

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2012 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____
B This return/report is:	<input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input checked="" type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	<input type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>THE MOUNT SINAI MEDICAL CENTER 403(B) RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>005</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1975</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>005</u>	1c Effective date of plan <u>01/01/1975</u>	
1b Three-digit plan number (PN) ▶	<u>005</u>				
1c Effective date of plan <u>01/01/1975</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>THE MOUNT SINAI MEDICAL CENTER</u> <u>ONE GUSTAVE L. LEVY PLACE</u> <u>NEW YORK, NY 10029</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>13-1624096</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>212-241-6141</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>622000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>13-1624096</u>	2c Sponsor's telephone number <u>212-241-6141</u>	2d Business code (see instructions) <u>622000</u>	
2b Employer Identification Number (EIN) <u>13-1624096</u>					
2c Sponsor's telephone number <u>212-241-6141</u>					
2d Business code (see instructions) <u>622000</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/22/2014	PAUL KELLER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address THE MOUNT SINAI MEDICAL CENTER ONE GUSTAVE L. LEVY PLACE NEW YORK, NY 10029		3b Administrator's EIN 13-1624096
		3c Administrator's telephone number 212-241-6141
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year		5 19908
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	30094
b Retired or separated participants receiving benefits.....	6b	218
c Other retired or separated participants entitled to future benefits.....	6c	6623
d Subtotal. Add lines 6a , 6b , and 6c	6d	36935
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	28
f Total. Add lines 6d and 6e	6f	36963
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	113
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2M		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor		9b 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 type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> <u>3</u> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <hr/> 2012 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2012 or fiscal plan year beginning **01/01/2012** and ending **12/31/2012**

A Name of plan THE MOUNT SINAI MEDICAL CENTER 403(B) RETIREMENT PLAN	B Three-digit plan number (PN) ►	005
C Plan sponsor's name as shown on line 2a of Form 5500 THE MOUNT SINAI MEDICAL CENTER	D Employer Identification Number (EIN) 13-1624096	

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

(a) Name of insurance carrier

METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	1095173	898	01/01/2014	12/31/2012

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

METLIFE SECURITIES INC
1095 AVENUE OF THE AMERICAS
NEW YORK, NY 10036

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	7 3		

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 10147865**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP DEFERRED ANNUITIES****b** Balance at the end of the previous year **7b** 10639100**c** Additions: (1) Contributions deposited during the year **7c(1)**(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)** 309564(4) Transferred from separate account **7c(4)** 258547(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 568111**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 11207211**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 1059346(2) Administration charge made by carrier **7e(2)**(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 1059346**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**). **7f** 10147865

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <hr/> 2012 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2012 or fiscal plan year beginning **01/01/2012** and ending **12/31/2012**

A Name of plan THE MOUNT SINAI MEDICAL CENTER 403(B) RETIREMENT PLAN	B Three-digit plan number (PN) ►	005
C Plan sponsor's name as shown on line 2a of Form 5500 THE MOUNT SINAI MEDICAL CENTER	D Employer Identification Number (EIN) 13-1624096	

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

(a) Name of insurance carrier

THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	004869		01/01/2012	12/31/2012

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 497179175**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ GUARANTEED INTEREST ACCOUNT**b** Balance at the end of the previous year **7b** 483410087**c** Additions: (1) Contributions deposited during the year **7c(1)** 15975980(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)** 15019668(4) Transferred from separate account **7c(4)**(5) Other (specify below) **7c(5)** 8929393

▶ TRANSFERS IN, LOAN REPAYMENT, TRANSFER DUE TO PLAN MERGER

(6) Total additions **7c(6)** 39925041**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 523335128**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 13750390(2) Administration charge made by carrier **7e(2)** 93177(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)** 12932976

▶ LOAN INITIATIONS, TRANSFERS OUT, MISC.

(5) Total deductions **7e(5)** 26776543**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**). **7f** 496558585

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <hr/> 2012 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2012 or fiscal plan year beginning **01/01/2012** and ending **12/31/2012**

A Name of plan THE MOUNT SINAI MEDICAL CENTER 403(B) RETIREMENT PLAN	B Three-digit plan number (PN) ►	005
C Plan sponsor's name as shown on line 2a of Form 5500 THE MOUNT SINAI MEDICAL CENTER	D Employer Identification Number (EIN) 13-1624096	

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

(a) Name of insurance carrier

TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	151291	8527	01/01/2012	12/31/2012

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 377720484**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 343319734**c** Additions: (1) Contributions deposited during the year **7c(1)** 13410202(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)** 13643341(4) Transferred from separate account **7c(4)**(5) Other (specify below) **7c(5)** 24290014

▶ TRANSFER IN, MISC., TRANSFER DUE TO PLAN MERGER

(6) Total additions **7c(6)** 51343557**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 394663291**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 16918931(2) Administration charge made by carrier **7e(2)** 23875(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)**

▶

(5) Total deductions **7e(5)** 16942806**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**). **7f** 377720485

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2012
		This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan THE MOUNT SINAI MEDICAL CENTER 403(B) RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 005
C Plan sponsor's name as shown on line 2a of Form 5500 THE MOUNT SINAI MEDICAL CENTER	D Employer Identification Number (EIN) 13-1624096

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
THE PRUDENTIAL INSURANCE CO
22-1211670

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
JP MORGAN CHASE BANK NA
13-4994650

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CREF
13-3586142

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
TIAA
13-1624203

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

THE VANGURAD GROUP

23-1945930

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

METLIFE INSURANCE COMPANY

13-5581829

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

ACS HR SOLUTIONS

25-1901400

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

BANK OF NEW YORK MELON

31-5160382

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

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

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

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

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

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

TIAA TEACHERS INSURANCE AND ANNUITY

730 THIRD AVE
NEW YORK, NY 10017

13-1624203

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
		8388	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

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

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

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)

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEE SCH C ATTACHMENT		

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2012 This Form is Open to Public Inspection.
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>THE MOUNT SINAI MEDICAL CENTER 403(B) RETIREMENT PLAN</u>	B Three-digit plan number (PN) <u>005</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>THE MOUNT SINAI MEDICAL CENTER</u>	D Employer Identification Number (EIN) <u>13-1624096</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TIAA REAL ESTATE</u>			
b Name of sponsor of entity listed in (a): <u>TIAA CREF</u>			
c EIN-PN <u>13-1624203-004</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>20097194</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GOVERNMENT INCOME ACCOUNT</u>			
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL INSURANCE COMPANY OF AMERICA</u>			
c EIN-PN <u>06-1050034-084</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>958034</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EQUITY ACCOUNT</u>			
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL INSURANCE COMPANY OF AMERICA</u>			
c EIN-PN <u>06-1050034-069</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11806418</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>STOCK INDEX</u>			
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL INSURANCE COMPANY OF AMERICA</u>			
c EIN-PN <u>06-1050034-070</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>14027234</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FLEXIBLE MANAGED ACCOUNT</u>			
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL INSURANCE COMPANY OF AMERICA</u>			
c EIN-PN <u>06-1050034-086</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6642003</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CONSERVATIVE BALANCED</u>			
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL INSURANCE COMPANY OF AMERICA</u>			
c EIN-PN <u>06-1050034-087</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4017806</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GLOBAL ACCOUNT</u>			
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL INSURANCE COMPANY OF AMERICA</u>			
c EIN-PN <u>06-1050034-071</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3075963</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: **DIVERSIFIED BOND ACCOUNT****b** Name of sponsor of entity listed in (a): **PRUDENTIAL INSURANCE COMPANY OF AMERICA****c** EIN-PN **06-1050034-083****d** Entity
code **P****e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**1843908****a** Name of MTIA, CCT, PSA, or 103-12 IE: **MONEY MARKET ACCOUNT****b** Name of sponsor of entity listed in (a): **PRUDENTIAL INSURANCE COMPANY OF AMERICA****c** EIN-PN **06-1050034-025****d** Entity
code **P****e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**2686987****a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2012 This Form is Open to Public Inspection
For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012		
A Name of plan THE MOUNT SINAI MEDICAL CENTER 403(B) RETIREMENT PLAN		B Three-digit plan number (PN) ► 005
C Plan sponsor's name as shown on line 2a of Form 5500 THE MOUNT SINAI MEDICAL CENTER		D Employer Identification Number (EIN) 13-1624096

