

<p><b>Form 5500</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2022</p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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<b>Part I Annual Report Identification Information</b>	
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2023</u> and ending <u>09/08/2023</u>	
<b>A</b> This return/report is for:	<input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____
<b>B</b> This return/report is:	<input type="checkbox"/> the first return/report <input checked="" type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input checked="" type="checkbox"/> a short plan year return/report (less than 12 months)
<b>C</b> If the plan is a collectively-bargained plan, check here. ....	▶ <input type="checkbox"/>
<b>D</b> Check box if filing under:	<input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)
<b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ....	▶ <input type="checkbox"/>

<b>Part II Basic Plan Information</b> —enter all requested information	
<p><b>1a</b> Name of plan <u>PENSION PLAN FOR SAGA FOOD SERVICE EMPLOYEES AT SAINT JOSEPH HOSPITAL</u></p> <p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>SODEXO MANAGEMENT, INC.</u>  <u>SODEXO</u> <u>9801 WASHINGTONIAN BLVD</u> <u>SUITE 1134D</u> <u>GAITHERSBURG, MD 20878</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p> <p><b>1c</b> Effective date of plan <u>01/01/1977</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>94-2218686</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>716-932-1580</u></p> <p><b>2d</b> Business code (see instructions) <u>722300</u></p>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/25/2023	CRYSTAL FLAMISCH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)  
v. 220413

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor  ADMINISTRATIVE COMMITTEE SODEXO 9801 WASHINGTONIAN BLVD SUITE 1134D GAITHERSBURG, MD 20878	<b>3b</b> Administrator's EIN 94-2218686  <b>3c</b> Administrator's telephone number 716-932-1580
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b> 103
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).	
<b>6(1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b> 0
<b>6(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b> 0
<b>b</b> Retired or separated participants receiving benefits .....	<b>6b</b> 0
<b>c</b> Other retired or separated participants entitled to future benefits.....	<b>6c</b> 0
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b> 0
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....	<b>6e</b> 0
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b> 0
<b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	<b>6g</b>
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6h</b> 0
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>
<b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 3H 1I 1H  <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
<b>9a</b> Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
<b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
<b>a Pension Schedules</b> (1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)  (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary  (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <b>0 A</b> (Insurance Information) (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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

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

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

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**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 \_\_\_\_\_

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<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2022</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2022 or fiscal plan year beginning **01/01/2023** and ending **09/08/2023**

<b>A</b> Name of plan <b>PENSION PLAN FOR SAGA FOOD SERVICE EMPLOYEES AT SAINT JOSEPH HOSPITAL</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SODEXO MANAGEMENT, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>94-2218686</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....  Yes  No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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**(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)

BCG PENSION RISK CONSULTANTS

100 GRANDVIEW ROAD  
SUITE 303  
BRAINTREE, MA 02184

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 70 72	NONE	12500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WELLS FARGO, N.A.

1753 PINNACLE DRIVE  
MCLEAN, VA 22102

(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?
21 50 64 65	NONE	10229	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CORBYN INVESTMENT MANAGEMENT, INC.

2330 WEST JOPPA ROAD  
SUITE 108  
LUTHERVILLE, MD 21093

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 72	NONE	8047	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	358	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**Part I Service Provider Information (continued)**

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CORBYN INVESTMENT MANAGEMENT, INC.	28 51 52 72	358
(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.	
GREENSPRING FUND 2330 WEST JOPPA ROAD LUTHERVILLE, MD 21093	0.86% OF AVERAGE DAILY NET ASSETS	
(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.

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

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

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

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<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

**SCHEDULE H  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Financial Information**

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

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

OMB No. 1210-0110

**2022**

**This Form is Open to Public Inspection**

For calendar plan year 2022 or fiscal plan year beginning **01/01/2023** and ending **09/08/2023**

<p><b>A</b> Name of plan <b>PENSION PLAN FOR SAGA FOOD SERVICE EMPLOYEES AT SAINT JOSEPH HOSPITAL</b></p>	<p><b>B</b> Three-digit plan number (PN) ► <b>001</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SODEXO MANAGEMENT, INC.</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>94-2218686</b></p>

**Part I Asset and Liability Statement**

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

<b>Assets</b>	<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total noninterest-bearing cash.....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions.....	<b>1b(1)</b>	52340
<b>(2)</b> Participant contributions.....	<b>1b(2)</b>	0
<b>(3)</b> Other.....	<b>1b(3)</b>	20347
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....	<b>1c(1)</b>	172189
<b>(2)</b> U.S. Government securities.....	<b>1c(2)</b>	0
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred.....	<b>1c(3)(A)</b>	
<b>(B)</b> All other.....	<b>1c(3)(B)</b>	1609128
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred.....	<b>1c(4)(A)</b>	
<b>(B)</b> Common.....	<b>1c(4)(B)</b>	1205222
<b>(5)</b> Partnership/joint venture interests.....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property).....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants).....	<b>1c(7)</b>	
<b>(8)</b> Participant loans.....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts.....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts.....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts.....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities.....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....	<b>1c(13)</b>	222369
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	0
<b>(15)</b> Other.....	<b>1c(15)</b>	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	3281595	0
<b>Liabilities</b>			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	3281595	0

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		0
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	35638	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)	26296	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		61934
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	2603	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		2603
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	59947	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	18238	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)		
(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)		-20337
<b>c</b> Other income .....	2c		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d		122385
<b>Expenses</b>			
<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	874357	
(2) To insurance carriers for the provision of benefits .....	2e(2)	2493900	
(3) Other .....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		3368257
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	2g		
<b>h</b> Interest expense .....	2h		
<b>i</b> Administrative expenses: (1) Professional fees .....	2i(1)	16559	
(2) Contract administrator fees.....	2i(2)	11117	
(3) Investment advisory and management fees .....	2i(3)	8047	
(4) Other .....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		35723
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j		3403980
<b>Net Income and Reconciliation</b>			
<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k		-3281595
<b>l</b> Transfers of assets:			
(1) To this plan .....	2l(1)		0
(2) From this plan.....	2l(2)		0

**Part III Accountant's Opinion**

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

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

- (1)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

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

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

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

(1) Name: BDO USA, P.C.

(2) EIN: 13-5381590

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

	Yes	No	Amount
4a		X	

		Yes	No	Amount
<b>b</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.).....	<b>4b</b>		X	
<b>c</b> 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.) .....	<b>4c</b>		X	
<b>d</b> 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.).....	<b>4d</b>		X	
<b>e</b> Was this plan covered by a fidelity bond?.....	<b>4e</b>	X		5000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....	<b>4f</b>		X	
<b>g</b> 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? .....	<b>4g</b>		X	
<b>h</b> 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?.....	<b>4h</b>		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	<b>4i</b>		X	
<b>j</b> 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.).....	<b>4j</b>		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....	<b>4k</b>	X		
<b>l</b> Has the plan failed to provide any benefit when due under the plan? .....	<b>4l</b>		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....	<b>4m</b>			
<b>n</b> 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. ....	<b>4n</b>			

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

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

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

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined  
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 508563.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2022</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2023 and ending 09/08/2023

<b>A</b> Name of plan <u>PENSION PLAN FOR SAGA FOOD SERVICE EMPLOYEES AT SAINT JOSEPH HOSPITAL</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>SODEXO MANAGEMENT, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>94-2218686</u>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

**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): 56-1354495

**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		43
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<b>Part II</b>	<b>Funding Information</b> (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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year.....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

