Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2022** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
INTERFAITH MEDICAL CENTER 403(B) RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 005

1c Effective date of plan 06/01/1980

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)
BROOKDALE HOSPITAL MEDICAL CENTER

ONE BROOKDALE PLAZA
BROOKLYN, NY 11212

2b Employer Identification Number (EIN) 11-1631746

2c Plan Sponsor's telephone number 718-613-6560

2d Business code (see instructions) 622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2023	FRANCESCA TINTI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2023	FRANCESCA TINTI
	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.

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

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	1242
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)**	883
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	879
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	385
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	1265
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	1265
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1265
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:

2G 2L 2M 2T 2S 3D

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **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)	Insurance Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.** ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	**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 INTERFAITH MEDICAL CENTER 403(B) RETIREMENT PLAN	**B** Three-digit plan number (PN) ▶ 005
C Plan sponsor's name as shown on line 2a of Form 5500 BROOKDALE HOSPITAL MEDICAL CENTER	**D** Employer Identification Number (EIN) 11-1631746

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.

1 Coverage Information:

(a) Name of insurance carrier

PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY

(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
06-1050034	93629	074372	1265	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 **(c)** Amount	**(d)** Purpose	**(e)** Organization code

(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 **(c)** Amount	**(d)** Purpose	**(e)** Organization code

(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	11727104
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

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.	6d	

Specify nature of costs ▶

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 ▶ GUARANTEED GENERAL ACCOUNT CONTRACT

b	Balance at the end of the previous year			7b	11432988
c	Additions: (1) Contributions deposited during the year	7c(1)	802798		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	190140		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	1243737		
	▶ LOAN REPAYMENTS TRANSFERS IN MISCELLANEOUS IN				
	(6)Total additions			7c(6)	2236675
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	13669663
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1378021		
	(2) Administration charge made by carrier	7e(2)	643		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	563895		
	▶ LOAN INITIATIONS,TRANSFERS OUT MISCELLANEOUS OUT FORFEITURES DEBITS				
	(5) Total deductions			7e(5)	1942559
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	11727104

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)	
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)	
(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)	
(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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).	2022
Department of Labor Employee Benefits Security Administration	▶ **File as an attachment to Form 5500.**	**This Form is Open to Public Inspection.**
Pension Benefit Guaranty Corporation		

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

A Name of plan
INTERFAITH MEDICAL CENTER 403(B) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
BROOKDALE HOSPITAL MEDICAL CENTER

D Employer Identification Number (EIN)
11-1631746

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

PRUDENTIAL RETIREMENT INSURANCE AND

06-1050034

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

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

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

PRUDENTIAL RETIREMENT INSURANCE AND

06-1050034

(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?
13 15 37 50 64	NONE	103563	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

RESOURCES INVESTMENT ADVISORS INC

43-1451524

(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?
26 27	NONE	50000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WESTMINSTER CONSULTING, LLC

45-3679779

(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?
26 27	NONE	20000	Yes [ ] No [X]	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
PRUDENTIAL RETIREMENT INSURANCE AND	15 64	0

(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.
PRUDENTIAL RETIREMENT INSURANCE AND 06-1050034	10.000 BPS AND $0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2022 TO 12/31/2022 GUARANTEED INCOME FUND

(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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**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
INTERFAITH MEDICAL CENTER 403(B) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
BROOKDALE HOSPITAL MEDICAL CENTER

D Employer Identification Number (EIN)
11-1631746

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	55	162502
(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)	793397	819987
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	51752376	41991677
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	11432988	11727104
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	63978816	54701270
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 through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	63978816	54701270

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)	5012	
(B) Participants	2a(1)(B)	4783934	
(C) Others (including rollovers)	2a(1)(C)	68194	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		4857140
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)	37097	
(F) Other	2b(1)(F)	190140	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		227237
(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)	732709	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		732709
(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)		
(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)		-10498835
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		-4681749
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4376072	
(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)		4376072
f Corrective distributions (see instructions)	2f		1335
g Certain deemed distributions of participant loans (see instructions)	2g		43686
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	102792	
(3) Investment advisory and management fees	2i(3)	70000	
(4) Other	2i(4)	1912	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		174704
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4595797
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-9277546
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) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: BAKER TILLY US, LLP **(2)** EIN: 39-0859910

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		687655

		Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		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)	Retirement Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under 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.**	**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
INTERFAITH MEDICAL CENTER 403(B) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
BROOKDALE HOSPITAL MEDICAL CENTER

D Employer Identification Number (EIN)
11-1631746

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): 22-1211670 _____

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**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

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

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

a Name of contributing employer

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

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

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

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

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

a Name of contributing employer

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

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

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

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

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

a Name of contributing employer

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

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

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

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

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

a Name of contributing employer

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

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

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

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

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

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation_____

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Interfaith Medical Center 403(b) Plan

Financial Statements and
Supplementary Information

December 31, 2022 and 2021

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December 31, 2022 and 2021

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Independent Auditors' Report

To the Participants and Plan Administrator of
Interfaith Medical Center 403(b) Plan

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

We were engaged to perform audits of the financial statements of Interfaith Medical Center 403(b) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the 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 related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our 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 DOL'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, stating that the certified investment information, as described in Note 9 to the financial statements, is complete and accurate.

Disclaimer of Opinion

We do not express an opinion on the accompanying financial statements of the Plan. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Basis for Disclaimer of Opinion

The Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

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Further, as described in Note 10 to the financial statements, the Plan has excluded from investments in the accompanying statements of net assets available for benefits certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the DOL's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded in the accompanying statement of changes in net assets available for benefits. The amount of these excluded annuity contracts and custodial accounts and the related income and distributions are not reasonably determinable. Accounting principles generally accepted in the United States of America (GAAP) require that these accounts and the related income and distributions be included in the accompanying financial statements.

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

Our responsibility is to conduct an audit of the Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditors' report. However, because of the matters described in the Basis for Disclaimer of Opinion section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

We are required to be independent of the Plan, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits.

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, Line 4(a) - Schedule of Delinquent Participant Contributions and Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year), as of and for the year ended December 31, 2022, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

Baker Tilly US, LLP

Wilkes-Barre, Pennsylvania
October 9, 2023

Interfaith Medical Center 403(b) Plan

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

	2022	2021
Assets		
Investments:		
At fair value	$ 41,991,677	$ 51,752,376
At contract value	11,727,104	11,432,988
Total investments	53,718,781	63,185,364
Receivables:		
Participant contributions	162,502	55
Notes receivable from participants	819,987	793,397
Total receivables	982,489	793,452
Total assets	54,701,270	63,978,816
Liabilities	-	-
Net assets available for benefits	$ 54,701,270	$ 63,978,816

See notes to financial statements

Interfaith Medical Center 403(b) Plan

Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2022

Additions	
Investment (loss) income:	
Net depreciation in fair value of investments	$ (10,498,835)
Interest and dividends	922,849
Net investment loss	(9,575,986)
Interest income on notes receivable from participants	37,097
Contributions:	
Employer	5,012
Participant	4,783,934
Rollover	68,194
Total contributions	4,857,140
Net additions	(4,681,749)
Deductions	
Benefits paid to participants	4,377,407
Deemed distributions of notes receivable from participants	43,686
Administrative expenses	174,704
Total deductions	4,595,797
Net decrease	(9,277,546)
Net Assets Available for Benefits	
Beginning of year	63,978,816
End of year	$ 54,701,270

See notes to financial statements

1. Description of the Plan

The following description of the Interfaith Medical Center 403(b) Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering substantially all employees of Interfaith Medical Center (the Center), except nonresident aliens, employees who normally work less than 20 hours a week, employees who are participant in another plan offered by the Center and student employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is administered by the Center's Retirement Plan Committee (Committee). The Committee has overall responsibility for the operation and administration of the Plan. The Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan's Board of Trustees.

Contributions

Each year, participants may contribute up to 100% of pretax annual compensation, as defined by the plan document, up to the maximum limits of the Internal Revenue Code (IRC). Participants may designate all or a portion of their deferral contributions as after-tax contributions into a Roth account. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. In addition, participants who have fifteen years of service with the Center are eligible to make special catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover).

The Center may, at its discretion, make an annual nonelective contribution. Eligible employees must be nonunion employees, age 21 or older, have one year of service and be employed on the last day of the plan year to be eligible for the discretionary nonelective contribution. For the year ended December 31, 2022, the Center did not make a discretionary nonelective contribution. The Center did make qualified nonelective contributions of $5,012.

Participants direct the investment of all contributions into various investment options offered by the Plan. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of the Center's contribution, if applicable, and plan earnings, and charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances or specific 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 vested in their contributions and the Center's contributions plus actual earnings thereon.