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	3198913	7850274
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	73218637	87399410
	(2) U.S. Government securities.....	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)	10503086	10236123
	(9) Value of interest in common/collective trusts.....	1c(9)		
	(10) Value of interest in pooled separate accounts.....	1c(10)	80769238	84632350
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	896360785	1218237514
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	837368923	885047525
	(15) Other	1c(15)	-361700	-620591

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	1901057882	2292782605

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1901057882	2292782605
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	33260675	
(B) Participants	2a(1)(B)	70726348	
(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)		103987023

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	39670685	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		39670685

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		129568602
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		273226310

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	108319388	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		108319388
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		108319388

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		164906922
l Transfers of assets:			
(1) To this plan.....	2l(1)		226817802
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

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

(1) Name: ERNST & YOUNG

(2) EIN: 34-6565596

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.).....

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.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....		X	
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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)

THE MOUNT SINAI MEDICAL CENTER EMPLOYER CONTRIBUTION 403(B) PLAN

THE MOUNT SINAI MEDICAL CENTER SALARY REDUCTION CONTRIBUTION 403(B) PLAN

5b(2) EIN(s)	5b(3) PN(s)
13-1624096	007
13-1624096	008

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2012 This Form is Open to Public Inspection.
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>THE MOUNT SINAI MEDICAL CENTER 403(B) RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE MOUNT SINAI MEDICAL CENTER</u>	D Employer Identification Number (EIN) <u>13-1624096</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
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): <u>22-1211670</u> <u>13-1624303</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (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 participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

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

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

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

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

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

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

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

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

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

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

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

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE

The Mount Sinai Medical Center 403(b) Retirement Plan
Years Ended December 31, 2012 and 2011
With Report of Independent Auditors

Ernst & Young LLP



Building a better
working world

The Mount Sinai Medical Center 403(b) Retirement Plan

Financial Statements and Supplemental Schedule

Years Ended December 31, 2012 and 2011

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Report of Independent Auditors

The Plan Administrator
The Mount Sinai Medical Center 403(b) Retirement Plan

We were engaged to audit the accompanying financial statements of The Mount Sinai Medical Center 403(b) Retirement Plan, which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

The Mount Sinai Medical Center 403(b) Retirement Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, including such contracts and custodial accounts included in the January 1, 2011 transfer described in Note 1. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by those conditions.

Disclaimer of Opinion on Financial Statements

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Disclaimer of Opinion on Supplemental Schedule

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The accompanying supplemental schedule of assets (held at end of year) as of December 31, 2012 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

Ernst + Young LLP

July 21, 2014

Mount Sinai Medical Center 403(b) Retirement Plan

Statements of Net Assets Available for Benefits

	December 31	
	2012	2011
Assets		
Investments	\$ 2,275,316,800	\$ 1,887,717,582
Notes receivable from participants	10,236,122	10,503,086
Contributions receivable	7,850,274	3,198,913
Net assets reflecting investments at fair value	2,293,403,196	1,901,419,581
Adjustment from fair value to contract value for guaranteed investment contracts	(620,591)	(361,700)
Net assets available for benefits	\$ 2,292,782,605	\$ 1,901,057,881

See accompanying notes.

Mount Sinai Medical Center 403(b) Retirement Plan

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31	
	2012	2011
Additions		
Investment income:		
Net appreciation (depreciation) in fair value of investments	\$ 129,568,602	\$ (29,594,134)
Interest and dividends	39,670,685	38,914,145
	<u>169,239,287</u>	<u>9,320,011</u>
Contributions:		
Participants	70,726,348	61,516,887
Employer	33,260,675	29,967,361
	<u>103,987,023</u>	<u>91,484,248</u>
Transfers from other Mount Sinai 403(b) Plans (<i>Note 1</i>)	—	4,359,852
Transfers from merged defined contribution plans (<i>Note 1</i>)	<u>226,817,802</u>	<u>—</u>
Total additions	<u>500,044,112</u>	<u>105,164,111</u>
Deductions		
Benefit payments	108,319,388	101,027,849
Total deductions	<u>108,319,388</u>	<u>101,027,849</u>
Net increase	<u>391,724,724</u>	<u>4,136,262</u>
Net assets available for benefits, beginning of year	<u>1,901,057,881</u>	<u>1,896,921,619</u>
Net assets available for benefits, end of year	<u><u>\$ 2,292,782,605</u></u>	<u><u>\$ 1,901,057,881</u></u>

See accompanying notes.

Mount Sinai Medical Center 403(b) Retirement Plan

Notes to Financial Statements

December 31, 2012

1. Description of Plan

The following description of the Mount Sinai Medical Center 403(b) Retirement Plan (the Plan) provides general information about the Plan's provisions. The Plan covers employees of the Mount Sinai Hospital (the Hospital) and certain affiliates, including the eligible faculty and staff of Queens Hospital Center and City Hospital Center of Elmhurst, the Mount Sinai Medical Center, Inc. and the Icahn School of Medicine at Mount Sinai (formerly the Mount Sinai School of Medicine) (the Affiliates). The Hospital and the Affiliates are the Plan sponsors and participants should refer to the plan document and summary plan description for a more complete description of the Plan's provisions, copies of which may be obtained from the plan sponsors.

General

The Plan is a defined contribution plan established to provide retirement income benefits to certain employees of the Mount Sinai Hospital and the Affiliates through group annuity contracts and custodial accounts under Section 403(b)(7) of the Internal Revenue Code of 1986, as amended (the Code). Effective January 1, 2004, the Plan was amended and restated such that any non-union employee hired on or after January 1, 2004 will not be eligible to participate in the Plan, while union employees are still eligible to participate. The Plan was amended and restated effective January 1, 2009 to comply with the final Treasury Regulations under Code Section 403(b), the applicable provisions of the Pension Protection Act of 2006 and other applicable legislation. On December 20, 2011, the Plan was amended such that only union employees hired on or after January 1, 2012 are eligible to join the Plan.

Effective December 31, 2012, The Mount Sinai Medical Center Employer Contribution 403(b) Plan (Employer Plan) and the Mount Sinai Medical Center Salary Reduction Contribution 403(b) Plan (Employee Plan) were merged into the Plan. As a result of the merger, net assets of \$109,050,172 and \$117,767,630, respectively, were transferred to the Plan. On January 1, 2013, the Plan was amended and restated. All participants of the Employer Plan and Employee Plan are immediately eligible to participate in the Plan. Employees hired after January 1, 2013 are eligible to participate in the Plan, regardless of union status.