**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

<b>Part IV</b>	<b>ESOPs</b> (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:

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

**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:

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

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

**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 \_\_\_\_\_

# **Pension Plan for Saga Food Service Employees at Saint Joseph Hospital**

## **Financial Statements and ERISA-Required Supplemental Schedules**

As of September 8, 2023 (Liquidation Basis),  
December 31, 2022 (In Liquidation) and December  
31, 2021 (Ongoing) and for the period from January  
1 through September 8, 2023 (Liquidation Basis)  
and for the year ended December 31, 2022 (In  
Liquidation)

# **Pension Plan for Saga Food Service Employees at Saint Joseph Hospital**

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## **Financial Statements and ERISA-Required Supplemental Schedules**

As of September 8, 2023 (Liquidation Basis), December 31, 2022 (In Liquidation) and December 31, 2021 (Ongoing) and for the period from January 1 through September 8, 2023 (Liquidation Basis) and for the year ended December 31, 2022 (In Liquidation)

# Pension Plan for Saga Food Service Employees at Saint Joseph Hospital

## Contents

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Independent Auditor's Report	3-5
<b>Financial Statements</b>	
Statements of Net Assets Available for Benefits as of September 8, 2023 (Liquidation Basis), December 31, 2022 (In Liquidation) and December 31, 2021 (Ongoing)	6
Statements of Changes in Net Assets Available for Benefits for the period from January 1 through September 8, 2023 (Liquidation Basis) and for the Year Ended December 31, 2022 (In Liquidation)	7
Notes to Financial Statements	8-16
<b>ERISA- Required Supplemental Schedules</b>	
Schedule H, Line 4j - Schedule of Reportable Transactions- Liquidation Basis for the period from January 1, 2023 through September 8, 2023	17
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2022 (In Liquidation)	18-19
Schedule H, Line 4i - Schedule of Assets (Acquired and Disposed Within the Plan Year) for the year ended December 31, 2022 (In Liquidation)	20
Schedule H, Line 4j - Schedule of Reportable Transactions for the Year Ended December 31, 2022 (In Liquidation)	21-31



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## Independent Auditor's Report

To the Plan Administrator  
Pension Plan for Saga Food Service Employees at Saint Joseph Hospital  
Gaithersburg, Maryland

### *Opinion*

We have audited the financial statements of the Pension Plan for Saga Food Service Employees at Saint Joseph Hospital (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA). The financial statements comprise the statements of net assets available for benefits as of September 8, 2023 (liquidation basis), December 31, 2022 (in liquidation) and December 31, 2021 (ongoing), and the related statements of changes in net assets available for benefits for the period from January 1, 2023 through September 8, 2023 (liquidation basis) and for the year ended December 31, 2022 (in liquidation), and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of September 8, 2023, December 31, 2022 and December 31, 2021 and the changes in its net assets available for benefits for the period from January 1, 2023 through September 8, 2023 and for the year ended December 31, 2022, in accordance with accounting principles generally accepted in the United States of America (GAAP).

### *Basis for Opinion*

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

### *Emphasis of Matter - Plan Termination and Liquidation Basis of Accounting*

As further discussed in Note 1 to the financial statements, the Board of Directors of Sodexo Management, Inc. passed a resolution to terminate the Plan effective December 31, 2022, and management determined liquidation was imminent. As a result, the Plan changed its basis of accounting from the going-concern basis of accounting used in presenting the 2021 financial statements to the liquidation basis of accounting used in presenting the 2022 and 2023 financial statements. Our opinion is not modified with respect to this matter.



### ***Responsibilities of Management for the Financial Statements***

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

### ***Auditor's Responsibilities for the Audit of the Financial Statements***

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

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



### ***Supplemental Schedules Required by ERISA***

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules (Schedule H, line 4j - Schedule of Reportable Transactions - Liquidation Basis for the period from January 1, 2023 through September 8, 2023, Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2022, Schedule H, line 4i - Schedule of Assets (Acquired and Disposed of Within the Plan Year) for the year ended December 31, 2022, and Schedule H, line 4j - Schedule for Reportable Transactions 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

**BDO USA, P.C.**

October 13, 2023

## Financial Statements

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## Pension Plan for Saga Food Service Employees at Saint Joseph Hospital

### Statements of Net Assets Available for Benefits

	September 8, 2023 (Liquidation Basis)	December 31, 2022 (In Liquidation)	December 31, 2021 (Ongoing)
<b>Assets</b>			
Investments, at fair value:			
Corporate bonds	\$ -	\$ 1,609,128	\$ 710,471
Common stock	-	1,205,222	2,378,010
Mutual funds	-	222,369	338,780
Total investments, at fair value	-	3,036,719	3,427,261
Interest bearing cash	-	172,189	186,711
Total investments	-	3,208,908	3,613,972
Employer contribution receivable	-	52,340	43,666
Accrued interest income	-	20,347	11,278
Accrued interest expected to be earned in liquidation	-	44,201	-
<b>Total assets</b>	<b>-</b>	<b>3,325,796</b>	<b>3,668,916</b>
<b>Liabilities</b>			
Accrued expenses expected to be incurred in liquidation	-	35,724	-
<b>Net assets available for benefits</b>	<b>\$ -</b>	<b>\$ 3,290,072</b>	<b>\$ 3,668,916</b>

*The accompanying notes are an integral part of the financial statements.*

## Pension Plan for Saga Food Service Employees at Saint Joseph Hospital

### Statements of Changes in Net Assets Available for Benefits

	Period from January 1, 2023 through September 8, 2023 (Liquidation Basis)	Year Ended December 31, 2022 (In Liquidation)
<b>Additions:</b>		
<b>Investment income (loss):</b>		
Net increase (decrease) in fair value of investments	\$ 78,185	\$ (253,873)
Interest	-	47,902
Dividends	-	27,469
<b>Total net investment income (loss)</b>	<b>78,185</b>	<b>(178,502)</b>
<b>Employer contributions</b>	<b>-</b>	<b>52,340</b>
<b>Total additions, net investment loss</b>	<b>78,185</b>	<b>(126,162)</b>
<b>Deductions:</b>		
Benefits paid to participants and beneficiaries	874,357	226,288
Purchases of annuity contracts	2,493,900	-
Administrative expenses	-	34,871
<b>Total deductions</b>	<b>3,368,257</b>	<b>261,159</b>
<b>Net decrease</b>	<b>(3,290,072)</b>	<b>(387,321)</b>
<b>Adjustment to liquidation basis</b>	<b>-</b>	<b>8,477</b>
<b>Net assets available for benefits, beginning of period/ year</b>	<b>3,290,072</b>	<b>3,668,916</b>
<b>Net assets available for benefits, end of period/ year</b>	<b>\$ -</b>	<b>\$ 3,290,072</b>

*The accompanying notes are an integral part of the financial statements.*

# Pension Plan for Saga Food Service Employees at Saint Joseph Hospital

## Notes to Financial Statements

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### 1. Description of the Plan

The following description of the Pension Plan for Saga Food Service Employees at Saint Joseph Hospital (the “Plan”) provides only general information. Participants should refer to the Plan Document for a complete description of the Plan’s provisions.

#### *General*

The Plan was a defined benefit pension plan covering non-union employees of Sodexo Management, Inc. (formerly Saga Health Care Dietary Management Services, Inc.) and members of the National Union of Hospital and Health Care Employees Local 1199E who worked for Sodexo Management, Inc. (collectively, the “Company”). The Plan was subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended.