Notes Receivable From Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their account balance. The loans are secured by the balance in the participant's account and bear interest rates that are equal to prime rate plus 1% and range from 4.25% to 7.25% at December 31, 2022, which are commensurate with local prevailing rates as determined by the plan administrator. Principal and interest are paid ratably through quarterly payments by the participant directly to Empower Annuity Insurance Company of America (EAICA), formerly Prudential Retirement Insurance and Annuity Company (Prudential). Terms range from one to five years or greater for the purchase of a primary residence.

Payment of Benefits

On termination of service due to death, disability, retirement or other reasons, a participant may receive a lump-sum amount equal to the value of the participant's interest in their account. In addition, the Plan allows for hardship distributions if certain criteria are met and for age 59.5 in-service distributions.

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Committee determines the Plan's valuation policies utilizing information provided by EAICA, the custodian of the Plan, and Prudential, the former custodian of the Plan. See Note 3 for a discussion of fair value measurements.

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 depreciation includes the gains and losses on investments bought and sold as well as held during the year.

Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Related fees are recorded as administrative expenses and are expensed when they are incurred. Interest income is recorded on the accrual basis. No allowance for credit losses has been recorded as of December 31, 2022 and 2021.

Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Center. Expenses that are paid by the Center are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net depreciation of fair value of investments.

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

The Plan has evaluated subsequent events for recognition or disclosure through October 9, 2023, the date the financial statements were available to be issued.

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

3. Fair Value Measurements

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

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

Level 2 - Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

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

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

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

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

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

Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2022 and 2021:

	Assets at Fair Value as of December 31, 2022			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 41,991,677	$ -	$ -	$ 41,991,677

	Assets at Fair Value as of December 31, 2021			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 51,752,376	$ -	$ -	$ 51,752,376

4. Fully Benefit-Responsive Insurance Company Contract

The Plan offers the option to invest in a group annuity insurance contract, the Guaranteed Income Fund, with EAICA. This contract meets the fully benefit-responsive investment contract criteria, and therefore, is reported at contract value. Contract value is the 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 represents contributions made under each contract, plus earnings, less participant withdrawals and administrative expenses. The contract value of the investment contract held by the Plan at December 31, 2022 and 2021 is $11,727,104 and $11,432,988, respectively.

The contract held by the Plan is a guaranteed income fund. EAICA is contractually obligated to repay the principal and interest at the specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than 1%. The crediting rate is reviewed on a semiannual basis for resetting. The contract cannot be terminated before the scheduled maturity date.

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts is dependent on EAICA's ability to meet its financial obligations. EAICA's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with EAICA. Such events include (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spinoffs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA (5) premature termination of the contract.

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with EAICA and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow EAICI to terminate the contract with the Plan and settle at an amount different from contract value. Such events include (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, (4) a material amendment to the agreement without the consent of the issuer.

5. Related-Party and Party In Interest Transactions

Certain of the Plan's investments are managed by the custodians, and therefore, these transactions qualify as party in interest transactions. Fees incurred by the Plan for the investment manager services are included in net depreciation in the fair value of the investment, as they are paid through revenue sharing, rather than a direct payment. Additionally, the Plan issues loans to participants, which are secured by the participant's account balances. These transactions qualify as party in interest transactions.

Certain administrative functions of the Plan are performed by officers or employees of the Center. No such officer or employee receives compensation from the Plan.

6. Plan Termination

Although it has not expressed any intent to do so, the Center has the right to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

7. Tax Status

The Plan has been designed to qualify under Section 403(b) of the IRC. The plan administrator believes the Plan is operating in accordance with the applicable requirements of Section 403(b) of the IRC and therefore believes the Plan is qualified and the related custodial accounts are tax-exempt.

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

8. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Market risks include global events which could impact the value of the investment security such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

As of December 31, 2022 and 2021, the Plan had investments of $17,719,469 and $28,134,431 that were concentrated in two and three funds, respectively.

9. Information Certified by Custodians

The plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA for 2022 and 2021. Accordingly, EAICA, the current custodian of the Plan, has certified to the completeness and accuracy of all investments reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2022 and 2021 and the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2022 and the related investment activity reported in the Statement of Changes in Net Assets Available for Benefits for the period of April 1, 2022 to December 31, 2022. Prudential and Prudential Bank & Trust, F.S.B, the former custodians of the Plan, have certified to the completeness and accuracy of all investments reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2021 and the related investment activity reported in the Statement of Changes in Net Assets Available for Benefits for the period from January 1, 2022 to March 31, 2022.

10. Excluded Contracts

In November 2007, the DOL issued amended regulations eliminating an exemption granted to 403(b) plans from the annual Form 5500 reporting and disclosure requirements under Part 1 of Subtitle B of Title I of ERISA, as amended. Prior to the amended regulations, the Plan was not viewed as a separate reporting entity. Historically, the Plan was viewed as a collection of individual contracts with which participants could engage in a range of actions with limited involvement, if any, by the Center. Accordingly, various accounting and payroll records related to the Plan's 403(b) annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009 were not sufficiently maintained by the Plan. Consequently, the Plan's financial statements have been prepared based on available records analyzed by plan management. As certain records were not available from the inception of the Plan, the effect, if any, on the completeness or accuracy of the Plan's financial statements cannot be determined.

The DOL's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans* (FAB 2009-02) (as clarified by Field Assistance Bulletin No. 2010-01) allows a plan administrator of a 403(b) plan to exclude certain annuity contracts and custodial accounts from plan assets for purposes of ERISA's annual reporting and audit requirements under specified conditions. The plan administrator has concluded that these annuity contracts and custodial accounts have met the criteria required under FAB 2009-02 and therefore, effective January 1, 2009, the Plan has excluded certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009 from the investments reported in the accompanying Statements of Net Assets Available for Benefits. The related investment income and distributions have also been excluded from the accompanying Statement of Changes in Net Assets Available for Benefits. The amount of these excluded annuity contracts and custodial accounts and the related income and distributions has not been determined, but management estimates that they could be material to the financial statements. Accounting principles generally accepted in the United States of America require that these excluded annuity contracts and custodial accounts and the related income and distributions be included in the accompanying financial statements.

11. Delinquent Participant Contributions

For the years ended December 31, 2022 and 2021, the Center did not remit certain participant contributions to the Plan on a timely basis as defined by the DOL's Rules and Regulations for Reporting and Delinquent Participant Contributions Disclosure under ERISA. Untimely remittances identified on the Schedule H, Line 4(a) - Schedule of Delinquent Participant Contributions totaled $576,836 for 2022 and $110,819 for 2021. Participants are compensated for lost earnings resulting from the delay in contributions.

Interfaith Medical Center 403(b) Plan

Schedule H, Line 4(a) - Schedule of Delinquent Participant Contributions
EIN: 11-2626155 Plan Number: 005
Year Ended December 31, 2022

		Total That Constitute Nonexempt Prohibited Transactions			
	Participant Contributions Transferred Late to the Plan (1)	Contributions not Corrected	Contributions Corrected Outside of VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
2022	$ 576,836	$ -	$ -	$ 576,836	$ -
2021	$ 110,819	$ -	$ 110,819	$ -	$ -

(1) Amount does not include participant loan repayments.

Interfaith Medical Center 403(b) Plan

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
EIN: 11-2626155 Plan Number: 005
December 31, 2022

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Registered Investment Company			
	T Rowe Price Associates, Inc.	T Rowe Price Instl Lg Cap Grow	N/R	$ 5,293,189
	Vanguard Group Inc.	Vanguard 500 Index Admiral	N/R	5,992,365
	JP Morgan	JP Morgan Equity Inc	N/R	4,200,779
	Legg Mason Partners	Metr W TOT Rtn Bond CL M	N/R	2,257,419
	Vanguard Group Inc.	Vanguard Target Ret 2025	N/R	2,960,450
	Vanguard Group Inc.	Vanguard Small Cap Index Admiral	N/R	2,798,615
	Vanguard Group Inc.	Vanguard Target Ret 2020	N/R	2,894,428
	Vanguard Group Inc.	Vanguard Target Ret Income	N/R	2,691,488
	Vanguard Group Inc.	Vanguard Target Ret 2030	N/R	2,460,917
	T Rowe Price Associates, Inc.	T Rowe Price Overseas St Fd	N/R	1,537,176
	Vanguard Group Inc.	Vanguard Target Ret 2040	N/R	1,860,654
	Touchstone Advisors Inc.	Touchstone Mid Cap Instl	N/R	1,399,278
	Legg Mason Partners	Western AST T R UNC I	N/R	831,686
	Vanguard Group Inc.	Vanguard Target Ret 2050	N/R	1,426,270
	Vanguard Group Inc.	Vanguard Target Ret 2035	N/R	1,335,135
	Vanguard Group Inc.	Vanguard Target Ret 2045	N/R	967,012
	Vanguard Group Inc.	Vanguard Target Ret 2055	N/R	529,594
	Vanguard Group Inc.	Vanguard Ext Market Indx Adm	N/R	280,381
	Vanguard Group Inc.	Vanguard Target Ret 2060	N/R	274,841
		Total investments at fair value		41,991,677
	Fully Benefit-Responsive Investment Contract			
*	Empower Annuity Insurance Company	Guaranteed Income Fund	N/R	11,727,104
*	**Participant Loans**	Interest rates: 4.25% - 7.25%	$0	819,987
				$ 54,538,768

* A party in interest as defined by ERISA.
N/R - Participant directed investment, cost not required to be reported.