The Board of Trustees of the Mount Sinai Hospital (the Board) is responsible for the general administration of the Plan regarding all filings with any governmental entity and is responsible for all non-fiduciary matters under the Plan. The Plan Administrator is authorized to designate a Benefit Committee to carry out the responsibilities of the Plan Administrator. The Benefit Committee is the named trustee pursuant to Section 402(a)(1) of the Employee Retirement

Mount Sinai Medical Center 403(b) Retirement Plan

Notes to Financial Statements (continued)

1. Description of Plan (continued)

Income Security Act of 1974 (ERISA) to carry out all of the fiduciary responsibilities under the Plan. The Prudential Insurance Company of America (Prudential), Teachers Insurance and Annuity Association of America and College Retirement Equities Fund (TIAA-CREF) and The Vanguard Group (Vanguard) are the recordkeepers and custodians of the Plan. Also, the Plan holds investments with ACS HR Solutions (ACS) and Metropolitan Life Insurance Company (MetLife), although participants may not make new investments with these custodians.

Effective November 2013, TIAA-CREF became the recordkeeper and custodian of the Plan. Plan assets from Prudential, Vanguard, and ACS were transferred to TIAA-CREF. The Plan continues to hold investments with Metropolitan Life Insurance Company (MetLife), although participants may not make new investments with this custodian. The Plan is subject to the provisions of ERISA, as amended.

Participation

The Plan covers faculty and staff of the Hospital and the Affiliates and union employees regardless of their hire dates. The employee becomes (or became) eligible to participate in the Plan, with respect to making salary reduction contributions, on the date of hire or as soon as administratively feasible. Independent contractors, agents and leased employees are not eligible to participate in the Plan.

An employee becomes eligible to participate in the employer's nonelective contributions upon completion of one year of service, which is equivalent to at least 1,000 hours of service with the Hospital or the Affiliates during the Plan year, if the employee is employed by the Hospital or the Affiliates on the last day of the Plan year. Effective January 1, 2008, eligible participants are required to complete enrollment forms, and if the required forms are not timely submitted, eligible participants will be automatically enrolled in the Plan and the employer contributions will be automatically invested in the Vanguard Target Retirement Funds.

Mount Sinai Medical Center 403(b) Retirement Plan

Notes to Financial Statements (continued)

1. Description of Plan (continued)

Contributions

Participants are permitted to contribute to the Plan an amount not to exceed \$17,000 and \$16,500 for 2012 and 2011, respectively, as prescribed by the Code. Participants may also contribute amounts representing distributions from other qualified plans and the limits would apply to the sum of all applicable calendar year contributions. The minimum annual employee voluntary contribution to the Plan is \$200. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions limited in total each year by the Code to \$5,500. Participants direct the investment of their contributions into various investment options offered by the Plan.

The employer's contribution is made by the Hospital and Affiliates and is unrelated to whether a participant makes any elective deferrals in that year. The employer contributions range from 4.5% to 10% of pay according to the base pay scale established. For certain participating union groups, the employer contribution level is set by the terms of the respective collective bargaining agreement. All contributions are subject to certain limitations of the Code.

Participants can direct their elective contributions into various investment options offered by the Plan and can change their investment options at any time. If an employee is not enrolled to direct the employer contribution to be invested according to his or her election, the employee is automatically enrolled and the contributions are invested in a qualified default investment alternative fund until the participant changes his or her election. The Hospital's or the Affiliates' contributions are allocated in the same manner as that of the participant's elective contributions.

Participant Accounts

Each participant's account is credited with the participant's contributions and the Hospital's or the Affiliates' contributions and allocations of Plan earnings, and is charged with an allocation of administrative expenses. Plan earnings are allocated based on the participant's share of net earnings or losses of his or her respective elected investment options. Allocations of administrative expenses are based on the participant's account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Mount Sinai Medical Center 403(b) Retirement Plan

Notes to Financial Statements (continued)

1. Description of Plan (continued)

Vesting

Participants enrolled in the Plan prior to December 31, 2012 are immediately 100% vested in their employee contributions and any applicable employer contributions and investment earnings. Participants enrolled in the Plan beginning December 31, 2012 with at least one hour of service on or after January 1, 2007, become 100% vested in their employer contributions and investment earnings upon completion of three years of service. A year of service for vesting purposes is defined as a plan year during which an employee has at least 1,000 hours of service.

If a participant terminated prior to January 1, 2007, and is not rehired on or after that date, employer contributions and investment earnings are vested and non-forfeitable if the participant completed five years of service. If less than the required years of service and hours in each year had been completed at the time of the termination of employment, employer contributions and investment earnings will be forfeited. If a participant is rehired within a five-year period, the forfeited contributions are reinstated. If the break in service is greater than five years, the years of service will not be reinstated and a participant must meet the three-year vesting requirement following rehire. Forfeited balances of terminated participants' nonvested accounts are used to reduce future contributions, and were not material as of December 31, 2012 and 2011.

Notes Receivable From Participants

Participants may borrow from voluntary employee contributions and investment earnings against their accounts invested with Prudential and TIAA-CREF. Vanguard does not facilitate loans under the Plan. Employer contributions and any investment earnings thereon, applicable to contributions made prior to July 1, 2000 can be accessed as part of the loan. Employer contributions made and investment earnings that accrue on or after July 1, 2000 are not available for a loan transaction. Participants may transfer all or part of their employee contribution account balance maintained by Vanguard to Prudential or TIAA-CREF before initiating the loan and apply the funds transferred to receive a loan. Participants may borrow from their accounts in increments of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan terms range from 1-5 years or up to 20 years for the purchase of a primary residence. The \$50,000 limit is reduced by the participant's highest outstanding loan balance during the preceding 12-month period. The loans bear interest at a rate commensurate with local prevailing rates at the date of issuance as determined quarterly by the plan administrator.

Mount Sinai Medical Center 403(b) Retirement Plan

Notes to Financial Statements (continued)

1. Description of Plan (continued)

Principal and interest is paid ratably on a quarterly basis by the participants. If a participant with an account balance terminates employment with the Hospital or the Affiliates, he or she still has a right to receive a loan under the Plan. If the loan is not repaid, it is automatically treated as a distribution to the participant which is reported to the Internal Revenue Service as taxable income and subject to an additional 10% penalty tax.

Loans from TIAA-CREF are issued directly from funds owned by TIAA-CREF and not directly from a participant's account. Adequate security is required and a portion of the participant's account is reserved, or held in collateral, to cover 110% of the outstanding loan in case of default. Loans from TIAA-CREF at December 31, 2012 and 2011 were \$9,974,171 and \$7,767,054, respectively. The amount held in collateral is included in investments on the statements of net assets available for benefits.

Payment of Benefits

Upon separation from service with the Hospital or the Affiliates due to death, attaining age 59 1/2, disability, retirement or termination, a participant whose account balance exceeds \$1,000 may elect to receive either a lump-sum or may elect installment payments. A participant whose vested account balance is \$1,000 or less and has not commenced receiving installment payments will receive an immediate lump-sum distribution equal to his or her vested account balance.

In-service withdrawals are available in certain limited circumstances, as defined by the Plan. Hardship withdrawals are allowed for participants incurring an immediate and heavy financial need, provided that no earnings on employee contributions accrued after December 31, 1988 may be withdrawn, as defined by the Plan. The participant may make a withdrawal from his or her employee contribution account, but not in excess of the actual contributions on his behalf to his or her employee contribution account (but including income allocable to such contributions as of December 31, 1988). Hardship withdrawals are strictly regulated by the Internal Revenue Service (IRS) and a participant must exhaust all available loan options and available distributions prior to requesting a hardship withdrawal.

Administrative Expenses

All administrative expenses of the Plan shall be paid by the Plan unless reimbursed by the Hospital or the Affiliates. Any contribution, benefit, taxes applicable to contributions or maintenance charges or similar fees imposed by any custodian shall be deductible from the contributions from accounts of participants or from the benefit payments made by the custodian.