Effective April 1, 2021, the Retirement Committee voted to formally freeze the Plan for all accrued benefits, and years of service and participation with the understanding that none of these items increased or would increase after May 1, 2020.

#### *Plan Termination*

On February 3, 2022, the Retirement Committee approved the termination of the Plan effective December 31, 2022 and participants were fully vested in their benefits and guaranteed as of that date to the extent required by Section 411(d)(3) of the Internal Revenue Code (IRC). The Plan was amended to allow lump-sum distributions and annuity purchases in accordance with the termination and the subsequent distribution of the Plan’s net assets to participants based on their elections. Such distributions were allocated among the participants and their beneficiaries in accordance with Section 4044(a) and (d) of ERISA. Final distributions were processed and final assets were liquidated from the Plan by September 8, 2023.

#### *Plan Administration*

Principal Financial Group (formerly ‘Wells Fargo Institutional Retirement and Trust’) served as trustee with respect to all of the Plan’s assets. Bolton Partners, Inc. served as actuary of the Plan.

#### *Participants*

Prior to May 1, 2020, full-time employees automatically became Plan participants on January 1st after their hire date. Part-time employees automatically became Plan participants after completing one year of “eligibility service”. To qualify for a year of eligibility service, part-time employees must have earned at least 1,000 hours of service during the first 12 months of employment with the Company, or during any Plan year (January 1 - December 31).

#### *Contributions*

The Plan’s funding policy was for the Company to contribute an amount which will met or exceeded the annual ERISA minimum funding requirement. The funding requirement was estimated and periodically updated as certain actuarial assumptions changed. Employee contributions were not permitted under the terms of the Plan. The Company contributions to the Plan amounted to \$52,340 for the year ended December 31, 2022.

# Pension Plan for Saga Food Service Employees at Saint Joseph Hospital

## Notes to Financial Statements

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### ***Pension Benefits***

Participants could receive a benefit from the Plan when the conditions for normal, early or disability retirement were met. Participants may have been entitled to benefits if employment was terminated before becoming eligible to retire, if the participant was vested. The pension benefit was calculated based on average annual compensation basis.

### ***Normal Retirement***

The normal retirement date was the first day of the month on or after the participant's 65<sup>th</sup> birthday, or, if later, the first day of the month after the participant had been a Plan participant for five years.

### ***Early Retirement***

Participants could retire early, on the first day of the month after reaching age 55, as long as the participant had five years of vesting service.

### ***Disability Retirement***

Participants may have been entitled to disability retirement if they became totally and permanently disabled. Participants were considered to be totally and permanently disabled if they were eligible to receive Social Security disability benefits. Disability payments started on the first day of the month on or after the participant's 65<sup>th</sup> birthday.

### ***Death Benefits***

The Plan automatically paid death benefits to the spouse or beneficiary if the participant was vested at time of death.

### ***Vesting of Plan Benefits***

Participants were 100% vested in their benefits upon completion of five years of service or as of normal retirement age. All plan participants became fully vested effective May 1, 2020 when the plan was frozen.

## **2. Summary of Accounting Policies**

### ***Basis of Accounting***

The Plan's financial statements have been prepared on the accrued basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

The 2023 and 2022 financial statements have been prepared under the liquidation basis. This basis was adopted when liquidation was deemed imminent in accordance with Accounting Standards Update ("ASU") 2013-07, *Liquidation Basis of Accounting*. Plan management determined that liquidation was imminent upon adoption of the resolution to terminate the Plan effective December 31, 2022. Under the liquidation basis of accounting, assets are measured at their net realizable value, estimated by fair value reduced by surrender charges, penalties and redemption charges, and disposal expenses, to reflect the estimated amount of cash expected to be collected in settling

# Pension Plan for Saga Food Service Employees at Saint Joseph Hospital

## Notes to Financial Statements

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or disposing of the assets during the liquidation process. Liabilities are measured using the accrual basis of accounting, including any expected costs of the disposal of assets and other costs expected to be incurred during the liquidation process.

### *Investment Valuation and Income Recognition*

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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

### *Actuarial Present Value of Accumulated Plan Benefits*

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable, under the Plan's provisions to the services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries; (b) beneficiaries of employees who have died; and (c) present employees or their beneficiaries. The accumulated plan benefits for active employees are based on their average compensation of the highest five consecutive years of compensation earned up to May 1, 2020.

Benefits payable under all circumstances, retirement, death, disability, and termination of employment, are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary from Bolton Partners, and it is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

# Pension Plan for Saga Food Service Employees at Saint Joseph Hospital

## Notes to Financial Statements

The significant actuarial assumptions used in the valuations are as follows:

	September 8, 2023 (Liquidation Basis)	December 31, 2022 (In Liquidation)	December 31, 2021 (Ongoing)
<b>Investment return:</b>	0.00%	4.25%	7.00%
<b>Mortality table:</b>	N/A	Pri-2012 Blue Collar Mortality Table projected generationally using the following improvement scales MP-2021	Pri-2012 Blue Collar Mortality Table projected generationally using the following improvement scales MP-2021
<b>Form of payment:</b>	N/A	35% single life and 65% lump sum	100% single life
<b>Retirement:</b>	N/A	65	65

The actuarial present value of accumulated plan benefits was as follows:

	September 8, 2023 (Liquidation Basis)	December 31, 2022 (In Liquidation)	December 31, 2021 (Ongoing)
<b>Actuarial present value of accumulated plan benefits</b>			
Vested benefits:			
Participants currently receiving payments	\$ -	\$ 2,195,129	\$ 1,842,932
Other participants	-	942,598	724,017
<b>Total actuarial present value of accumulated plan benefits</b>	<b>\$ -</b>	<b>\$ 3,137,727</b>	<b>\$ 2,566,949</b>

# Pension Plan for Saga Food Service Employees at Saint Joseph Hospital

## Notes to Financial Statements

The change in accumulated plan benefits was as follows:

	September 8, 2023	December 31, 2022
	(Liquidation Basis)	(In Liquidation)
<b>Actuarial present value of accumulated plan benefits, beginning of period/ year</b>	<b>\$ 3,137,727</b>	<b>\$ 2,566,949</b>
Increase (decrease):		
Assumption change (*)	-	571,400
Interest	65,323	171,900
Plan experience	165,207	53,766
Benefits paid and purchases of annuity contract	(3,368,257)	(226,288)
<b>Actuarial present value of accumulated plan benefits, end of period/year</b>	<b>\$ -</b>	<b>\$ 3,137,727</b>

(\*) The assumptions used to determine the Present Value of Accumulated Plan Benefits (PVAB) as of December 31, 2022 are determined on a liquidation basis. Upon plan termination, benefits for terminated vested participants will be settled through a voluntary lump sum offer or the purchase of a group annuity contract. The assumed form of payment for terminated vested participants was changed from 100% single life annuity to 35% single life annuity and 65% lump sum. The liquidation PVAB for lump sum calculations is determined using the spot segment rates for December 2022 and the 2023 IRS Statutory Mortality Table. The liquidation PVAB for the annuity calculations is determined with a 4.25% interest rate and the Pri-2012 Blue Collar Mortality Table projected generationally using the MP-2021 mortality improvement scale.