RUN DATE: 01/09/23
CYCLE: 22DEC#B
PLAN NBR: 111468

PLAN NAME: Interfaith Medical Center 403(b)

PLAN SPONSOR EIN: 111631746

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES FOR PLAN YEAR 2022

(a)	(b) IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST,COLLATERAL, PAR OR MATURITY VALUE	(d) COST	(e) CURRENT VALUE
*	PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY	GUARANTEED INCOME FUND	11,727,104	11,727,104
	PRUDENTIAL MUTUAL FUNDS	VANGUARD TGT RET 2040	2,049,081	1,860,654
	PRUDENTIAL MUTUAL FUNDS	VANGUARD TGT RET 2050	1,481,498	1,426,270
	PRUDENTIAL MUTUAL FUNDS	METR W TOT RTN BOND CL M	2,667,513	2,257,419
	PRUDENTIAL MUTUAL FUNDS	VANGUARD TGT RET 2030	2,738,183	2,460,917
	PRUDENTIAL MUTUAL FUNDS	TOUCHSTONE MID CAP INSTL	1,257,258	1,399,278
	PRUDENTIAL MUTUAL FUNDS	VAN SMALL CAP INDEX ADMIR	2,462,876	2,798,615
	PRUDENTIAL MUTUAL FUNDS	VANGUARD 500 IDX ADMIRAL	4,166,150	5,992,365
	PRUDENTIAL MUTUAL FUNDS	VANGUARD TGT RET 2055	571,151	529,594
	PRUDENTIAL MUTUAL FUNDS	VANGUARD TGT RET 2025	3,304,418	2,960,450
	PRUDENTIAL MUTUAL FUNDS	VANGUARD TGT RET 2035	1,500,615	1,335,135
	PRUDENTIAL MUTUAL FUNDS	VANGUARD TGT RET 2045	1,040,528	967,012
	PRUDENTIAL MUTUAL FUNDS	VANGUARD TGT RET INCOME	2,970,617	2,691,488
	PRUDENTIAL MUTUAL FUNDS	VANGUARD TGT RET 2020	3,474,114	2,894,428
	PRUDENTIAL MUTUAL FUNDS	WESTERN AST T R UNC I	974,896	831,686
	PRUDENTIAL MUTUAL FUNDS	TROWE INSTL LG CAP GROW	6,302,278	5,293,189
	PRUDENTIAL MUTUAL FUNDS	VANGUARD TGT RET 2060	285,473	274,841
	PRUDENTIAL MUTUAL FUNDS	JP MORGAN EQUITY INC	3,406,105	4,200,779
	PRUDENTIAL MUTUAL FUNDS	T ROWE PR OVERSEAS ST FD	1,560,128	1,537,176
	PRUDENTIAL MUTUAL FUNDS	VANGUARD EXT MARK IDX ADM	327,209	280,381
	PARTICIPANT LOANS	4.25% - 10.33%	0	819,987

$$$% SIDE=NUFRONT,END;

Interfaith Medical Center 403(b) Retirement Plan
VANGUARD TGT RET 2030

REPORT PERIOD: 01/01/2022 THROUGH 12/31/2022 RUN DATE: 01/07/23

PLAN 111468 GA-074372 CYCLE 22DEC#B

		SHARES/UNITS
BEGINNING OF PERIOD BALANCE	$2,766,342.56	72,002.6687
GROSS CONTRIBUTIONS - EMPLOYER	0.00	
GROSS CONTRIBUTIONS - EMPLOYEE	418,662.18	
ROLLOVER CONTRIBUTIONS	0.00	
NET EXCHANGES	-31,991.90	
GROSS DISBURSEMENTS	-2,822.61	
TRANSFERS TO ALTERNATE FUNDING AGENCIES	-205,983.26	
MISCELLANEOUS TRANSACTIONS (NET)	-6,781.39	
LOAN INITIATIONS	-43,305.41	
LOAN REPAYMENTS - PRINCIPAL	10,993.50	
REPAID DEEMED AMOUNT	0.00	
LOAN REPAYMENTS - INTEREST	1,813.07	
LOAN FEES	-231.02	
DIVIDEND EARNINGS	49,191.76	
DIVIDEND EARNINGS MUTUAL FUND	49,191.76	
CAPITAL GAINS	11,582.57	
NET APPR/(DEPR) IN FAIR VALUE OF INVESTMENTS	-506,552.88	
(A) REALIZED GAIN/LOSS	16,852.66	
(B) UNREALIZED GAIN/LOSS	-523,415.33	
(C) CASH EARNINGS	9.79	
END OF PERIOD BALANCE	$2,460,917.17	78,448.1116

PRUDENTIAL BANK & TRUST, FSB COMPANY HEREBY CERTIFIES THAT THE FOREGOING STATEMENT FURNISHED PURSUANT TO 29 CFR 2520.103-5(C) (CERTIFICATION) AND 29 CFR 2520.103-8 (LIMITATION ON SCOPE) IS COMPLETE AND ACCURATE.

Interfaith Medical Center 403(b) Retirement Plan
VANGUARD TGT RET 2025

REPORT PERIOD: 01/01/2022 THROUGH 12/31/2022 RUN DATE: 01/07/23

PLAN 111468 GA-074372 CYCLE 22DEC#B

			SHARES/UNITS
BEGINNING OF PERIOD BALANCE		$3,529,325.74	173,516.5042
GROSS CONTRIBUTIONS - EMPLOYER		441.64	
GROSS CONTRIBUTIONS - EMPLOYEE		394,093.73	
ROLLOVER CONTRIBUTIONS		0.00	
NET EXCHANGES		-188,438.56	
GROSS DISBURSEMENTS		-62,016.09	
TRANSFERS TO ALTERNATE FUNDING AGENCIES		-138,589.16	
MISCELLANEOUS TRANSACTIONS (NET)		-8,911.90	
LOAN INITIATIONS		-28,263.03	
LOAN REPAYMENTS - PRINCIPAL		15,293.46	
REPAID DEEMED AMOUNT		0.00	
LOAN REPAYMENTS - INTEREST		2,184.41	
LOAN FEES		-247.32	
DIVIDEND EARNINGS		63,816.00	
DIVIDEND EARNINGS MUTUAL FUND	63,816.00		
CAPITAL GAINS		21,835.78	
NET APPR/(DEPR) IN FAIR VALUE OF INVESTMENTS		-640,075.16	
(A) REALIZED GAIN/LOSS	-48,787.09		
(B) UNREALIZED GAIN/LOSS	-591,342.71		
(C) CASH EARNINGS		54.64	
END OF PERIOD BALANCE		$2,960,449.54	177,484.9850

PRUDENTIAL BANK & TRUST, FSB COMPANY HEREBY CERTIFIES THAT THE FOREGOING STATEMENT FURNISHED PURSUANT TO 29 CFR 2520.103-5(C) (CERTIFICATION) AND 29 CFR 2520.103-8 (LIMITATION ON SCOPE) IS COMPLETE AND ACCURATE.

Interfaith Medical Center 403(b) Retirement Plan
VANGUARD TGT RET 2045

REPORT PERIOD: 01/01/2022 THROUGH 12/31/2022 RUN DATE: 01/07/23

PLAN 111468 GA-074372 CYCLE 22DEC#B

			SHARES/UNITS
BEGINNING OF PERIOD BALANCE		$1,082,062.19	38,127.6303
GROSS CONTRIBUTIONS - EMPLOYER		0.00	
GROSS CONTRIBUTIONS - EMPLOYEE		237,393.14	
ROLLOVER CONTRIBUTIONS		0.00	
NET EXCHANGES		-13,543.32	
GROSS DISBURSEMENTS		-82,020.17	
TRANSFERS TO ALTERNATE FUNDING AGENCIES		-46,973.44	
MISCELLANEOUS TRANSACTIONS (NET)		-3,557.27	
LOAN INITIATIONS		-23,802.01	
LOAN REPAYMENTS - PRINCIPAL		8,857.40	
REPAID DEEMED AMOUNT		0.00	
LOAN REPAYMENTS - INTEREST		1,559.06	
LOAN FEES		-230.20	
DIVIDEND EARNINGS		20,434.00	
DIVIDEND EARNINGS MUTUAL FUND	20,434.00		
CAPITAL GAINS		5,994.01	
NET APPR/(DEPR) IN FAIR VALUE OF INVESTMENTS		-219,161.38	
(A) REALIZED GAIN/LOSS	-12,082.54		
(B) UNREALIZED GAIN/LOSS	-207,087.45		
(C) CASH EARNINGS		8.61	
END OF PERIOD BALANCE		$967,012.01	42,375.6367

PRUDENTIAL BANK & TRUST, FSB COMPANY HEREBY CERTIFIES THAT THE FOREGOING STATEMENT FURNISHED PURSUANT TO 29 CFR 2520.103-5(C) (CERTIFICATION) AND 29 CFR 2520.103-8 (LIMITATION ON SCOPE) IS COMPLETE AND ACCURATE.