Mount Sinai Medical Center 403(b) Retirement Plan

Notes to Financial Statements (continued)

1. Description of Plan (continued)

Plan Termination

Although it has not expressed any intent to do so, the Hospital and the Affiliates have the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event the Plan terminates, the rights of all participants to their accounts shall be nonforfeitable.

Transfers From Other Mount Sinai 403(b) Plans

The custodians and recordkeepers of the Plan are also the custodians and recordkeepers of the Employer Plan and the Employee Plan (collectively, the Plans). Prior to the mergers, the Employee Plan generally permitted employee contributions from eligible non-union employees hired after January 1, 2004 and the Employer Plan generally provided for employer contributions for eligible non-union employees in specific job categories hired after that date. In 2011 and 2012, it was discovered that certain participants' balances were classified incorrectly among the Plans. Management has worked with the Plans' vendors to correct these errors and, as a result, the Plan has recorded these reclassifications as a transfer in the accompanying 2011 statement of changes in net assets available for benefits.

2. Summary of Significant Accounting Policies

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Payment of Benefits

Benefits are recorded when paid.

Investment Valuation and Income Recognition

Investments held by the Plan are stated at fair value. The Plan follows a hierarchy for inputs used in measuring fair value that maximizes the use of observable inputs and minimizes the use of unobservable inputs by requiring that inputs that are most observable be used when available.

Mount Sinai Medical Center 403(b) Retirement Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Observable inputs are inputs that market participants operating within the same marketplace as the Plan would use in pricing the Plan's asset or liability based on independently derived and objectively determined market data. Unobservable inputs are inputs that cannot be sourced from a broad active market in which assets or liabilities identical or similar to those of the Plan are traded. The Plan estimates the price of any assets for which there are only unobservable inputs by using assumptions that market participants that have investments in the same or similar assets would use as determined by the money managers administering each investment based on the best information available in the circumstances. The input hierarchy is broken down into three levels based on the degree to which the exit price is independently observable or determinable as follows:

- Level 1 – Valuation based on quoted market prices in active markets for identical assets or liabilities. Since valuations are based on quoted market prices that are readily and regularly available in an active market, valuation of these products does not entail a significant degree of judgment.
- Level 2 – Valuation based on quoted market prices of investments that are not actively traded or for which certain significant inputs are not observable, either directly or indirectly.
- Level 3 – Valuation based on inputs that are unobservable and reflect management's best estimate of what market participants would use as fair value. The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of an input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Mount Sinai Medical Center 403(b) Retirement Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

The Plan has investments in TIAA Traditional Annuities. The TIAA Traditional Annuity guarantees principal and a specified interest rate, with the opportunity for additional amounts determined annually by TIAA's Board of Trustees. Certain restrictions limit participant access to funds based on the type of contract held. Participants with a Retirement Annuity contract are unable to receive lump-sum cash withdrawals from the TIAA Traditional Annuity and transfers must be spread over a ten-year period. Participants with a Group Retirement Annuity contract are able to receive lump-sum withdrawals from the TIAA Traditional Annuity only within 120 days after termination of employment. All other transfers from the TIAA Traditional Annuity must be spread over a ten-year period (five years for withdrawals after termination of employment). Given the aforementioned limitations on participant access to the fund, management does not consider the contracts to be fully benefit responsive. Supplemental Retirement Annuity contracts and Group Supplemental Retirement Annuity contracts do not have such restrictions and are considered by management to be fully benefit responsive. All TIAA Traditional Annuities are reported at contract value, which approximates fair value.

The Plan also has investments in Prudential's Group Annuity Contract (GAC). Generally, withdrawals of all or a portion of the GAC balance is without fees or restrictions for a participant's termination of employment, retirement, disability, or death. Exchanges from the GAC to other Prudential investment options and transfers to other investment providers in excess of 20% of the participant's beginning of year balance may be subject to a market value charge. Such charge will be equal to a percentage which is calculated based on 2.5 times the difference in the weighted average interest rate being credited to the amount requested to be exchanged and the rate being credited to new contributions (the New Rate). If the New Rate is the same or lower than the participant's weighted average rate, a market value charge will not apply. As an alternative, the participant may request that his or her GAC balance be exchanged or transferred in five annual installments without any market value charges. Prudential's GAC is reported at fair value as determined by Prudential, with an adjustment to contract value because the contract is considered benefit responsive.

Mount Sinai Medical Center 403(b) Retirement Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

In addition, the Plan has investments in MetLife's Fixed Interest Accounts. In certain instances, participants invested in Fixed Interest Accounts with MetLife are subject to withdrawal fees if the participants do not withdraw the amounts over a five-year period (20% in the first year, 25% in the second year, 33 1/3% in the third year, 50% in the fourth year and then the balance in the fifth year). The Fixed Interest Accounts are reported at contract value, which approximates fair value.

All other investments are measured at market value.

Investment income is recognized when earned and consists of interest and dividends. Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

New Accounting Pronouncements

In May 2011, the Financial Accounting Standards Board issued Accounting Standards Update 2011-04, *Amendments to Achieve Common Fair Value Measurements and Disclosure Requirements in U.S. GAAP and IFRSs* (ASU 2011-04). ASU 2011-04 amended ASC 820 to converge the fair value measurement guidance in U.S. generally accepted accounting principles ("GAAP") and International Financial Reporting Standards (IFRS). Some of the amendments clarify the application of existing fair value measurement requirements, while other amendments change a particular principle in ASC 820. In addition, ASU 2011-04 requires additional fair value disclosures, although certain of these new disclosures will not be required for nonpublic entities. The amendments are to be applied prospectively and are effective for annual periods beginning after December 15, 2011. The adoption of ASU 2011-04 did not have an effect on the Plan's net assets available for benefits or its changes in net assets available for benefits.

Mount Sinai Medical Center 403(b) Retirement Plan

Notes to Financial Statements (continued)

3. Investments

Investment information at December 31 is summarized as follows:

	December 31	
	2012	2011
Equity mutual funds	\$ 408,391,675	\$ 334,003,071
Money market mutual funds	87,399,410	73,218,637
Fixed income funds	142,006,279	115,354,509
Lifecycle funds (hybrid funds)	667,839,561	447,003,205
Pooled separate accounts	84,632,350	80,769,238
Guaranteed investment contracts and fixed income annuity contract	884,426,934	837,007,222
Adjustment from contract value to fair value of guaranteed investment contracts	620,591	361,700
Total investments	<u>\$ 2,275,316,800</u>	<u>\$ 1,887,717,582</u>

The fair values of individual investments that represent 5% or more of the Plan's net assets available for benefits are as follows:

	December 31	
	2012	2011
Prudential Group Annuity Contract	\$ 496,558,584	\$ 483,048,387
TIAA-CREF – TIAA Traditional	377,720,485	343,319,734
TIAA-CREF – CREF Stock	230,569,857	193,234,300

4. Fair Value Measurements

The Plan's assets and liabilities recorded at fair value have been categorized based upon a fair value hierarchy. See Note 2 for a discussion of the Plan's policies regarding this hierarchy.