As described in Note 1, the Plan was terminated effective December 31, 2022, resulting in the settlement of the Plan's accumulated plan benefit obligation as of September 8, 2023. To settle the Plan's accumulated pension benefit obligation, benefits paid directly to participants who elected lump sums totaled \$759,919 and purchase annuity contracts totaled \$2,493,900 for the period from January 1, 2023 through September 8, 2023. All ongoing benefit payments effective or beginning May 8, 2023 were or will be satisfied by the insurance company under the terms of the annuity contract. Upon execution of the contract, the insurance company assumed the liability, and guaranteed the future benefits for these former participants. The assets and benefit obligation related to this allocated contract are excluded from the Plan's financial statements.

### ***Payment of Benefits***

Benefit payments to participants were recorded upon distribution.

### ***Administrative Fees***

Certain general administrative and maintenance fees were paid by the Plan. Expenses paid by the Company are excluded from these financial statements.

# Pension Plan for Saga Food Service Employees at Saint Joseph Hospital

## Notes to Financial Statements

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### *Use of Estimates*

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

### **3. Fair Value Measurements**

The fair value hierarchy provides a framework for measuring fair value that prioritizes the inputs to valuation techniques that maximizes the use of observable inputs and minimizes the use of unobservable inputs by requiring the use of observable inputs when available. 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 are described as follows:

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

Level 2 - Inputs to the valuation methodology include:

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

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 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. There have been no changes to the methodologies used at December 31, 2022 and 2021.

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

*Common stock:* Valued at the closing price reported on the national securities exchanges.

# Pension Plan for Saga Food Service Employees at Saint Joseph Hospital

## Notes to Financial Statements

*Corporate bonds:* Corporate bonds are valued based on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identifiable or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

*Mutual funds:* Mutual funds are registered investments with various investment managers. Shares of mutual funds are valued at quoted market prices on national securities exchanges. These funds are required to publish their daily net asset value (NAV) and to transact at that price.

There are no investments held the by Plan as of September 8, 2023. The following tables set forth by level within the fair value hierarchy the Plan's investments at fair value as of December 31, 2022 and 2021:

<i>December 31, 2022</i>	Level 1	Level 2	Level 3	Total
Common stock	\$ 1,205,222	\$ -	\$ -	\$ 1,205,222
Corporate bonds	-	1,609,128	-	1,609,128
Mutual funds	222,369	-	-	222,369
<b>Total</b>	<b>\$ 1,427,591</b>	<b>\$ 1,609,128</b>	<b>\$ -</b>	<b>\$ 3,036,719</b>

<i>December 31, 2021</i>	Level 1	Level 2	Level 3	Total
Common stock	\$ 2,378,010	\$ -	\$ -	\$ 2,378,010
Corporate bonds	-	710,471	-	710,471
Mutual funds	338,780	-	-	338,780
<b>Total</b>	<b>\$ 2,716,790</b>	<b>\$ 710,471</b>	<b>\$ -</b>	<b>\$ 3,427,261</b>

#### 4. Risks and Uncertainties

The Plan invested in various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks.

Plan contributions were made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions due to the Plan's termination affected the amounts reported and disclosed in the financial statements.

# Pension Plan for Saga Food Service Employees at Saint Joseph Hospital

## Notes to Financial Statements

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### 5. Income Tax Status

The Internal Revenue Service (IRS) determined and informed the Plan by a letter dated May 30, 2013, that the Plan is designed in accordance with the applicable sections of the IRC. The Plan Administrator believes that the Plan was designed and operated in compliance with the applicable requirements of the IRC. The Plan submitted the application for determination upon termination with the IRS on March 09, 2023 and the approval is pending as of the report date. No provision for income taxes has been included in the Plan's financial statements.

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

### 6. Parties-in-Interest and Related Party Transactions

The Company was the sponsor of the Plan, and as such, executed the normal duties associated therewith. There were no financial transactions recorded between the Company and the Plan, other than contributions made and certain administrative expenses. The Plan paid certain expenses related to plan operations and investment activity to various service providers. These transactions are exempt party-in-interest transactions under ERISA.

Interest bearing cash was managed by Principal Financial Group (formerly 'Wells Fargo Institutional Retirement and Trust'), which was the trustee as defined by the Plan. Transactions involving this interest bearing cash account qualify as party-in-interest transactions and are exempt from the prohibited transaction rules of ERISA.

### 7. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 30, 2022 and December 31, 2021, to Form 5500:

	September 8, 2023	December 31, 2022	December 31, 2021
Net assets available for benefits, per the financial statements	\$ -	\$ 3,290,072	\$ 3,668,916
Accrued interest income due to liquidation basis	-	(44,201)	-
Accrued expenses due to liquidation basis	-	35,724	-
Net assets available for benefits per Form 5500	\$ -	\$ 3,281,595	\$ 3,668,916

# Pension Plan for Saga Food Service Employees at Saint Joseph Hospital

## Notes to Financial Statements

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The following is a reconciliation of net decrease per the financial statements to net loss per Form 5500:

	Period from January 1, 2023 through September 8, 2023	Year ended December 31, 2022
Net decrease per the financial statements	\$ (3,290,072)	\$ (378,844)
Adjustment due to liquidation basis	8,477	(8,477)
Net loss per Form 5500	<u>(3,281,595)</u>	<u>\$ (387,321)</u>

### 8. Subsequent Events

The Plan evaluated subsequent events through October 13, 2023, the date the financial statements were available to be issued. There were no subsequent events noted that required adjustment to or disclosure in these financial statements.

## **ERISA- Required Supplemental Schedules**

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**Pension Plan for Saga Food Service  
Employees at Saint Joseph Hospital**

**Schedule H, Line 4j - Schedule of Reportable Transactions- Liquidation Basis  
for the Period from January 1, 2023 through September 8, 2023**

E.I.N. 94-2218686  
Plan Number: 001

(a) Identity of party involved	No. of Trans.	(b) Description of asset (Include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of Assets on transaction date	(i) Net gain or (loss)
<b>Single Transaction</b>							
Greenspring Fund	1	Cromwell Greenspring Mid Cap Instl	\$ -	\$ 198,051	\$ 135,397	\$ 198,051	\$ 62,654
US Treasury	1	US Treasury Bills, 04/27/2023	\$ 3,257,438	\$ -	\$ 3,257,438	\$ 3,257,438	\$ -
US Treasury	1	US Treasury Bills, 04/27/2023	\$ -	\$ 3,257,438	\$ 3,257,438	\$ 3,257,438	\$ -
<b>Series Transactions</b>							
NRG Energy	1	NRG Energy, Inc, 6.625%, 01/15/2027	\$ 98,245	\$ -	\$ 98,245	\$ 98,245	\$ -
NRG Energy	1	NRG Energy, Inc, 6.625%, 01/15/2027	\$ -	\$ 98,098	\$ 98,245	\$ 98,098	\$ (147)
US Treasury	1	US Treasury Bills, 04/27/2023	\$ -	\$ 3,257,438	\$ 3,257,438	\$ 3,257,438	\$ -
US Treasury	1	US Treasury Bills, 04/27/2023	\$ 3,257,438	\$ -	\$ 3,257,438	\$ 3,257,438	\$ -