Interfaith Medical Center 403(b) Retirement Plan
VANGUARD TGT RET 2035

REPORT PERIOD: 01/01/2022 THROUGH 12/31/2022 RUN DATE: 01/07/23

PLAN 111468 GA-074372 CYCLE 22DEC#B

		SHARES/UNITS
BEGINNING OF PERIOD BALANCE	$1,425,165.78	59,780.4439
GROSS CONTRIBUTIONS - EMPLOYER	0.00	
GROSS CONTRIBUTIONS - EMPLOYEE	250,663.20	
ROLLOVER CONTRIBUTIONS	0.00	
NET EXCHANGES	-12,284.02	
GROSS DISBURSEMENTS	-2,728.48	
TRANSFERS TO ALTERNATE FUNDING AGENCIES	-64,530.05	
MISCELLANEOUS TRANSACTIONS (NET)	-3,645.86	
LOAN INITIATIONS	-31,046.14	
LOAN REPAYMENTS - PRINCIPAL	7,537.40	
REPAID DEEMED AMOUNT	0.00	
LOAN REPAYMENTS - INTEREST	962.68	
LOAN FEES	-324.40	
DIVIDEND EARNINGS	27,019.21	
DIVIDEND EARNINGS MUTUAL FUND	27,019.21	
CAPITAL GAINS	8,144.69	
NET APPR/(DEPR) IN FAIR VALUE OF INVESTMENTS	-269,798.86	
(A) REALIZED GAIN/LOSS	-4,583.19	
(B) UNREALIZED GAIN/LOSS	-265,219.97	
(C) CASH EARNINGS	4.30	
END OF PERIOD BALANCE	$1,335,135.15	68,999.2339

PRUDENTIAL BANK & TRUST, FSB COMPANY HEREBY CERTIFIES THAT THE FOREGOING STATEMENT FURNISHED PURSUANT TO 29 CFR 2520.103-5(C) (CERTIFICATION) AND 29 CFR 2520.103-8 (LIMITATION ON SCOPE) IS COMPLETE AND ACCURATE.

Interfaith Medical Center 403(b) Retirement Plan
VANGUARD TGT RET 2020

REPORT PERIOD: 01/01/2022 THROUGH 12/31/2022 RUN DATE: 01/07/23

PLAN 111468 GA-074372 CYCLE 22DEC#B

		SHARES/UNITS
BEGINNING OF PERIOD BALANCE	$3,307,700.57	106,631.2239
GROSS CONTRIBUTIONS - EMPLOYER	0.00	
GROSS CONTRIBUTIONS - EMPLOYEE	329,061.72	
ROLLOVER CONTRIBUTIONS	0.00	
NET EXCHANGES	56,826.59	
GROSS DISBURSEMENTS	-110,721.16	
TRANSFERS TO ALTERNATE FUNDING AGENCIES	-229,293.37	
MISCELLANEOUS TRANSACTIONS (NET)	-8,727.48	
LOAN INITIATIONS	-818.70	
LOAN REPAYMENTS - PRINCIPAL	10,022.00	
REPAID DEEMED AMOUNT	0.00	
LOAN REPAYMENTS - INTEREST	1,504.06	
LOAN FEES	-6.99	
DIVIDEND EARNINGS	71,098.96	
DIVIDEND EARNINGS MUTUAL FUND	71,098.96	
CAPITAL GAINS	66,330.10	
NET APPR/(DEPR) IN FAIR VALUE OF INVESTMENTS	-598,548.02	
(A) REALIZED GAIN/LOSS	-28,624.12	
(B) UNREALIZED GAIN/LOSS	-569,931.50	
(C) CASH EARNINGS	7.60	
END OF PERIOD BALANCE	$2,894,428.28	114,133.6077

PRUDENTIAL BANK & TRUST, FSB COMPANY HEREBY CERTIFIES THAT THE FOREGOING STATEMENT FURNISHED PURSUANT TO 29 CFR 2520.103-5(C) (CERTIFICATION) AND 29 CFR 2520.103-8 (LIMITATION ON SCOPE) IS COMPLETE AND ACCURATE.

Interfaith Medical Center 403(b) Retirement Plan
VANGUARD TGT RET 2050

REPORT PERIOD: 01/01/2022 THROUGH 12/31/2022 RUN DATE: 01/07/23

PLAN 111468 GA-074372 CYCLE 22DEC#B

		SHARES/UNITS
BEGINNING OF PERIOD BALANCE	$1,509,974.71	32,195.6237
GROSS CONTRIBUTIONS - EMPLOYER	60.00	
GROSS CONTRIBUTIONS - EMPLOYEE	263,109.75	
ROLLOVER CONTRIBUTIONS	0.00	
NET EXCHANGES	7,490.69	
GROSS DISBURSEMENTS	-45,156.29	
TRANSFERS TO ALTERNATE FUNDING AGENCIES	-14,797.23	
MISCELLANEOUS TRANSACTIONS (NET)	-4,435.60	
LOAN INITIATIONS	-44,227.53	
LOAN REPAYMENTS - PRINCIPAL	22,111.80	
REPAID DEEMED AMOUNT	0.00	
LOAN REPAYMENTS - INTEREST	3,360.58	
LOAN FEES	-531.13	
DIVIDEND EARNINGS	29,664.02	
DIVIDEND EARNINGS MUTUAL FUND	29,664.02	
CAPITAL GAINS	3,554.90	
NET APPR/(DEPR) IN FAIR VALUE OF INVESTMENTS	-303,908.97	
(A) REALIZED GAIN/LOSS	-2,534.92	
(B) UNREALIZED GAIN/LOSS	-301,393.82	
(C) CASH EARNINGS	19.77	
END OF PERIOD BALANCE	$1,426,269.70	37,732.0036

PRUDENTIAL BANK & TRUST, FSB COMPANY HEREBY CERTIFIES THAT THE FOREGOING STATEMENT FURNISHED PURSUANT TO 29 CFR 2520.103-5(C) (CERTIFICATION) AND 29 CFR 2520.103-8 (LIMITATION ON SCOPE) IS COMPLETE AND ACCURATE.

Interfaith Medical Center 403(b) Retirement Plan
VANGUARD TGT RET INCOME

REPORT PERIOD: 01/01/2022 THROUGH 12/31/2022 RUN DATE: 01/07/23

PLAN 111468 GA-074372 CYCLE 22DEC#B

		SHARES/UNITS
BEGINNING OF PERIOD BALANCE	$3,042,275.58	210,392.5009
GROSS CONTRIBUTIONS - EMPLOYER	16.48	
GROSS CONTRIBUTIONS - EMPLOYEE	174,859.69	
ROLLOVER CONTRIBUTIONS	0.00	
NET EXCHANGES	5,009.89	
GROSS DISBURSEMENTS	-66,799.80	
TRANSFERS TO ALTERNATE FUNDING AGENCIES	-69,390.04	
MISCELLANEOUS TRANSACTIONS (NET)	-9,330.42	
LOAN INITIATIONS	-346.71	
LOAN REPAYMENTS - PRINCIPAL	5,172.02	
REPAID DEEMED AMOUNT	0.00	
LOAN REPAYMENTS - INTEREST	629.61	
LOAN FEES	-2.88	
DIVIDEND EARNINGS	71,039.07	
DIVIDEND EARNINGS MUTUAL FUND	71,039.07	
CAPITAL GAINS	9,957.25	
NET APPR/(DEPR) IN FAIR VALUE OF INVESTMENTS	-471,601.56	
(A) REALIZED GAIN/LOSS	-12,106.13	
(B) UNREALIZED GAIN/LOSS	-459,672.06	
(C) CASH EARNINGS	176.63	
END OF PERIOD BALANCE	$2,691,488.18	219,892.8245

PRUDENTIAL BANK & TRUST, FSB COMPANY HEREBY CERTIFIES THAT THE FOREGOING STATEMENT FURNISHED PURSUANT TO 29 CFR 2520.103-5(C) (CERTIFICATION) AND 29 CFR 2520.103-8 (LIMITATION ON SCOPE) IS COMPLETE AND ACCURATE.