Mount Sinai Medical Center 403(b) Retirement Plan

Notes to Financial Statements (continued)

4. Fair Value Measurements (continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets carried at fair value as of December 31, 2012 and 2011:

Assets at Fair Value as of December 31, 2012				
	Level 1	Level 2	Level 3	Total
Equity mutual funds ^(a)	\$ 408,391,675	\$ —	\$ —	\$ 408,391,675
Money market mutual funds ^(b)	87,399,410	—	—	87,399,410
Fixed income funds ^(c)	142,006,279	—	—	142,006,279
Lifecycle funds (hybrid funds) ^(d)	667,839,561	—	—	667,839,561
Pooled separate accounts ^(e)	—	84,632,350	—	84,632,350
Guaranteed investment contracts ^(f)	—	—	874,899,660	874,899,660
Fixed income annuity contracts ^(g)	—	—	10,147,865	10,147,865
Total assets at fair value	<u>\$1,305,636,925</u>	<u>\$ 84,632,350</u>	<u>\$ 885,047,525</u>	<u>\$2,275,316,800</u>

Assets at Fair Value as of December 31, 2011				
	Level 1	Level 2	Level 3	Total
Equity mutual funds ^(a)	\$ 334,003,071	\$ —	\$ —	\$ 334,003,071
Money market mutual funds ^(b)	73,218,637	—	—	73,218,637
Fixed income funds ^(c)	115,354,509	—	—	115,354,509
Lifecycle funds (hybrid funds) ^(d)	447,003,205	—	—	447,003,205
Pooled separate accounts ^(e)	—	80,769,238	—	80,769,238
Guaranteed investment contracts ^(f)	—	—	826,729,822	826,729,822
Fixed income annuity contracts ^(g)	—	—	10,639,100	10,639,100
Total assets at fair value	<u>\$ 969,579,422</u>	<u>\$ 80,769,238</u>	<u>\$ 837,368,922</u>	<u>\$1,887,717,582</u>

^(a) This category includes investments in mutual funds that invest primarily in common stock of large-cap, mid-cap, and small-cap domestic and international corporations.

^(b) This category includes investments in mutual funds that invest primarily in short term debt securities, including treasury bills, commercial paper and certificates of deposit.

^(c) This category includes investments in mutual funds that invest primarily in debt securities of the U.S. government and corporations with short-term, intermediate and long-term maturities.

^(d) This category includes investments in mutual funds that are made up primarily of a mix of stocks and bonds, which vary proportionally over time or remain fixed. Lifecycle funds are automatically adjusted during the course of the funds time horizons.

^(e) This category includes investments in a mix of securities maintained by an insurance carrier.

^(f) This category includes contracts that are fully and unconditionally guaranteed by two of the custodians of the Plan.

^(g) See Note 5.

Mount Sinai Medical Center 403(b) Retirement Plan

Notes to Financial Statements (continued)

4. Fair Value Measurements (continued)

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended December 31, 2012 and 2011:

	<u>2012</u>	<u>2011</u>
Balance, beginning of year	\$ 837,368,922	\$ 817,827,088
Transfers	—	(1,960,649)
Purchases	58,664,721	56,007,858
Sales	(38,763,281)	(30,392,213)
Unrealized (loss) gain relating to adjustment from contract value to fair value for guaranteed investment contracts	249,227	(4,113,162)
Transfers from Plan mergers	27,527,936	—
Balance, end of year	<u>\$ 885,047,525</u>	<u>\$ 837,368,922</u>

Following is a description of the valuation methodologies used for major categories of assets measured at fair value by the Plan.

- *All mutual funds:* Valued at the net asset value of shares held by the Plan at year end.
- *Pooled separate accounts:* Valued at the net asset value as determined by the insurance carrier.
- *Guaranteed investment contracts:* See Note 2.
- *Fixed income annuity contract:* See Note 2.

5. Investment Contracts With Insurance Companies

The Plan holds investment contracts with Prudential, TIAA-CREF and MetLife. The issuers maintain the contributions in a general account. The account is credited with participant contributions plus earnings and charged for participant withdrawals and administrative expenses. The issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting interest rate is based on a formula agreed upon with the issuer. The Plan's contractual minimum crediting rate shall never fall below 3%.

Mount Sinai Medical Center 403(b) Retirement Plan

Notes to Financial Statements (continued)

5. Investment Contracts With Insurance Companies (continued)

There are provider specific restrictions for each contract offered by the Plan. See Note 2 for details.

Average Yields for Investment Contracts	2012	2011
Based on actual earnings	3.05%	3.30%
Based on interest rate credited to participants	3.05%	3.30%

6. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market volatility and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

7. Tax Status

The Plan has not received a determination letter from the Internal Revenue Service stating that the Plan is qualified under Section 401(a) of the Code. However, the plan administrator believes that the Plan has been designed to comply with the requirement of the Code and has indicated that it will take the necessary steps, if any, to bring the Plan's operations and/or document into compliance with the Code.

Accounting principles generally accepted in the United States require Plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2012, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2009.

Mount Sinai Medical Center 403(b) Retirement Plan

Notes to Financial Statements (continued)

8. Related-Party Transactions

Certain of the Plan's assets are invested in funds managed by the custodians of the Plan. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA.

9. Subsequent Events

The Plan has considered for accounting and disclosure events that occurred through July 21, 2014, the date the financial statements were available to be issued. On September 30, 2013, the Boards of Trustees of the Mount Sinai Medical Center and Continuum Health Partners completed the transaction to establish a new, integrated health system call the Mount Sinai Health System. The Mount Sinai Hospital is a member of this newly formed health system. Management has not yet determined the impact of this transaction, if any, on the Plan. There were no other subsequent events or transactions which resulted in recognition on the accompanying financial statements or that require additional disclosure.

Supplemental Schedule

Mount Sinai Medical Center 403(b) Retirement Plan

EIN #13-1624096 Plan #005

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

December 31, 2012

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
ACS*			
Mutual Funds:			
Intermediate Term Income Fund	145,456 shares	**	\$ 2,056,744
Third Century Fund	248,804 shares	**	2,739,328
General Government Securities Money Market Fund	342,072 shares	**	342,072
General Money Market Fund	1,559,661 shares	**	1,559,661
Appreciation Fund	192,783 shares	**	8,468,950
MetLife*			
Mutual Funds:			
Fidelity VIP Equity Income	103,209 units	**	5,296,857
BlackRock Large Cap Core	9,452 units	**	756,928
MetLife Stock Index	65,045 units	**	3,403,623
BlackRock Aggressive Growth	45,668 units	**	2,612,972
Fidelity VIP Equity Income	92,546 units	**	4,406,925
Morgan Stanley Mid Cap Groth	1,474 units	**	24,571
Calvert Social Mid Cap Growth	12,083 units	**	467,006
BlackRock Bond Income	6,013 units	**	393,495
MFS Research International	66,633 units	**	1,103,799
Calvert Social Balanced	4,080 units	**	126,386
MFS Total Return Portfolio	14,408 units	**	681,862
Fidelity VIP Investment Grade Bond	17,706 units	**	574,909
BlackRock Diversified	6,895 units	**	379,217
Janus Forty Portfolio	664 units	**	134,848
Barclays Aggregate Bond Index	1,002 units	**	18,716
Morgan Stanley EAFE Index	746 units	**	10,670
MetLife Mid Cap Stock Index	169 units	**	3,580
Russell 2000 Index	166 units	**	3,598
American Funds Balanced Allocation	407 units	**	7,713
Met/Templeton Growth Portfolio	1,845 units	**	19,025
Artio International Stock	9,372 units	**	148,849