# Pension Plan for Saga Food Service Employees at Saint Joseph Hospital

## Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

E.I.N. 94-2218686

Plan Number: 001

Form 5500

December 31, 2022

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Shares/Par	(d) Cost	(e) Current value
<b>Corporate bonds</b>				
	ADT CORP DTD 01/14/13 4.125 06/15/2023	\$ 104,000	\$ 104,390	\$ 102,966
	QUEBECOR MEDIA INC DTD 12/15/12 5.750 01/15/2023	102,000	103,887	101,756
	MGM RESORTS INTL DTD 05/04/20 6.750 05/01/2025	100,000	102,500	100,521
	TRANSDIGM INC DTD 12/15/16 6.375 06/15/2026	102,000	105,570	99,242
	GRAPHIC PACKAGING INTL DTD 08/11/16 4.125 08/15/2024	101,000	99,233	99,230
	CELANESE US HOLDINGS LLC DTD 07/14/2022 5.900% 07/05/2024	97,000	95,380	96,970
	TENET HEALTHCARE CORP DTD 06/14/17 4.625 07/15/2024	98,000	97,020	95,575
	CENTURY COMMUNITIES DTD 12/01/19 6.750 06/01/2027	100,000	103,450	95,410
	COLONY CAPITAL INC DTD 04/10/13 5.000 04/15/2023	96,000	95,513	94,560
	GOODYEAR TIRE & RUBBER DTD 05/13/16 5.000 05/31/2026	100,000	102,625	94,346
	ENPRO INDUSTRIES INC DTD 04/15/19 5.750 10/15/2026	97,000	102,675	94,090
	SPECTRUM BRANDS INC DTD 01/15/16 5.750 07/15/2025	89,000	91,890	87,993
	CDW LLC/CDW FINANCE DTD 04/21/20 4.125 05/01/2025	86,000	81,292	83,513
	SALLY HOLDINGS/SALLY CAP DTD 12/03/15 5.625 12/01/2025	80,000	81,104	77,064
	BLACKSTONE MORTGAGE TR DTD 03/27/18 4.750 03/15/2023	69,000	70,677	67,663
	SIGNET UK FINANCE PLC DTD 05/19/14 4.700 06/15/2024	65,000	63,447	63,050
	ISTAR INC DTD 09/01/20 5.500 02/15/2026	52,000	52,572	51,866
	PDC ENERGY INC DTD 03/15/17 6.125 09/15/2024	52,000	52,468	51,704
	ISTAR INC DTD 09/16/19 4.750 10/01/2024	52,000	51,901	51,609
<b>Total corporate bonds</b>			<b>1,657,594</b>	<b>1,609,128</b>
<b>Common stocks</b>				
	REPUBLIC SERVICES INC CL A COMM	872	18,059	112,479
	KBR INC	1,614	35,940	85,219
	T-MOBILE US INC	561	56,646	78,540
	MYR GROUP INC/DELAWARE	738	18,019	67,948
	EMCOR GROUP INC COM	442	5,159	65,465
	EOG RESOURCES, INC	451	3,392	58,414
	JOHNSON CONTROLS INTERNATIONAL PLC (JCI)	818	35,087	52,352
	DUPONT DE NEMOURS INC.	709	50,118	48,658
	ALPHABET INC CL C	520	31,700	46,140
	LEVI STRAUSS & CO	2,723	57,041	42,261
	ZIFF DAVIS INC	523	33,258	41,369
	BERKLEY W R CORP	559	16,958	40,567
	CHUBB LIMITED (CB)	176	19,515	38,826
	MEDTRONIC, PLC (MDT)	496	53,590	38,549
	NEXTERA ENERGY, INC.	429	31,657	35,864
	VISA INC-CLASS A SHRS	171	34,064	35,527
	EMERSON ELECTRIC CO	363	9,914	34,870
	CISCO SYSTEMS INC	718	32,986	34,205
	AMAZON COM INC COM	360	37,912	30,240
	WYNDHAM HOTELS & RESORTS INC	414	23,137	29,522
	UNITED PARCEL SERVICE-CL B	163	15,537	28,336
	AMERICAN HOMES 4 RENT	871	23,923	26,252
	DUN & BRADSTREET HOLDINGS INC	1,893	35,028	23,208
	OCEANFIRST FINL CORP COM	975	7,968	20,719
	PHILLIPS 66	198	2,628	20,608
	AMDOCS LIMITED COM (DOX)	211	14,507	19,180
	INTERNATIONAL FLAVORS & FRAGRANCES	166	16,355	17,403
	JOHNSON & JOHNSON	98	12,818	17,312
	SHERWIN WILLIAMS CO	64	6,452	15,189
<b>Total common stocks</b>			<b>739,368</b>	<b>1,205,222</b>

# Pension Plan for Saga Food Service Employees at Saint Joseph Hospital

## Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2022

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Shares/Par	(d) Cost	(e) Current value
	<b>Mutual funds</b>			
	GREENSPRING FUND #1705	8,555	135,397	189,838
	POWERSHARE SOLAR PORTFOLIO ETF	446	14,957	32,531
	<b>Total mutual funds</b>		150,354	222,369
	<b>Interest bearing cash</b>			
	WFB Collateralized Inst Bank Dep	-	172,189	172,189
	<b>Total interest bearing cash</b>		172,189	172,189
	<b>Total investments</b>		\$ 1,980,137	\$ 3,208,908

\* Party-in-interest as defined by ERISA.

Schedule H, Line 4i - Schedule of Assets (Acquired and Disposed Within the Plan Year)  
 For the year ended December 31, 2022 (In Liquidation)

E.I.N. 94-2218686  
 Plan Number: 001  
 Form 5500

ASSETS BOUGHT & SOLD

FOR THE PERIOD JANUARY 1, 2022 THROUGH DECEMBER 31, 2022

SAGA FOOD

ACCOUNT NUMBER 5041680382

DATE	DESCRIPTION	SHARES/ PAR VALUE	COST VALUE	INCOME/ EXPENSES	TRANSACTION PROCEEDS	REALIZED GAIN/LOSS
	GRAPHIC PACKAGING IN 4.875% 11/15/22 38869PAL8 -----					
	INITIAL POSITION	0.0000	0.00			
03/11/22	PURCHASE ASSETS ON 03/11/22	102000.0000	102642.60		-102642.60	
11/15/22	SELL ASSETS ON 11/15/22	-102000.0000	-102642.60		102000.00	-642.60
	TRANSACTION TOTAL	0.0000	0.00	0.00	-642.60	-642.60
	FINAL POSITION	0.0000	0.00			

Schedule H, Line 4j - Schedule of Reportable Transactions  
for the Year Ended December 31, 2022 (In Liquidation)

E.I.N. 94-2218686  
Plan Number: 001  
Form 5500

REPORTABLE TRANSACTIONS - SINGLE / BY ISSUE

SAGA FOOD

FOR THE PERIOD JANUARY 1, 2022 THROUGH DECEMBER 31, 2022

ACCOUNT NUMBER 5041680382

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
	BEGINNING MARKET VALUE		3,625,250.72			
	COMPARATIVE VALUE (5%)		181,262.54			
** ISSUE: VP7000251 - PRINCIPAL DEPOSIT						
03/15/22 B	814,712	1.000	0	814,712-*	814,712	
** ISSUE: VP7000251 - PRINCIPAL DEPOSIT						
03/18/22 S	397,117	1.000	0	397,117 *	397,117	0
	GRAND TOTAL		0	1,211,829	1,211,829	0

F O O T N O T E S

\* = SINGLE TRANSACTION IS 5% REPORTABLE  
B = BUY TRANSACTION  
S = SELL TRANSACTION  
R = REINVESTMENT TRANSACTION

Schedule H, Line 4j - Schedule of Reportable Transactions  
for the Year Ended December 31, 2022 (In Liquidation)

