equities Fund variable annuities	CREF Social Choice R1		\$ 341,357.16
*	College Retirement Equities Fund variable annuities	CREF Global Equities R1		\$ 1,539,274.97
*	College Retirement Equities Fund variable annuities	CREF Growth R1		\$ 1,951,586.59
*	College Retirement Equities Fund variable annuities	CREF Equity Index R1		\$ 2,016,731.53
*	College Retirement Equities Fund variable annuities	CREF Inflation-Linked Bond R1		\$ 81,433.92
*	College Retirement Equities Fund variable annuities	TIAA Real Estate		\$ 900,539.87
*	College Retirement Equities Fund variable annuities	CREF Core Bond R1		\$ 543,196.58
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lfcyle Idx 2020-Inst		\$ 238,163.47
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lfcyle Idx 2025-Inst		\$ 611,775.00
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lfcyle Idx 2030-Inst		\$ 174,436.69
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lfcyle Idx 2035-Inst		\$ 519,864.72
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lfcyle Idx 2040-Inst		\$ 511,979.11
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lfcyle Idx 2045-Inst		\$ 58,754.98
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lfcyle Idx 2050-Inst		\$ 70,252.46
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lfcyle Idx 2055-Inst		\$ 62,521.14
	College Retirement Equities Fund variable annuities	Amer Century Mid Cap Value I		\$ 157,797.90
	College Retirement Equities Fund variable annuities	Delaware Small Cap Val Inst		\$ 5,419.26
	College Retirement Equities Fund variable annuities	Invesco Developing Markets Y		\$ 28,964.98
	College Retirement Equities Fund variable annuities	PGIM Total Return Bond Z		\$ 113,983.61
	College Retirement Equities Fund variable annuities	Vanguard Federal Money Mkt Inv		\$ 26,928.40
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lfcyle Idx 2060-Inst		\$ 89,045.26
	College Retirement Equities Fund variable annuities	PIMCO Income Fund CI I2		\$ 92,868.35
	College Retirement Equities Fund variable annuities	BlackRock High Yield Bd Instl		\$ 103,249.87
	College Retirement Equities Fund variable annuities	Invesco International Bond Y		\$ 82,150.03
	College Retirement Equities Fund variable annuities	JPMorgan Equity Income CI R5		\$ 53,486.73
	College Retirement Equities Fund variable annuities	Pioneer Fundamental Growth Y		\$ 464,568.56
	College Retirement Equities Fund variable annuities	MFS Mid Cap Growth Fund R6		\$ 10,921.89
	College Retirement Equities Fund variable annuities	Delaware Ivy Intrnl Core Eq Y		\$ 16,566.74
	College Retirement Equities Fund variable annuities	Schwab S&P 500 Index Fund		\$ 129,193.87
	College Retirement Equities Fund variable annuities	Vanguard Mid-Cap Value Idx Adm		\$ 229,779.81
	College Retirement Equities Fund variable annuities	Schwab Small Cap Index Fund		\$ 26,640.01
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lfcyle Idx 2065-Inst		\$ 9,579.26
	College Retirement Equities Fund variable annuities	Participant Loan Fund		\$ 60,805.72
	Grand Total			\$ 18,499,882