Mount Sinai Medical Center 403(b) Retirement Plan

EIN #13-1624096 Plan #005

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
MetLife* (continued)			
Fixed Income Annuity Contract:			
Fixed Interest		***	10,147,865
Prudential*			
Mutual Funds:			
Putnam Investors Fund	74,684 shares	**	1,086,654
Moneymart	44,808,183 shares	**	44,808,183
Spartan Intermediate Treasury Bond	491,384 shares	**	5,591,952
John Hancock Large Cap Equity	111,993 shares	**	3,152,590
Victory Diversified Stock	330,291 shares	**	5,499,342
Jennison Small Company	2,605,408 shares	**	61,044,698
John Hancock Small Cap Equity	77,023 shares	**	1,950,212
Stock Index	592,082 shares	**	18,597,302
Frank Small-Mid Cap Growth	354,375 shares	**	12,023,952
Vanguard Institutional Index	220,243 shares	**	28,746,159
Invesco High Yield Fund	31,060 shares	**	137,905
Jennison Equity Opportunities	302,584 shares	**	4,923,038
Massachusetts Investor Growth	200,978 shares	**	3,581,426
Growth Fund Of America	1,883,678 shares	**	64,367,429
Vanguard Admiral Treasury Money			
Market Fund	17,031,383 shares	**	17,031,383
Franklin Real Estate Security	56,343 shares	**	954,445
Mutual Shares	31,662 shares	**	706,375
American Euro Pac Growth	1,636,502 shares	**	67,309,315
American Bond Fund	3,551,718 shares	**	45,994,748
American Balance Fund	629,997 shares	**	12,858,247
American Cent Income & Growth	151,055 shares	**	4,123,789
Fidelity Advanced Growth Opportunities	44,539 shares	**	1,851,946

Mount Sinai Medical Center 403(b) Retirement Plan

EIN #13-1624096 Plan #005

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
Prudential* (continued)			
Mutual Funds (continued):			
MFS Research Fund	61,433 shares	**	\$ 1,755,144
Putnam Diversified Income	14,070 shares	**	109,324
Frank US Government Securities	51,325 shares	**	349,013
Janus Balanced Fund	259,941 shares	**	6,818,246
Janus Growth & Income Fund	265,941 shares	**	9,070,666
Invesco VK Amer Franch A	325,336 shares	**	4,108,997
Appreciation Fund	(311) shares	**	(311)
Eatonvance Largecap Value	3,036,211 shares	**	59,357,933
Janus Worldwide Fund	85,053 shares	**	4,018,746
Jennison Growth	189,644 shares	**	4,134,229
Jennison Mid-Cap Growth	144,030 shares	**	4,669,439
Templeton Foreign Fund	188,004 shares	**	1,291,588
Pooled Separate Accounts:			
Diversified Bond Account	345,160 shares	**	1,843,908
Government Income Account	286,215 shares	**	958,034
Flexible Managed Account	1,303,024 shares	**	6,642,003
Stock Index Account	1,918,615 shares	**	14,027,234
Capital Growth Account	1,851,300 shares	**	19,476,803
Equity Account	1,857,857 shares	**	11,806,418
Global Account	935,924 shares	**	3,075,963
Conservative Balanced	885,312 shares	**	4,017,806
Money Market Account	820,347 shares	**	2,686,987
Group Annuity Contract		***	496,558,584
TIAA-CREF*			
Mutual Funds:			
CREF Bond Market	94,840 units	**	10,408,120
CREF Equity Index	211,166 units	**	22,870,886
CREF Global Equities	504,484 units	**	52,814,227
CREF Growth	319,329 units	**	26,776,280

Mount Sinai Medical Center 403(b) Retirement Plan

EIN #13-1624096 Plan #005

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
TIAA-CREF* (continued)			
Mutual Funds (continued):			
CREF Inflation-Linked Bond	608,364 units	**	\$ 43,050,909
CREF Money Market	1,694,381 units	**	43,263,654
CREF Social Choice	153,363 units	**	23,919,402
CREF Stock	858,274 units	**	230,569,857
Pooled Separate Accounts:			
TIAA Real Estate	73,732 units	**	20,097,194
Guaranteed Investment Contract:			
TIAA Traditional		***	377,720,485
Vanguard*			
Mutual Funds:			
Inflation-Protected Securities Fund	416,570 shares	**	6,052,766
Admiral Treasury Money Market Fund	83,279 shares	**	83,279
Vanguard Wellington Fund	77,383 shares	**	2,618,639
Vanguard Windsor Fund	1,459,422 shares	**	22,037,278
Explorer Fund	200,336 shares	**	15,920,716
Morgan Growth Fund	62,583 shares	**	1,245,400
Vanguard Wellesley Income Fund	63,274 shares	**	1,525,526
Long Term Investment-Growth Investment	54,126 shares	**	587,269
High-Yield Corporate Fund	63,381 shares	**	387,256
Prime Money Market Fund	23,685,207 shares	**	23,685,207
Short Term Treasury Fund	12,028 shares	**	129,181
Federal Money Market Fund	389,592 shares	**	389,592
IT Treasury Investment	15,115 shares	**	176,847
Government National Mortgage			
Association Fund	54,013 shares	**	589,286
Short Term Investment – Grade Fund	46,090 shares	**	499,152
Vanguard 500 Index Fund	70,437 shares	**	9,253,311
International Value Fund	533,607 shares	**	16,637,869
Short Term Federal Fund	16,434 shares	**	177,488
STAR Fund	93,157 shares	**	1,937,663

Mount Sinai Medical Center 403(b) Retirement Plan

EIN #13-1624096 Plan #005

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
Vanguard* (continued)			
Mutual Funds (continued):			
Primecap Fund	606,197 shares	**	\$ 42,124,638
Equity Income Fund Investment	52,777 shares	**	1,274,555
Vanguard Windsor II Fund	60,205 shares	**	1,768,810
Vanguard U.S. Growth Fund	95,183 shares	**	2,023,592
International Growth Fund Investment	850,769 shares	**	16,394,328
Convertible Securities Fund	82,509 shares	**	1,044,562
Long Term Treasury Investment	67,236 shares	**	878,773
Vanguard Total Bond Market Index Fund	1,412,518 shares	**	15,664,826
Growth & Income Fund	55,903 shares	**	1,694,409
Emerging Markets Stock Index Fund	69,771 shares	**	1,954,276
Vanguard Target Retirement 2015	655,706 shares	**	8,773,351
Vanguard Target Retirement 2025	1,200,349 shares	**	16,312,746
Vanguard Target Retirement 2035	1,435,633 shares	**	20,228,066
Vanguard Target Retirement 2045	1,210,530 shares	**	17,613,207
Vanguard Target Retirement 2055	26,151 shares	**	648,538
Vanguard Target Retirement Income Fund	137,480 shares	**	1,675,883
Vanguard Target Retirement 2010	113,028 shares	**	2,727,367
Vanguard Target Retirement 2020	569,125 shares	**	13,562,246
Vanguard Target Retirement 2030	642,483 shares	**	15,021,258
Vanguard Target Retirement 2040	891,828 shares	**	20,672,572
Vanguard Target Retirement 2050	355,368 shares	**	8,205,454
Total investments			<u>\$ 2,274,696,209</u>
	Varying maturity dates with interest rates ranging from 4.25% to 10.5%		<u>\$ 10,236,122</u>
Notes receivable from participants			

* Indicates party-in-interest to the Plan.