E.I.N. 94-2218686  
Plan Number: 001  
Form 5500

REPORTABLE TRANSACTIONS - SINGLE / BY BROKER  
FOR THE PERIOD JANUARY 1, 2022 THROUGH DECEMBER 31, 2022

SAGA FOOD  
ACCOUNT NUMBER 5041680382

SINGLE / BY BROKER						
DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
	BEGINNING MARKET VALUE		3,625,250.72			
	COMPARATIVE VALUE (5%)		181,262.54			
	-----		-----			

\*\*\* NO TRANSACTIONS QUALIFIED FOR THIS REPORT \*\*\*

F O O T N O T E S  
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\* = SINGLE TRANSACTION IS 5% REPORTABLE  
B = BUY TRANSACTION  
S = SELL TRANSACTION  
R = REINVESTMENT TRANSACTION

Schedule H, Line 4j - Schedule of Reportable Transactions  
for the Year Ended December 31, 2022 (In Liquidation)

E.I.N. 94-2218686  
Plan Number: 001  
Form 5500

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE  
FOR THE PERIOD JANUARY 1, 2022 THROUGH DECEMBER 31, 2022

SAGA FOOD  
ACCOUNT NUMBER 5041680382

DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
	BEGINNING MARKET VALUE		3,625,250.72			
	COMPARATIVE VALUE (5%)		181,262.54			

\*\* ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM

02/16/22 B	179,401	1.000	0	179,401-	179,401	
02/18/22 B	27,317	1.000	0	27,317-	27,317	
03/10/22 B	845	1.000	0	845-	845	
03/11/22 B	62	1.000	0	62-	62	
03/15/22 B	2,142	1.000	0	2,142-	2,142	
03/15/22 B	814,712	1.000	0	814,712-*	814,712	
03/23/22 B	83	1.000	0	83-	83	
03/29/22 B	451	1.000	0	451-	451	
03/30/22 B	18,404	1.000	0	18,404-	18,404	
03/31/22 B	289	1.000	0	289-	289	
04/06/22 B	131	1.000	0	131-	131	
04/07/22 B	154	1.000	0	154-	154	
04/08/22 B	202	1.000	0	202-	202	
04/12/22 B	34	1.000	0	34-	34	
04/14/22 B	501	1.000	0	501-	501	
04/15/22 B	5,684	1.000	0	5,684-	5,684	
04/20/22 B	22,982	1.000	0	22,982-	22,982	
04/27/22 B	466	1.000	0	466-	466	
04/29/22 B	396	1.000	0	396-	396	
04/29/22 B	83	1.000	0	83-	83	
05/16/22 B	2,486	1.000	0	2,486-	2,486	
05/16/22 B	589	1.000	0	589-	589	
05/20/22 B	166	1.000	0	166-	166	
05/24/22 B	272	1.000	0	272-	272	
05/26/22 B	196	1.000	0	196-	196	
05/27/22 B	2,714	1.000	0	2,714-	2,714	
05/31/22 B	41,513	1.000	0	41,513-	41,513	
06/02/22 B	377	1.000	0	377-	377	
06/02/22 B	91,000	1.000	0	91,000-	91,000	
06/03/22 B	37,809	1.000	0	37,809-	37,809	
06/10/22 B	187	1.000	0	187-	187	
06/15/22 B	8,745	1.000	0	8,745-	8,745	
06/27/22 B	14,485	1.000	0	14,485-	14,485	
06/29/22 B	132	1.000	0	132-	132	
06/29/22 B	739	1.000	0	739-	739	

Schedule H, Line 4j - Schedule of Reportable Transactions  
for the Year Ended December 31, 2022 (In Liquidation)

E.I.N. 94-2218686  
Plan Number: 001  
Form 5500

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE  
FOR THE PERIOD JANUARY 1, 2022 THROUGH DECEMBER 31, 2022

SAGA FOOD  
ACCOUNT NUMBER 5041680382

DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
06/30/22 B	969	1.000	0	969-	969	
07/06/22 B	131	1.000	0	131-	131	
07/07/22 B	335	1.000	0	335-	335	
07/08/22 B	209	1.000	0	209-	209	
07/14/22 B	9,766	1.000	0	9,766-	9,766	
07/15/22 B	9,769	1.000	0	9,769-	9,769	
07/18/22 B	624	1.000	0	624-	624	
07/27/22 B	466	1.000	0	466-	466	
07/29/22 B	396	1.000	0	396-	396	
08/02/22 B	19,768	1.000	0	19,768-	19,768	
08/05/22 B	14,628	1.000	0	14,628-	14,628	
08/05/22 B	57,453	1.000	0	57,453-	57,453	
08/08/22 B	10,648	1.000	0	10,648-	10,648	
08/12/22 B	8,472	1.000	0	8,472-	8,472	
08/15/22 B	3,513	1.000	0	3,513-	3,513	
08/17/22 B	327	1.000	0	327-	327	
08/19/22 B	195	1.000	0	195-	195	
09/06/22 B	111	1.000	0	111-	111	
09/09/22 B	117	1.000	0	117-	117	
09/15/22 B	3,648	1.000	0	3,648-	3,648	
09/19/22 B	64	1.000	0	64-	64	
09/22/22 B	95	1.000	0	95-	95	
09/28/22 B	95,929	1.000	0	95,929-	95,929	
09/29/22 B	677	1.000	0	677-	677	
09/30/22 B	157	1.000	0	157-	157	
10/03/22 B	56	1.000	0	56-	56	
10/05/22 B	134	1.000	0	134-	134	
10/07/22 B	146	1.000	0	146-	146	
10/14/22 B	625	1.000	0	625-	625	
10/17/22 B	5,812	1.000	0	5,812-	5,812	
10/26/22 B	273	1.000	0	273-	273	
10/28/22 B	83	1.000	0	83-	83	
10/31/22 B	405	1.000	0	405-	405	
11/15/22 B	104,486	1.000	0	104,486-	104,486	
11/18/22 B	195	1.000	0	195-	195	
11/21/22 B	327	1.000	0	327-	327	
11/30/22 B	2,500	1.000	0	2,500-	2,500	
12/02/22 B	38	1.000	0	38-	38	
12/06/22 B	111	1.000	0	111-	111	
12/09/22 B	189	1.000	0	189-	189	
12/15/22 B	10,367	1.000	0	10,367-	10,367	
12/16/22 B	125	1.000	0	125-	125	
12/23/22 B	11,011	1.000	0	11,011-	11,011	
12/27/22 B	0	1.000	0	0-	0	

Schedule H, Line 4j - Schedule of Reportable Transactions  
for the Year Ended December 31, 2022 (In Liquidation)

E.I.N. 94-2218686  
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Form 5500

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE  
FOR THE PERIOD JANUARY 1, 2022 THROUGH DECEMBER 31, 2022