Interfaith Medical Center 403(b) Retirement Plan
VANGUARD TGT RET 2040

REPORT PERIOD: 01/01/2022 THROUGH 12/31/2022 RUN DATE: 01/07/23

PLAN 111468 GA-074372 CYCLE 22DEC#B

		SHARES/UNITS
BEGINNING OF PERIOD BALANCE	$2,151,083.21	51,179.7102
GROSS CONTRIBUTIONS - EMPLOYER	0.00	
GROSS CONTRIBUTIONS - EMPLOYEE	284,236.64	
ROLLOVER CONTRIBUTIONS	0.00	
NET EXCHANGES	-27,722.14	
GROSS DISBURSEMENTS	-18,235.02	
TRANSFERS TO ALTERNATE FUNDING AGENCIES	-112,538.02	
MISCELLANEOUS TRANSACTIONS (NET)	-5,617.58	
LOAN INITIATIONS	-64,023.44	
LOAN REPAYMENTS - PRINCIPAL	23,667.38	
REPAID DEEMED AMOUNT	0.00	
LOAN REPAYMENTS - INTEREST	3,263.52	
LOAN FEES	-380.62	
DIVIDEND EARNINGS	38,459.44	
DIVIDEND EARNINGS MUTUAL FUND	38,459.44	
CAPITAL GAINS	9,280.42	
NET APPR/(DEPR) IN FAIR VALUE OF INVESTMENTS	-420,820.22	
(A) REALIZED GAIN/LOSS	-5,162.87	
(B) UNREALIZED GAIN/LOSS	-415,670.99	
(C) CASH EARNINGS	13.64	
END OF PERIOD BALANCE	$1,860,653.57	54,725.1031

PRUDENTIAL BANK & TRUST, FSB COMPANY HEREBY CERTIFIES THAT THE FOREGOING STATEMENT FURNISHED PURSUANT TO 29 CFR 2520.103-5(C) (CERTIFICATION) AND 29 CFR 2520.103-8 (LIMITATION ON SCOPE) IS COMPLETE AND ACCURATE.

Interfaith Medical Center 403(b) Retirement Plan
LOAN FUND

REPORT PERIOD: 01/01/2022 THROUGH 12/31/2022 RUN DATE: 01/07/23

PLAN 111468 GA-074372 CYCLE 22DEC#B

BEGINNING OF PERIOD BALANCE	$798,397.27
GROSS CONTRIBUTIONS - EMPLOYER	0.00
GROSS CONTRIBUTIONS - EMPLOYEE	0.00
ROLLOVER CONTRIBUTIONS	0.00
NET EXCHANGES	0.00
GROSS DISBURSEMENTS	0.00
TRANSFERS TO ALTERNATE FUNDING AGENCIES	0.00
MISCELLANEOUS TRANSACTIONS (NET)	0.00
DEEMED DISTRIBUTIONS	-49,031.28
LOAN DEFAULTS / OFFSETS	-81,812.98
LOAN INITIATIONS	462,438.45
LOAN REPAYMENTS - PRINCIPAL	-310,349.52
REPAID DEEMED AMOUNT	5,345.46
LOAN REPAYMENTS - INTEREST	0.00
END OF PERIOD BALANCE	$819,987.40

PRUDENTIAL BANK & TRUST, FSB COMPANY HEREBY CERTIFIES THAT THE FOREGOING STATEMENT FURNISHED PURSUANT TO 29 CFR 2520.103-5(C) (CERTIFICATION) AND 29 CFR 2520.103-8 (LIMITATION ON SCOPE) IS COMPLETE AND ACCURATE.

Interfaith Medical Center 403(b) Retirement Plan
METR W TOT RTN BOND CL M

REPORT PERIOD: 01/01/2022 THROUGH 12/31/2022 RUN DATE: 01/07/23

PLAN 111468 GA-074372 CYCLE 22DEC#B

		SHARES/UNITS
BEGINNING OF PERIOD BALANCE	$2,816,254.54	258,135.1545
GROSS CONTRIBUTIONS - EMPLOYER	0.00	
GROSS CONTRIBUTIONS - EMPLOYEE	199,549.32	
ROLLOVER CONTRIBUTIONS	20,458.25	
NET EXCHANGES	-34,047.93	
GROSS DISBURSEMENTS	-80,823.24	
TRANSFERS TO ALTERNATE FUNDING AGENCIES	-257,675.99	
MISCELLANEOUS TRANSACTIONS (NET)	-6,868.46	
LOAN INITIATIONS	-20,934.21	
LOAN REPAYMENTS - PRINCIPAL	12,412.02	
REPAID DEEMED AMOUNT	0.00	
LOAN REPAYMENTS - INTEREST	2,096.46	
LOAN FEES	-209.28	
DIVIDEND EARNINGS	60,964.23	
DIVIDEND EARNINGS MUTUAL FUND	60,964.23	
NET APPR/(DEPR) IN FAIR VALUE OF INVESTMENTS	-453,756.99	
(A) REALIZED GAIN/LOSS	-34,075.05	
(B) UNREALIZED GAIN/LOSS	-428,461.81	
(C) CASH EARNINGS	8,779.87	
END OF PERIOD BALANCE	$2,257,418.72	249,438.5311

PRUDENTIAL BANK & TRUST, FSB COMPANY HEREBY CERTIFIES THAT THE FOREGOING STATEMENT FURNISHED PURSUANT TO 29 CFR 2520.103-5(C) (CERTIFICATION) AND 29 CFR 2520.103-8 (LIMITATION ON SCOPE) IS COMPLETE AND ACCURATE.

Interfaith Medical Center 403(b) Retirement Plan
TOUCHSTONE MID CAP INSTL

REPORT PERIOD: 01/01/2022 THROUGH 12/31/2022 RUN DATE: 01/07/23

PLAN 111468 GA-074372 CYCLE 22DEC#B

		SHARES/UNITS
BEGINNING OF PERIOD BALANCE	$1,721,406.52	34,580.2837
GROSS CONTRIBUTIONS - EMPLOYER	0.00	
GROSS CONTRIBUTIONS - EMPLOYEE	76,241.06	
ROLLOVER CONTRIBUTIONS	0.00	
NET EXCHANGES	-25,444.80	
GROSS DISBURSEMENTS	-13,518.42	
TRANSFERS TO ALTERNATE FUNDING AGENCIES	-75,123.15	
MISCELLANEOUS TRANSACTIONS (NET)	-4,026.57	
LOAN INITIATIONS	-25,113.93	
LOAN REPAYMENTS - PRINCIPAL	10,871.67	
REPAID DEEMED AMOUNT	0.00	
LOAN REPAYMENTS - INTEREST	970.31	
LOAN FEES	-78.55	
DIVIDEND EARNINGS	5,177.28	
DIVIDEND EARNINGS MUTUAL FUND	5,177.28	
CAPITAL GAINS	14,900.20	
NET APPR/(DEPR) IN FAIR VALUE OF INVESTMENTS	-286,983.35	
(A) REALIZED GAIN/LOSS	18,222.54	
(B) UNREALIZED GAIN/LOSS	-305,206.80	
(C) CASH EARNINGS	.91	
END OF PERIOD BALANCE	$1,399,278.27	33,766.3691

PRUDENTIAL BANK & TRUST, FSB COMPANY HEREBY CERTIFIES THAT THE FOREGOING STATEMENT FURNISHED PURSUANT TO 29 CFR 2520.103-5(C) (CERTIFICATION) AND 29 CFR 2520.103-8 (LIMITATION ON SCOPE) IS COMPLETE AND ACCURATE.