** Participant-directed investment, cost not required.

*** Reported at contract value.

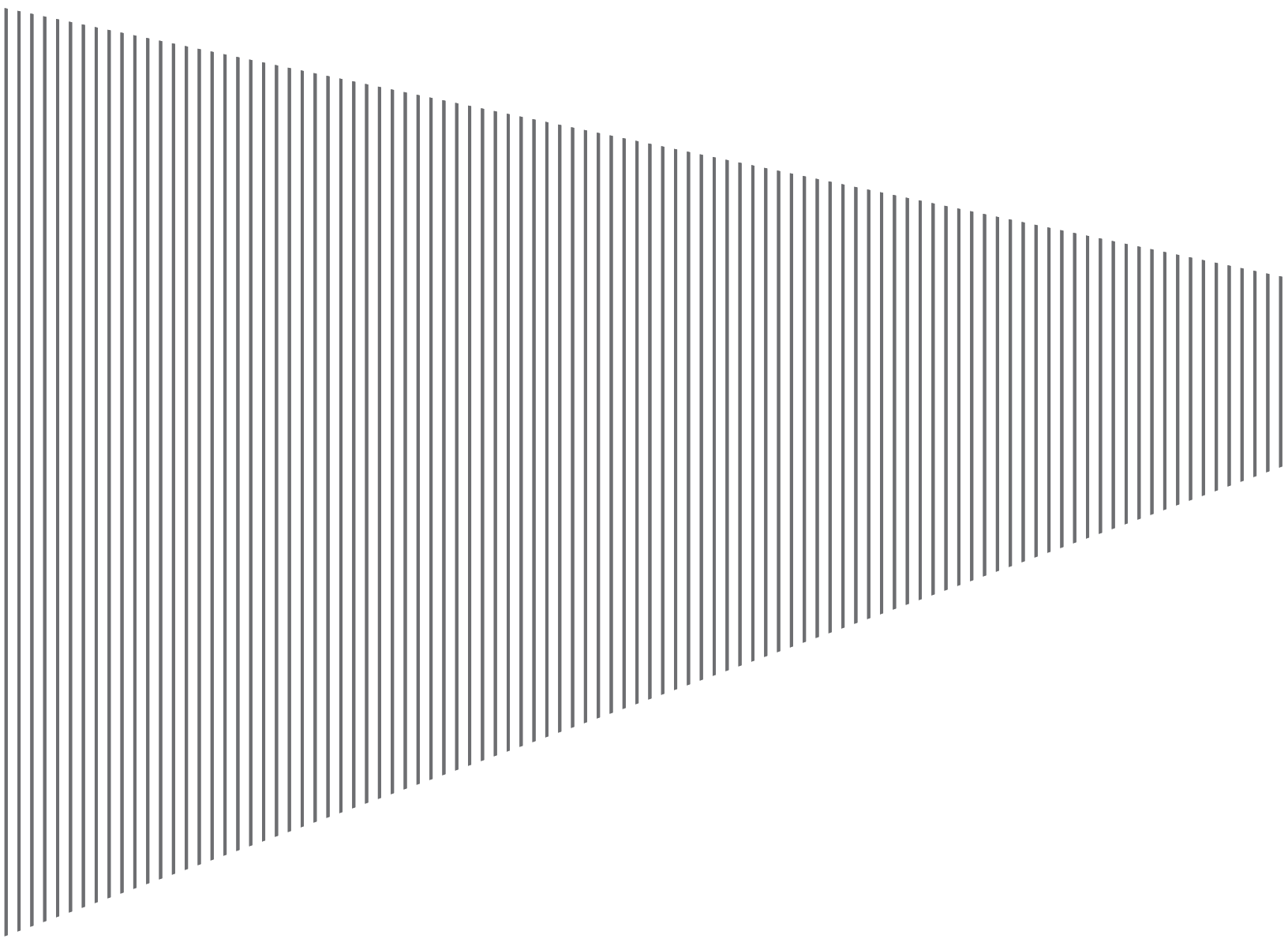
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Information for Completion of Form 5500 Schedule C: Service Provider Information

Plan Name	Plan Number	Plan Year Start Date	Plan Year End Date
MOUNT SINAI MEDICAL CENTER 403(B) RETIREMENT PLAN	004869	01/01/2012	12/31/2012

Service Provider and Fee Information

Information on Service Providers Receiving Direct or Indirect Compensation, Other Than Eligible Indirect Compensation

Direct Compensation Paid by the Plan

Name of Service Provider/Payee	EIN or Address of Service Provider/Payee	Nature of Service	Amount of Fee
The Prudential Insurance Company of America	22-1211670	Loan Charge	\$22,286
The Prudential Insurance Company of America	22-1211670	Loan Maintenance Fee	\$18,749

The compensation described in this section is reported on a cash basis for your plan year and does not include fees that we billed to you directly, because we cannot identify whether such payments were made from assets of the plan or by the employer or another non-reportable payment source. Please refer to the bills that you received to obtain information that may be necessary to complete your Schedule C.

The fees reported in this section are categorized as direct compensation based on how the transactions that we process are coded and recorded in our recordkeeping system and reflected on your client statement. Please review the transactions in both this report and your client statement carefully.

Any negative dollar amounts in this report represent fee waivers, rebates, or reimbursements.

To assist you with your reporting obligations, this report includes, if applicable, the information in our records for any payments that we made to other service providers at your direction. For those payments, please refer to the plan's records to obtain additional information that may be necessary to complete your Schedule C. The information reported in this section for such payments is limited to amounts that were coded as payments of plan expenses on our recordkeeping system and the name of the service provider payee.

Information for Completion of Form 5500 Schedule C: Service Provider Information

Plan Name	Plan Number	Plan Year Start Date	Plan Year End Date
MOUNT SINAI MEDICAL CENTER 403(B) RETIREMENT PLAN	004869	01/01/2012	12/31/2012

Service Provider and Fee Information

Information on Service Providers Receiving Direct or Indirect Compensation, Other Than Eligible Indirect Compensation

Indirect Compensation, Other Than Eligible Indirect Compensation

Name of Service Provider/Payee	EIN or Address of Service Provider/Payee	Name of Payor	EIN or Address of Payor	Amount of Fee or Formula	Nature of Service	Name of Fund (for Formula)
Robert Hubsmith	Mount Sinai Medical Center	The Prudential Insurance Company of America	22-1211670	\$54	Non-Monetary Compensation	
The Prudential Insurance Company of America	22-1211670	Prudential Investments, LLC	22-3468527	14.000 BPS from 1/1/2012 to 12/31/2012	Other Investment Fees	MONEYMART Z 74440W805
The Prudential Insurance Company of America	22-1211670	Prudential Investments, LLC	22-3468527	27.000 BPS from 1/1/2012 to 12/31/2012	Other Investment Fees	PRU JENN GROWTH Z 74437E404
The Prudential Insurance Company of America	22-1211670	Prudential Investments, LLC	22-3468527	27.000 BPS from 1/1/2012 to 12/31/2012	Other Investment Fees	PRU JENN MID-CAP GRW Z 74441C808
The Prudential Insurance Company of America	22-1211670	Prudential Investments, LLC	22-3468527	27.000 BPS from 1/1/2012 to 12/31/2012	Other Investment Fees	PRU JENN SMALL COMPANY Z 74441N408
The Prudential Insurance Company of America	22-1211670	Prudential Investments, LLC	22-3468527	27.000 BPS from 1/1/2012 to 12/31/2012	Other Investment Fees	PRU JENNISON EQUITY OPP Z 74437E800

Generally, indirect compensation is reported on a calendar year basis. Fees are disclosed in basis points ("bps") and are expressed as annual fee rates on the amount invested. Unless otherwise noted, for plans with non-calendar fiscal years, fee schedules are for the calendar year ending within your plan year. Note for Short Plan Years - The information in this report is based on the prior calendar year. For more current information, please refer to your account documentation or contact your Prudential Client Service Representative.

Any negative dollar amounts in this report represent fee waivers, rebates, or reimbursements.

For Prudential Retirement Insurance and Annuity Company Alliance funds that may have converted to sub-advised funds during the year, this report includes the fees in effect both before and after the conversion. Please refer to the communications you received for more information regarding which Alliance funds converted and the dates they converted.