SAGA FOOD  
ACCOUNT NUMBER 5041680382

SERIES / BY ISSUE						
DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
12/28/22 B	132	1.000	0	132-	132	
12/28/22 B	56	1.000	0	56-	56	
12/30/22 B	672	1.000	0	672-	672	
SUB-TOTAL OF BUYS # 82			0	1,651,959	1,651,959	
02/17/22 S	212	1.000	0	212	212	0
02/22/22 S	34,730	1.000	0	34,730	34,730	0
03/01/22 S	17,719	1.000	0	17,719	17,719	0
03/08/22 S	132	1.000	0	132	132	0
03/10/22 S	37,206	1.000	0	37,206	37,206	0
03/18/22 S	397,117	1.000	0	397,117 *	397,117	0
03/22/22 S	149	1.000	0	149	149	0
03/25/22 S	87,350	1.000	0	87,350	87,350	0
03/28/22 S	105,565	1.000	0	105,565	105,565	0
03/28/22 S	105,570	1.000	0	105,570	105,570	0
04/01/22 S	16,955	1.000	0	16,955	16,955	0
04/18/22 S	6,310	1.000	0	6,310	6,310	0
04/25/22 S	3,103	1.000	0	3,103	3,103	0
05/02/22 S	14,812	1.000	0	14,812	14,812	0
05/11/22 S	706	1.000	0	706	706	0
05/13/22 S	589	1.000	0	589	589	0
05/17/22 S	98,556	1.000	0	98,556	98,556	0
05/18/22 S	589	1.000	0	589	589	0
06/01/22 S	12,168	1.000	0	12,168	12,168	0
06/07/22 S	68,278	1.000	0	68,278	68,278	0
06/21/22 S	132	1.000	0	132	132	0
06/21/22 S	739	1.000	0	739	739	0
06/23/22 S	27,879	1.000	0	27,879	27,879	0
06/24/22 S	63,523	1.000	0	63,523	63,523	0
07/01/22 S	18,570	1.000	0	18,570	18,570	0
07/20/22 S	2,905	1.000	0	2,905	2,905	0
07/25/22 S	5,977	1.000	0	5,977	5,977	0
08/01/22 S	18,475	1.000	0	18,475	18,475	0
08/03/22 S	1,276	1.000	0	1,276	1,276	0
08/12/22 S	84,113	1.000	0	84,113	84,113	0
09/01/22 S	18,362	1.000	0	18,362	18,362	0
09/20/22 S	64	1.000	0	64	64	0
10/03/22 S	17,658	1.000	0	17,658	17,658	0
10/13/22 S	82,888	1.000	0	82,888	82,888	0
10/17/22 S	5,832	1.000	0	5,832	5,832	0
10/28/22 S	97,033	1.000	0	97,033	97,033	0
11/01/22 S	13,663	1.000	0	13,663	13,663	0
12/01/22 S	12,740	1.000	0	12,740	12,740	0

Schedule H, Line 4j - Schedule of Reportable Transactions  
for the Year Ended December 31, 2022 (In Liquidation)

E.I.N. 94-2218686  
Plan Number: 001  
Form 5500

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE  
FOR THE PERIOD JANUARY 1, 2022 THROUGH DECEMBER 31, 2022

SAGA FOOD  
ACCOUNT NUMBER 5041680382

SERIES / BY ISSUE						
DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
-----	-----	-----	-----	-----	-----	-----
12/20/22 S	125	1.000	0	125	125	0
SUB-TOTAL OF SALES # 39			0	1,479,770	1,479,770	0
SUB-TOTAL			0	3,131,729	3,131,729	0
ISSUE: 38869PAL8 - GRAPHIC PACKAGING IN 4.875% 11/15/22						
03/11/22 B	102,000	1.006	0	102,643-	102,643	
SUB-TOTAL OF BUYS # 1			0	102,643	102,643	
11/15/22 S	102,000	1.000	0	102,000	102,643	-643
SUB-TOTAL OF SALES # 1			0	102,000	102,643	-643
SUB-TOTAL			0	204,643	205,286	-643
** ISSUE: 992995936 - WFB COLLATERALIZED INST BANK DEP A/C						
01/07/22 B	407	1.000	0	407-	407	
01/13/22 B	20,684	1.000	0	20,684-	20,684	
01/14/22 B	1,961	1.000	0	1,961-	1,961	
01/18/22 B	2,559	1.000	0	2,559-	2,559	
01/21/22 B	154	1.000	0	154-	154	
01/26/22 B	770	1.000	0	770-	770	
01/28/22 B	792	1.000	0	792-	792	
01/31/22 B	95	1.000	0	95-	95	
02/02/22 B	109	1.000	0	109-	109	
02/07/22 B	30,360	1.000	0	30,360-	30,360	
02/15/22 B	2,613	1.000	0	2,613-	2,613	
SUB-TOTAL OF BUYS # 11			0	60,504	60,504	
01/03/22 S	18,004	1.000	0	18,004	18,004	0
01/12/22 S	22,000	1.000	0	22,000	22,000	0
01/20/22 S	3,187	1.000	0	3,187	3,187	0
01/25/22 S	6,487	1.000	0	6,487	6,487	0
02/01/22 S	17,895	1.000	0	17,895	17,895	0
02/03/22 S	132	1.000	0	132	132	0
02/04/22 S	109	1.000	0	109	109	0
02/16/22 S	179,401	1.000	0	179,401	179,401	0

Schedule H, Line 4j - Schedule of Reportable Transactions  
for the Year Ended December 31, 2022 (In Liquidation)

E.I.N. 94-2218686  
Plan Number: 001  
Form 5500

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE  
FOR THE PERIOD JANUARY 1, 2022 THROUGH DECEMBER 31, 2022

SAGA FOOD  
ACCOUNT NUMBER 5041680382

DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	SERIES / BY ISSUE	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
		SUB-TOTAL OF SALES # 8		0	247,215	247,215	0
		SUB-TOTAL		0	307,719	307,719	0
		GRAND TOTAL		0	3,644,091	3,644,734	-643

FOOTNOTES  
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\* = SINGLE TRANSACTION IS 5% REPORTABLE  
B = BUY TRANSACTION  
S = SELL TRANSACTION  
R = REINVESTMENT TRANSACTION

Schedule H, Line 4j - Schedule of Reportable Transactions  
for the Year Ended December 31, 2022 (In Liquidation)

E.I.N. 94-2218686  
Plan Number: 001  
Form 5500

REPORTABLE TRANSACTIONS - SERIES / BY BROKER  
FOR THE PERIOD JANUARY 1, 2022 THROUGH DECEMBER 31, 2022

SAGA FOOD  
ACCOUNT NUMBER 5041680382

DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
	BEGINNING MARKET VALUE		3,625,250.72			
	COMPARATIVE VALUE (5%)		181,262.54			
-----						
BROKER: INSTINET						
01/10/22 B	ISSUE: 872590104 - T-MOBILE US INC 203	105.874	10	21,503-	21,503	
02/03/22 S	ISSUE: 125896100 - CMS ENERGY CORP 469	64.784	24	30,360	26,725	3,635
02/16/22 S	ISSUE: 98311A105 - WYNDHAM HOTELS & RESORTS INC 295	92.090	15	27,152	16,486	10,665
03/10/22 S	ISSUE: G02602103 - AMDOCS LIMITED COM 562	79.193	28	44,478	38,639	5,839
03/10/22 S	ISSUE: 55405W104 - MYR GROUP INC/DELAWARE 535	91.284	27	48,810	13,063	35,747
03/10/22 S	ISSUE: 023135106 - AMAZON COM INC COM 4	2,931.793	0	11,727	8,425	3,302
03/10/22 S	ISSUE: 084423102 - BERKLEY W R CORP 264	91.456	13	24,131	12,013	12,118
03/10/22 S	ISSUE: 17275R102 - CISCO SYSTEMS INC 857	54.861	43	46,972	39,372	7,600
03/10/22 S	ISSUE: 29084Q100 - EMCOR GROUP INC COM 287	115.839	15	33,231	3,350	29,881
03/10/22 S	ISSUE: 291011104 - EMERSON ELECTRIC CO 407	94.353	21	38,381	11,116	27,266
03/10/22 S	ISSUE: 478160104 - JOHNSON & JOHNSON 31	168.943	2	5,236	4,055	1,181
03/10/22 S	ISSUE: 760759100 - REPUBLIC SERVICES INC CL A COMM 1,011	126.090	51	127,425	20,938	106,488
03/10/22 S	ISSUE: 26875P101 - EOG RESOURCES, INC 129	115.940	7	14,950	970	13,980
03/10/22 S	ISSUE: 911312106 - UNITED PARCEL SERVICE-CL B 47	205.848	2	9,672	4,480	5,192
03/10/22 S	ISSUE: 98311A105 - WYNDHAM HOTELS & RESORTS INC 337	82.012	17	27,621	18,834	8,788
03/10/22 S	ISSUE: 46138G706 - INVESCO SOLAR ETF 459	74.390	23	34,122	15,393	18,729
03/10/22 S	ISSUE: G5960L103 - MEDTRONIC PLC 144	103.760	7	14,934	15,559	-624