Interfaith Medical Center 403(b) Retirement Plan
VANGUARD 500 IDX ADMIRAL

REPORT PERIOD: 01/01/2022 THROUGH 12/31/2022 RUN DATE: 01/07/23

PLAN 111468 GA-074372 CYCLE 22DEC#B

		SHARES/UNITS
BEGINNING OF PERIOD BALANCE	$7,695,615.33	17,496.7950
GROSS CONTRIBUTIONS - EMPLOYER	16.49	
GROSS CONTRIBUTIONS - EMPLOYEE	290,444.28	
ROLLOVER CONTRIBUTIONS	0.00	
NET EXCHANGES	-229,224.47	
GROSS DISBURSEMENTS	-123,114.65	
TRANSFERS TO ALTERNATE FUNDING AGENCIES	-238,295.00	
MISCELLANEOUS TRANSACTIONS (NET)	-17,779.87	
LOAN INITIATIONS	-11,923.19	
LOAN REPAYMENTS - PRINCIPAL	23,126.00	
REPAID DEEMED AMOUNT	0.00	
LOAN REPAYMENTS - INTEREST	3,074.55	
LOAN FEES	-54.06	
DIVIDEND EARNINGS	101,309.71	
DIVIDEND EARNINGS MUTUAL FUND	101,309.71	
NET APPR/(DEPR) IN FAIR VALUE OF INVESTMENTS	-1,500,829.97	
(A) REALIZED GAIN/LOSS	171,979.76	
(B) UNREALIZED GAIN/LOSS	-1,672,819.49	
(C) CASH EARNINGS	9.76	
END OF PERIOD BALANCE	$5,992,365.15	16,922.3272

PRUDENTIAL BANK & TRUST, FSB COMPANY HEREBY CERTIFIES THAT THE FOREGOING STATEMENT FURNISHED PURSUANT TO 29 CFR 2520.103-5(C) (CERTIFICATION) AND 29 CFR 2520.103-8 (LIMITATION ON SCOPE) IS COMPLETE AND ACCURATE.

Interfaith Medical Center 403(b) Retirement Plan
TROWE INSTL LG CAP GROW

REPORT PERIOD: 01/01/2022 THROUGH 12/31/2022 RUN DATE: 01/07/23

PLAN 111468 GA-074372 CYCLE 22DEC#B

		SHARES/UNITS
BEGINNING OF PERIOD BALANCE	$9,005,827.83	127,814.7582
GROSS CONTRIBUTIONS - EMPLOYER	256.49	
GROSS CONTRIBUTIONS - EMPLOYEE	212,450.89	
ROLLOVER CONTRIBUTIONS	0.00	
NET EXCHANGES	-210,335.64	
GROSS DISBURSEMENTS	-61,688.44	
TRANSFERS TO ALTERNATE FUNDING AGENCIES	-213,918.45	
MISCELLANEOUS TRANSACTIONS (NET)	-17,312.03	
LOAN INITIATIONS	-31,873.83	
LOAN REPAYMENTS - PRINCIPAL	31,996.30	
REPAID DEEMED AMOUNT	0.00	
LOAN REPAYMENTS - INTEREST	2,848.98	
LOAN FEES	-68.83	
CAPITAL GAINS	222,993.16	
NET APPR/(DEPR) IN FAIR VALUE OF INVESTMENTS	-3,647,987.19	
(A) REALIZED GAIN/LOSS	-12,217.16	
(B) UNREALIZED GAIN/LOSS	-3,635,791.48	
(C) CASH EARNINGS	21.45	
END OF PERIOD BALANCE	$5,293,189.24	127,393.2420

PRUDENTIAL BANK & TRUST, FSB COMPANY HEREBY CERTIFIES THAT THE FOREGOING STATEMENT FURNISHED PURSUANT TO 29 CFR 2520.103-5(C) (CERTIFICATION) AND 29 CFR 2520.103-8 (LIMITATION ON SCOPE) IS COMPLETE AND ACCURATE.

Interfaith Medical Center 403(b) Retirement Plan
JP MORGAN EQUITY INC

REPORT PERIOD: 01/01/2022 THROUGH 12/31/2022 RUN DATE: 01/07/23

PLAN 111468 GA-074372 CYCLE 22DEC#B

		SHARES/UNITS
BEGINNING OF PERIOD BALANCE	$4,154,287.31	174,183.9542
GROSS CONTRIBUTIONS - EMPLOYER	32.96	
GROSS CONTRIBUTIONS - EMPLOYEE	135,475.63	
ROLLOVER CONTRIBUTIONS	23,867.95	
NET EXCHANGES	134,379.61	
GROSS DISBURSEMENTS	-115,811.29	
TRANSFERS TO ALTERNATE FUNDING AGENCIES	-76,706.81	
MISCELLANEOUS TRANSACTIONS (NET)	-10,235.09	
LOAN INITIATIONS	-698.26	
LOAN REPAYMENTS - PRINCIPAL	17,847.15	
REPAID DEEMED AMOUNT	0.00	
LOAN REPAYMENTS - INTEREST	2,101.50	
LOAN FEES	-9.71	
DIVIDEND EARNINGS	89,122.18	
DIVIDEND EARNINGS MUTUAL FUND	89,122.18	
CAPITAL GAINS	71,176.97	
NET APPR/(DEPR) IN FAIR VALUE OF INVESTMENTS	-224,051.44	
(A) REALIZED GAIN/LOSS	44,216.71	
(B) UNREALIZED GAIN/LOSS	-268,276.07	
(C) CASH EARNINGS	7.92	
END OF PERIOD BALANCE	$4,200,778.66	186,122.2265

PRUDENTIAL BANK & TRUST, FSB COMPANY HEREBY CERTIFIES THAT THE FOREGOING STATEMENT FURNISHED PURSUANT TO 29 CFR 2520.103-5(C) (CERTIFICATION) AND 29 CFR 2520.103-8 (LIMITATION ON SCOPE) IS COMPLETE AND ACCURATE.

Interfaith Medical Center 403(b) Retirement Plan
T ROWE PR OVERSEAS ST FD

REPORT PERIOD: 01/01/2022 THROUGH 12/31/2022 RUN DATE: 01/07/23

PLAN 111468 GA-074372 CYCLE 22DEC#B

		SHARES/UNITS
BEGINNING OF PERIOD BALANCE	$1,907,953.67	143,779.4768
GROSS CONTRIBUTIONS - EMPLOYER	0.00	
GROSS CONTRIBUTIONS - EMPLOYEE	98,113.11	
ROLLOVER CONTRIBUTIONS	0.00	
NET EXCHANGES	-44,893.04	
GROSS DISBURSEMENTS	-24,970.71	
TRANSFERS TO ALTERNATE FUNDING AGENCIES	-105,574.32	
MISCELLANEOUS TRANSACTIONS (NET)	-4,501.25	
LOAN INITIATIONS	-15,407.41	
LOAN REPAYMENTS - PRINCIPAL	14,378.47	
REPAID DEEMED AMOUNT	0.00	
LOAN REPAYMENTS - INTEREST	1,344.90	
LOAN FEES	-44.85	
DIVIDEND EARNINGS	34,557.30	
DIVIDEND EARNINGS MUTUAL FUND	34,557.30	
CAPITAL GAINS	1,176.52	
NET APPR/(DEPR) IN FAIR VALUE OF INVESTMENTS	-324,956.29	
(A) REALIZED GAIN/LOSS	4,415.51	
(B) UNREALIZED GAIN/LOSS	-331,778.96	
(C) CASH EARNINGS	2,407.16	
END OF PERIOD BALANCE	$1,537,176.10	140,125.4447

PRUDENTIAL BANK & TRUST, FSB COMPANY HEREBY CERTIFIES THAT THE FOREGOING STATEMENT FURNISHED PURSUANT TO 29 CFR 2520.103-5(C) (CERTIFICATION) AND 29 CFR 2520.103-8 (LIMITATION ON SCOPE) IS COMPLETE AND ACCURATE.

Interfaith Medical Center 403(b) Retirement Plan
GUARANTEED INCOME FUND

REPORT PERIOD: 01/01/2022 THROUGH 12/31/2022 RUN DATE: 01/07/23

PLAN 111468 GA-074372 CYCLE 22DEC#B

		SHARES/UNITS
BEGINNING OF PERIOD BALANCE	$11,432,987.98	406,564.6395
GROSS CONTRIBUTIONS - EMPLOYER	480.00	
GROSS CONTRIBUTIONS - EMPLOYEE	802,318.17	
ROLLOVER CONTRIBUTIONS	0.00	
NET EXCHANGES	737,537.27	
GROSS DISBURSEMENTS	-619,325.29	
TRANSFERS TO ALTERNATE FUNDING AGENCIES	-758,695.99	
MISCELLANEOUS TRANSACTIONS (NET)	-44,331.68	
FORFEITURE ACCOUNT ACTIVITY (NET)	-664.38	
FORFEITURE ACCOUNT CREDITS	.00	
FORFEITURE ACCOUNT DEBITS	-664.38	
LOAN INITIATIONS	-87,390.96	
LOAN REPAYMENTS - PRINCIPAL	68,488.45	
REPAID DEEMED AMOUNT	0.00	
LOAN REPAYMENTS - INTEREST	6,202.87	
LOAN FEES	-643.16	
INTEREST INCOME	190,140.37	
END OF PERIOD BALANCE	$11,727,103.65	410,555.7731

PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY HEREBY CERTIFIES THAT THE FOREGOING STATEMENT FURNISHED PURSUANT TO 29 CFR 2520.103-5(C) (CERTIFICATION) AND 29 CFR 2520.103-8 (LIMITATION ON SCOPE) IS COMPLETE AND ACCURATE.