Schedule H, Line 4j - Schedule of Reportable Transactions  
for the Year Ended December 31, 2022 (In Liquidation)

E.I.N. 94-2218686  
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Form 5500

REPORTABLE TRANSACTIONS - SERIES / BY BROKER  
FOR THE PERIOD JANUARY 1, 2022 THROUGH DECEMBER 31, 2022

SAGA FOOD  
ACCOUNT NUMBER 5041680382

SERIES / BY BROKER						
DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
ISSUE: 52736R102 - LEVI STRAUSS & CO						
03/10/22 S	711	18.599	36	13,188	14,894	-1,706
ISSUE: 19423L672 - SPAC & NEW ISSUE ETF						
03/10/22 S	200	27.650	10	5,520	6,178	-658
ISSUE: 26614N102 - DUPONT DE NEMOURS INC						
03/10/22 S	264	71.600	13	18,889	18,662	228
ISSUE: 02079K107 - ALPHABET INC CL C						
03/10/22 S	28	2,649.093	2	74,173	34,139	40,034
ISSUE: H1467J104 - CHUBB LTD						
03/10/22 S	93	202.131	5	18,793	10,312	8,482
ISSUE: G51502105 - JOHNSON CONTROLS INTERNATION						
03/10/22 S	502	61.674	25	30,935	21,532	9,403
ISSUE: 48123V102 - ZIFF DAVIS INC						
03/10/22 S	254	96.902	13	24,600	16,152	8,448
ISSUE: 48242W106 - KBR INC						
03/10/22 S	1,618	53.148	81	85,912	36,029	49,883
ISSUE: 872590104 - T-MOBILE US INC						
03/10/22 S	276	121.708	14	33,578	27,868	5,709
ISSUE: 92826C839 - VISA INC-CLASS A SHRS						
03/10/22 S	157	198.231	8	31,114	31,275	-161
ISSUE: 02665T306 - AMERICAN HOMES 4 RENT						
03/10/22 S	1,269	38.930	64	49,338	34,855	14,483
ISSUE: G02602103 - AMDocs LIMITED COM						
03/21/22 S	220	82.227	11	18,079	15,126	2,953
ISSUE: 478160104 - JOHNSON & JOHNSON						
03/25/22 S	104	177.016	5	18,404	13,602	4,802
ISSUE: 690742101 - OWENS CORNING INC						
05/25/22 S	30	93.975	2	2,818	1,938	880
ISSUE: 690742101 - OWENS CORNING INC						
05/26/22 S	410	95.207	21	39,013	26,488	12,526
ISSUE: 824348106 - SHERWIN WILLIAMS CO						
07/12/22 S	39	250.458	2	9,766	3,932	5,834
ISSUE: 760759100 - REPUBLIC SERVICES INC CL A COMM						
07/29/22 S	142	139.264	8	19,768	2,941	16,827
ISSUE: 17275R102 - CISCO SYSTEMS INC						
08/03/22 S	322	45.479	16	14,628	14,793	-165
ISSUE: 760759100 - REPUBLIC SERVICES INC CL A COMM						
08/04/22 S	75	142.022	4	10,648	1,553	9,094
ISSUE: 911312106 - UNITED PARCEL SERVICE-CL B						
08/10/22 S	85	202.034	5	17,168	8,102	9,066
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SUB-TOTAL			650	1,097,037	611,292	485,747

Schedule H, Line 4j - Schedule of Reportable Transactions  
for the Year Ended December 31, 2022 (In Liquidation)

E.I.N. 94-2218686  
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REPORTABLE TRANSACTIONS - SERIES / BY BROKER  
FOR THE PERIOD JANUARY 1, 2022 THROUGH DECEMBER 31, 2022

SAGA FOOD  
ACCOUNT NUMBER 5041680382

DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
BROKER: CHASE SECURITIES INC						
ISSUE: 00101JAH9 - ADT CORP 4.125% 6/15/23						
03/22/22 B	104,000	1.004	0	104,390-	104,390	
ISSUE: 38869PAM6 - GRAPHIC PACKAGING IN 4.125% 8/15/24						
08/10/22 B	101,000	0.983	0	99,233-	99,233	
	SUB-TOTAL		0	203,623	203,623	0
BROKER: MARKETAXESS CORPORATION						
ISSUE: 45031UCF6 - ISTAR INC 4.75% 10/01/24						
03/10/22 B	52,000	0.998	0	51,901-	51,901	
ISSUE: 552953CG4 - MGM RESORTS INTL 6.75% 5/01/25						
03/11/22 B	100,000	1.025	0	102,500-	102,500	
ISSUE: 38869PAL8 - GRAPHIC PACKAGING IN 4.875% 11/15/22						
03/11/22 B	102,000	1.006	0	102,643-	102,643	
ISSUE: 79546VAL0 - SALLY HOLDINGS/SALLY 5.625% 12/01/25						
03/11/22 B	80,000	1.014	0	81,104-	81,104	
ISSUE: 156504AL6 - CENTURY COMMUNITIES 6.75% 6/01/27						
03/11/22 B	100,000	1.034	0	103,450-	103,450	
ISSUE: 69327RAG6 - PDC ENERGY INC 6.125% 9/15/24						
03/21/22 B	52,000	1.009	0	52,468-	52,468	
ISSUE: 45031UCJ8 - ISTAR INC 5.5% 2/15/26						
03/23/22 B	52,000	1.011	0	52,572-	52,572	
ISSUE: 74819RAP1 - QUEBECOR MEDIA INC 5.75% 1/15/23						
03/24/22 B	102,000	1.018	0	103,887-	103,887	
	SUB-TOTAL		0	650,525	650,525	0
	GRAND TOTAL		650	1,951,185	1,465,440	485,747

Schedule H, Line 4j - Schedule of Reportable Transactions  
for the Year Ended December 31, 2022 (In Liquidation)

E.I.N. 94-2218686  
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REPORTABLE TRANSACTIONS - SERIES / BY BROKER  
FOR THE PERIOD JANUARY 1, 2022 THROUGH DECEMBER 31, 2022

SAGA FOOD  
ACCOUNT NUMBER 5041680382

DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	SERIES / BY BROKER	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
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F O O T N O T E S  
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- \* = SINGLE TRANSACTION IS 5% REPORTABLE
- B = BUY TRANSACTION
- S = SELL TRANSACTION
- R = REINVESTMENT TRANSACTION