Interfaith Medical Center 403(b) Retirement Plan
VAN SMALL CAP INDEX ADMIR

REPORT PERIOD: 01/01/2022 THROUGH 12/31/2022 RUN DATE: 01/07/23

PLAN 111468 GA-074372 CYCLE 22DEC#B

		SHARES/UNITS
BEGINNING OF PERIOD BALANCE	$3,368,454.77	31,082.9086
GROSS CONTRIBUTIONS - EMPLOYER	5.49	
GROSS CONTRIBUTIONS - EMPLOYEE	118,189.26	
ROLLOVER CONTRIBUTIONS	23,867.95	
NET EXCHANGES	-29,924.40	
GROSS DISBURSEMENTS	-51,341.05	
TRANSFERS TO ALTERNATE FUNDING AGENCIES	-15,339.55	
MISCELLANEOUS TRANSACTIONS (NET)	-7,779.43	
LOAN INITIATIONS	-25,739.01	
LOAN REPAYMENTS - PRINCIPAL	14,515.26	
REPAID DEEMED AMOUNT	0.00	
LOAN REPAYMENTS - INTEREST	1,353.42	
LOAN FEES	-112.09	
DIVIDEND EARNINGS	42,663.28	
DIVIDEND EARNINGS MUTUAL FUND	42,663.28	
NET APPR/(DEPR) IN FAIR VALUE OF INVESTMENTS	-640,199.18	
(A) REALIZED GAIN/LOSS	16,504.79	
(B) UNREALIZED GAIN/LOSS	-656,706.75	
(C) CASH EARNINGS	2.78	
END OF PERIOD BALANCE	$2,798,614.72	31,824.1381

PRUDENTIAL BANK & TRUST, FSB COMPANY HEREBY CERTIFIES THAT THE FOREGOING STATEMENT FURNISHED PURSUANT TO 29 CFR 2520.103-5(C) (CERTIFICATION) AND 29 CFR 2520.103-8 (LIMITATION ON SCOPE) IS COMPLETE AND ACCURATE.

Interfaith Medical Center 403(b) Retirement Plan
VANGUARD EXT MARK IDX ADM

REPORT PERIOD: 01/01/2022 THROUGH 12/31/2022 RUN DATE: 01/07/23

PLAN 111468 GA-074372 CYCLE 22DEC#B

		SHARES/UNITS
BEGINNING OF PERIOD BALANCE	$441,820.07	3,185.4367
GROSS CONTRIBUTIONS - EMPLOYER	0.00	
GROSS CONTRIBUTIONS - EMPLOYEE	34,543.51	
ROLLOVER CONTRIBUTIONS	0.00	
NET EXCHANGES	-79,124.67	
GROSS DISBURSEMENTS	-5,901.23	
TRANSFERS TO ALTERNATE FUNDING AGENCIES	0.00	
MISCELLANEOUS TRANSACTIONS (NET)	-909.07	
LOAN INITIATIONS	-1,298.12	
LOAN REPAYMENTS - PRINCIPAL	6,819.68	
REPAID DEEMED AMOUNT	0.00	
LOAN REPAYMENTS - INTEREST	1,060.76	
LOAN FEES	-22.06	
DIVIDEND EARNINGS	3,195.87	
DIVIDEND EARNINGS MUTUAL FUND	3,195.87	
NET APPR/(DEPR) IN FAIR VALUE OF INVESTMENTS	-119,803.45	
(A) REALIZED GAIN/LOSS	-8,157.54	
(B) UNREALIZED GAIN/LOSS	-111,646.53	
(C) CASH EARNINGS	.62	
END OF PERIOD BALANCE	$280,381.29	2,780.1809

PRUDENTIAL BANK & TRUST, FSB COMPANY HEREBY CERTIFIES THAT THE FOREGOING STATEMENT FURNISHED PURSUANT TO 29 CFR 2520.103-5(C) (CERTIFICATION) AND 29 CFR 2520.103-8 (LIMITATION ON SCOPE) IS COMPLETE AND ACCURATE.

Interfaith Medical Center 403(b) Retirement Plan
WESTERN AST T R UNC I

REPORT PERIOD: 01/01/2022 THROUGH 12/31/2022 RUN DATE: 01/07/23

PLAN 111468 GA-074372 CYCLE 22DEC#B

		SHARES/UNITS
BEGINNING OF PERIOD BALANCE	$940,120.28	91,988.2893
GROSS CONTRIBUTIONS - EMPLOYER	101.97	
GROSS CONTRIBUTIONS - EMPLOYEE	63,538.77	
ROLLOVER CONTRIBUTIONS	0.00	
NET EXCHANGES	-14,977.21	
GROSS DISBURSEMENTS	-9,006.95	
TRANSFERS TO ALTERNATE FUNDING AGENCIES	-16,459.34	
MISCELLANEOUS TRANSACTIONS (NET)	-2,249.26	
LOAN INITIATIONS	-2,356.59	
LOAN REPAYMENTS - PRINCIPAL	3,250.86	
REPAID DEEMED AMOUNT	0.00	
LOAN REPAYMENTS - INTEREST	394.78	
LOAN FEES	-92.91	
DIVIDEND EARNINGS	8,466.67	
DIVIDEND EARNINGS MUTUAL FUND	8,466.67	
NET APPR/(DEPR) IN FAIR VALUE OF INVESTMENTS	-139,044.62	
(A) REALIZED GAIN/LOSS	-6,329.46	
(B) UNREALIZED GAIN/LOSS	-134,048.17	
(C) CASH EARNINGS	1,333.01	
END OF PERIOD BALANCE	$831,686.45	95,486.3902

PRUDENTIAL BANK & TRUST, FSB COMPANY HEREBY CERTIFIES THAT THE FOREGOING STATEMENT FURNISHED PURSUANT TO 29 CFR 2520.103-5(C) (CERTIFICATION) AND 29 CFR 2520.103-8 (LIMITATION ON SCOPE) IS COMPLETE AND ACCURATE.

Interfaith Medical Center 403(b) Retirement Plan
VANGUARD TGT RET 2055

REPORT PERIOD: 01/01/2022 THROUGH 12/31/2022 RUN DATE: 01/07/23

PLAN 111468 GA-074372 CYCLE 22DEC#B

		SHARES/UNITS
BEGINNING OF PERIOD BALANCE	$643,920.21	12,330.9113
GROSS CONTRIBUTIONS - EMPLOYER	0.00	
GROSS CONTRIBUTIONS - EMPLOYEE	146,244.52	
ROLLOVER CONTRIBUTIONS	0.00	
NET EXCHANGES	330.45	
GROSS DISBURSEMENTS	-25,288.17	
TRANSFERS TO ALTERNATE FUNDING AGENCIES	-113,732.91	
MISCELLANEOUS TRANSACTIONS (NET)	-2,420.50	
LOAN INITIATIONS	-2,393.85	
LOAN REPAYMENTS - PRINCIPAL	479.54	
REPAID DEEMED AMOUNT	0.00	
LOAN REPAYMENTS - INTEREST	67.21	
LOAN FEES	-79.74	
DIVIDEND EARNINGS	10,886.92	
DIVIDEND EARNINGS MUTUAL FUND	10,886.92	
CAPITAL GAINS	463.47	
NET APPR/(DEPR) IN FAIR VALUE OF INVESTMENTS	-128,883.65	
(A) REALIZED GAIN/LOSS	-3,251.61	
(B) UNREALIZED GAIN/LOSS	-125,639.24	
(C) CASH EARNINGS	7.20	
END OF PERIOD BALANCE	$529,593.50	12,558.5375

PRUDENTIAL BANK & TRUST, FSB COMPANY HEREBY CERTIFIES THAT THE FOREGOING STATEMENT FURNISHED PURSUANT TO 29 CFR 2520.103-5(C) (CERTIFICATION) AND 29 CFR 2520.103-8 (LIMITATION ON SCOPE) IS COMPLETE AND ACCURATE.

Interfaith Medical Center 403(b) Retirement Plan
VANGUARD TGT RET 2060

REPORT PERIOD: 01/01/2022 THROUGH 12/31/2022 RUN DATE: 01/07/23

PLAN 111468 GA-074372 CYCLE 22DEC#B

		SHARES/UNITS
BEGINNING OF PERIOD BALANCE	$242,763.48	5,053.3619
GROSS CONTRIBUTIONS - EMPLOYER	0.00	
GROSS CONTRIBUTIONS - EMPLOYEE	92,049.49	
ROLLOVER CONTRIBUTIONS	0.00	
NET EXCHANGES	377.60	
GROSS DISBURSEMENTS	-4,057.47	
TRANSFERS TO ALTERNATE FUNDING AGENCIES	-12,763.34	
MISCELLANEOUS TRANSACTIONS (NET)	-1,167.16	
LOAN INITIATIONS	-1,476.12	
LOAN REPAYMENTS - PRINCIPAL	2,509.16	
REPAID DEEMED AMOUNT	0.00	
LOAN REPAYMENTS - INTEREST	303.82	
LOAN FEES	-80.20	
DIVIDEND EARNINGS	5,642.65	
DIVIDEND EARNINGS MUTUAL FUND	5,642.65	
NET APPR/(DEPR) IN FAIR VALUE OF INVESTMENTS	-49,261.40	
(A) REALIZED GAIN/LOSS	844.97	
(B) UNREALIZED GAIN/LOSS	-50,106.88	
(C) CASH EARNINGS	.51	
END OF PERIOD BALANCE	$274,840.51	7,078.0461

PRUDENTIAL BANK & TRUST, FSB COMPANY HEREBY CERTIFIES THAT THE FOREGOING STATEMENT FURNISHED PURSUANT TO 29 CFR 2520.103-5(C) (CERTIFICATION) AND 29 CFR 2520.103-8 (LIMITATION ON SCOPE) IS COMPLETE AND ACCURATE.

Interfaith Medical Center 403(b) Retirement Plan
LN AP FUND

REPORT PERIOD: 01/01/2022 THROUGH 12/31/2022 RUN DATE: 01/07/23

PLAN 111468 GA-074372 CYCLE 22DEC#B

BEGINNING OF PERIOD BALANCE	$.00
GROSS CONTRIBUTIONS - EMPLOYER	0.00
GROSS CONTRIBUTIONS - EMPLOYEE	0.00
ROLLOVER CONTRIBUTIONS	0.00
NET EXCHANGES	0.00
GROSS DISBURSEMENTS	0.00
TRANSFERS TO ALTERNATE FUNDING AGENCIES	0.00
MISCELLANEOUS TRANSACTIONS (NET)	0.00
REPAID DEEMED AMOUNT	0.00
LOAN REPAYMENTS - INTEREST	0.00
END OF PERIOD BALANCE	$.00

PRUDENTIAL BANK & TRUST, FSB COMPANY HEREBY CERTIFIES THAT THE FOREGOING STATEMENT FURNISHED PURSUANT TO 29 CFR 2520.103-5(C) (CERTIFICATION) AND 29 CFR 2520.103-8 (LIMITATION ON SCOPE) IS COMPLETE AND ACCURATE.

Interfaith Medical Center 403(b) Retirement Plan
AP FUND

REPORT PERIOD: 01/01/2022 THROUGH 12/31/2022 RUN DATE: 01/07/23

PLAN 111468 GA-074372 CYCLE 22DEC#B

BEGINNING OF PERIOD BALANCE	$19.73
GROSS CONTRIBUTIONS - EMPLOYER	3,600.00
GROSS CONTRIBUTIONS - EMPLOYEE	248.99
ROLLOVER CONTRIBUTIONS	0.00
NET EXCHANGES	0.00
GROSS DISBURSEMENTS	-3,619.73
TRANSFERS TO ALTERNATE FUNDING AGENCIES	-248.99
MISCELLANEOUS TRANSACTIONS (NET)	0.00
REPAID DEEMED AMOUNT	0.00
LOAN REPAYMENTS - INTEREST	0.00
END OF PERIOD BALANCE	$.00

PRUDENTIAL BANK & TRUST, FSB COMPANY HEREBY CERTIFIES THAT THE FOREGOING STATEMENT FURNISHED PURSUANT TO 29 CFR 2520.103-5(C) (CERTIFICATION) AND 29 CFR 2520.103-8 (LIMITATION ON SCOPE) IS COMPLETE AND ACCURATE.

Interfaith Medical Center 403(b) Retirement Plan
SUMMARY OF PLAN ASSETS (INCLUDING LOANS)

REPORT PERIOD: 01/01/2022 THROUGH 12/31/2022 RUN DATE: 01/07/23

PLAN 111468 GA-074372 CYCLE 22DEC#B

BEGINNING OF PERIOD BALANCE	$63,983,759.33
GROSS CONTRIBUTIONS - EMPLOYER	5,011.52
GROSS CONTRIBUTIONS - EMPLOYEE	4,621,487.05
ROLLOVER CONTRIBUTIONS	68,194.15
NET EXCHANGES	0.00
GROSS DISBURSEMENTS	-1,528,966.26
TRANSFERS TO ALTERNATE FUNDING AGENCIES	-2,766,628.41
MISCELLANEOUS TRANSACTIONS (NET)	-170,587.87
FORFEITURE ACCOUNT ACTIVITY (NET)	-664.38
FORFEITURE ACCOUNT CREDITS	.00
FORFEITURE ACCOUNT DEBITS	-664.38
DEEMED DISTRIBUTIONS	-49,031.28
LOAN DEFAULTS / OFFSETS	-81,812.98
LOAN TAKEOVERS	0.00
LOAN INITIATIONS	0.00
LOAN REPAYMENTS - PRINCIPAL	0.00
REPAID DEEMED AMOUNT	5,345.46
LOAN REPAYMENTS - INTEREST	37,096.55
LOAN FEES	-3,450.00
DIVIDEND EARNINGS	732,708.55
DIVIDEND EARNINGS MONEY MARKET	.00
DIVIDEND EARNINGS MUTUAL FUND	732,708.55
DIVIDEND EARNINGS COMMON STOCK	.00
DIVIDEND EARNINGS OTHER	.00
CAPITAL GAINS	447,390.04
INTEREST INCOME	190,140.37
NET APPR/(DEPR) IN FAIR VALUE OF INVESTMENTS	-10,946,224.58
(A) REALIZED GAIN/LOSS	95,125.26
(B) UNREALIZED GAIN/LOSS	-11,054,216.01
(C) CASH EARNINGS	12,866.17
END OF PERIOD BALANCE	$54,538,767.26

$$$% SIDE=NUFRONT,END;

RUN DATE: 01/09/23
CYCLE: 22DEC#B
PLAN NBR: 111468

PLAN NAME: Interfaith Medical Center 403(b)

PLAN SPONSOR EIN: 111631746

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES FOR PLAN YEAR 2022

(a)	(b) IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST,COLLATERAL, PAR OR MATURITY VALUE	(d) COST	(e) CURRENT VALUE
*	PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY	GUARANTEED INCOME FUND	11,727,104	11,727,104
	PRUDENTIAL MUTUAL FUNDS	VANGUARD TGT RET 2040	2,049,081	1,860,654
	PRUDENTIAL MUTUAL FUNDS	VANGUARD TGT RET 2050	1,481,498	1,426,270
	PRUDENTIAL MUTUAL FUNDS	METR W TOT RTN BOND CL M	2,667,513	2,257,419
	PRUDENTIAL MUTUAL FUNDS	VANGUARD TGT RET 2030	2,738,183	2,460,917
	PRUDENTIAL MUTUAL FUNDS	TOUCHSTONE MID CAP INSTL	1,257,258	1,399,278
	PRUDENTIAL MUTUAL FUNDS	VAN SMALL CAP INDEX ADMIR	2,462,876	2,798,615
	PRUDENTIAL MUTUAL FUNDS	VANGUARD 500 IDX ADMIRAL	4,166,150	5,992,365
	PRUDENTIAL MUTUAL FUNDS	VANGUARD TGT RET 2055	571,151	529,594
	PRUDENTIAL MUTUAL FUNDS	VANGUARD TGT RET 2025	3,304,418	2,960,450
	PRUDENTIAL MUTUAL FUNDS	VANGUARD TGT RET 2035	1,500,615	1,335,135
	PRUDENTIAL MUTUAL FUNDS	VANGUARD TGT RET 2045	1,040,528	967,012
	PRUDENTIAL MUTUAL FUNDS	VANGUARD TGT RET INCOME	2,970,617	2,691,488
	PRUDENTIAL MUTUAL FUNDS	VANGUARD TGT RET 2020	3,474,114	2,894,428
	PRUDENTIAL MUTUAL FUNDS	WESTERN AST T R UNC I	974,896	831,686
	PRUDENTIAL MUTUAL FUNDS	TROWE INSTL LG CAP GROW	6,302,278	5,293,189
	PRUDENTIAL MUTUAL FUNDS	VANGUARD TGT RET 2060	285,473	274,841
	PRUDENTIAL MUTUAL FUNDS	JP MORGAN EQUITY INC	3,406,105	4,200,779
	PRUDENTIAL MUTUAL FUNDS	T ROWE PR OVERSEAS ST FD	1,560,128	1,537,176
	PRUDENTIAL MUTUAL FUNDS	VANGUARD EXT MARK IDX ADM	327,209	280,381
	PARTICIPANT LOANS	4.25% - 10.33%	0	819,987

$$$% SIDE=NUFRONT,END;