This report lists as payees the individual names of any plan sponsor employees that received potentially reportable non-monetary compensation (e.g., gifts, meals, or other entertainment) from us, because we do not have the information necessary to determine whether those employees are reportable on the plan's Schedule C. For those entries, if any, we listed the plan sponsor's name in the EIN or address column.

We allocated non-monetary compensation provided or received in connection with your plan in three different ways: (1) if the compensation related specifically to your plan, the specific amount was allocated to the plan; (2) if the compensation related to a commingled investment account in which your plan invests, and your plan was invested in the account on December 31st, your plan was allocated a pro rata portion of the compensation attributable to the account based on the assets invested in the account by your plan and other plans as of December 31st, and/or (3) if the compensation related to a business relationship encompassing other clients, then your plan's share of the total, based on the percentage your plan represents of the total book of business, was allocated to your plan.

The information contained in this document is not covered by the Certification of Reports and is not intended to be certified under 29 CFR 2520.103-5(C).

Information for Completion of Form 5500 Schedule C: Service Provider Information

Plan Name

MOUNT SINAI MEDICAL CENTER 403(B) RETIREMENT
PLAN

Plan Number

004869

Plan Year Start Date

01/01/2012

Plan Year End Date

12/31/2012

<i>Service Provider and Fee Information</i>

Information on Service Providers Receiving Direct or Indirect Compensation, Other Than Eligible Indirect Compensation

Indirect Compensation, Other Than Eligible Indirect Compensation

The information contained in this report is generally limited to information contained in our ordinary business records. This report, however, may include some limited information that third parties (e.g., sub-advisors and bank collective trusts) provided to us, which we included for your convenience.

If you have questions about the contents of this report, please contact your Prudential Client Service Representative.

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Attachment 1 - Disclosure on Service Providers Receiving Eligible Indirect Compensation

Plan Name	Plan Number	Plan Year Start Date	Plan Year End Date
MOUNT SINAI MEDICAL CENTER 403(B) RETIREMENT PLAN	004869	01/01/2012	12/31/2012

Name of Person/Entity Who Provided Disclosures on Eligible Indirect Compensation	EIN or Address of Entity Who Provided Disclosures on Eligible Indirect Compensation
The Prudential Insurance Company of America	22-1211670

Eligible Indirect Compensation

Name of Service Provider/Payee	Name of Payor	Amount of Fee or Formula	Nature of Service	Name of Fund (for Formula)
Prudential Investment Management Services LLC	Fidelity Advisor Growth Opportunities T	50.000 BPS from 1/1/2012 to 12/31/2012	Distribution (12b-1) Fees	FID ADV GROW OPP 315807206
Prudential Investment Management Services LLC	Franklin Small-Mid Cap Growth A	25.000 BPS from 1/1/2012 to 12/31/2012	Distribution (12b-1) Fees	FRANK SMALL-MID CAP GROW 354713109
Prudential Investment Management Services LLC	Franklin US Government Secs A	14.000 BPS from 1/1/2012 to 12/31/2012	Distribution (12b-1) Fees	FRANK US GOVT SEC A 353496607
Prudential Investment Management Services LLC	Franklin Real Estate Securities A	25.000 BPS from 1/1/2012 to 12/31/2012	Distribution (12b-1) Fees	FRANKLIN REAL ESTATE SEC 354602104
Prudential Investment Management Services LLC	Invesco American Franchise A	25.000 BPS from 9/1/2012 to 12/31/2012	Distribution (12b-1) Fees	INVESCO AMER FRANCH A 00142J578
Prudential Investment Management Services LLC	Invesco High Yield A	25.000 BPS from 1/1/2012 to 12/31/2012	Distribution (12b-1) Fees	INVESCO HIGH YIELD FUND A 00142C706
Prudential Investment Management Services LLC	Invesco Van Kampen American Franchise A	25.000 BPS from 1/1/2012 to 8/31/2012	Distribution (12b-1) Fees	INVESCO VK AMER FRANCH A 00142J578
Prudential Investment Management Services LLC	JHancock Large Cap Equity A	25.000 BPS from 1/1/2012 to 12/31/2012	Distribution (12b-1) Fees	JOHN HAN LARGE CAP EQU 41013P103
Prudential Investment Management Services LLC	JHancock Small Cap Equity A	30.000 BPS from 1/1/2012 to 12/31/2012	Distribution (12b-1) Fees	JOHN HAN SMALL CAP EQU 409905700

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Attachment 1 - Disclosure on Service Providers Receiving Eligible Indirect Compensation

Plan Name	Plan Number	Plan Year Start Date	Plan Year End Date
MOUNT SINAI MEDICAL CENTER 403(B) RETIREMENT PLAN	004869	01/01/2012	12/31/2012

Name of Person/Entity Who Provided Disclosures on Eligible Indirect Compensation	EIN or Address of Entity Who Provided Disclosures on Eligible Indirect Compensation
The Prudential Insurance Company of America	22-1211670

Eligible Indirect Compensation

Name of Service Provider/Payee	Name of Payor	Amount of Fee or Formula	Nature of Service	Name of Fund (for Formula)
Prudential Investment Management Services LLC	MFS Massachusetts Investors Gr Stk A	25.000 BPS from 1/1/2012 to 12/31/2012	Distribution (12b-1) Fees	MFS MASS INVESTOR GROWTH 575719109
Prudential Investment Management Services LLC	MFS Research A	25.000 BPS from 1/1/2012 to 12/31/2012	Distribution (12b-1) Fees	MFS RESEARCH FUND A 552981102
Prudential Investment Management Services LLC	Mutual Shares A	30.000 BPS from 1/1/2012 to 12/31/2012	Distribution (12b-1) Fees	MUTUAL SHARES A 628380602
Prudential Investment Management Services LLC	Putnam Diversified Income A	25.000 BPS from 1/1/2012 to 12/31/2012	Distribution (12b-1) Fees	PUTNAM DIVERSIFIED INCO A 746704105
Prudential Investment Management Services LLC	Putnam Investors A	25.000 BPS from 1/1/2012 to 12/31/2012	Distribution (12b-1) Fees	PUTNAM INVESTORS FUND A 746809102
Prudential Investment Management Services LLC	Templeton Foreign A	25.000 BPS from 1/1/2012 to 12/31/2012	Distribution (12b-1) Fees	TEMPLETON FOREIGN FUND A 880196209
Capital Research and Management Company	American Funds Bond Fund of Amer R5	21.000 BPS from 1/1/2012 to 12/31/2012	Investment Management Fees	AMER BND FND CL 5 097873830
American Century Inv Mgt, Inc.	American Century Income & Growth Inv	68.000 BPS from 3/1/2012 to 12/31/2012	Investment Management Fees	AMER CENT INCO & GROW 02507M303
American Century Investment Mgmt, Inc.	American Century Income & Growth Inv	68.000 BPS from 1/1/2012 to 2/29/2012	Investment Management Fees	AMER CENT INCO & GROW 02507M303
Capital Research and Management Company	American Funds EuroPacific Gr R5	42.000 BPS from 1/1/2012 to 12/31/2012	Investment Management Fees	AMERICAN EURO PAC GR R5 298706839

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Attachment 1 - Disclosure on Service Providers Receiving Eligible Indirect Compensation

Plan Name	Plan Number	Plan Year Start Date	Plan Year End Date
MOUNT SINAI MEDICAL CENTER 403(B) RETIREMENT PLAN	004869	01/01/2012	12/31/2012

Name of Person/Entity Who Provided Disclosures on Eligible Indirect Compensation	EIN or Address of Entity Who Provided Disclosures on Eligible Indirect Compensation
The Prudential Insurance Company of America	22-1211670

Eligible Indirect Compensation

Name of Service Provider/Payee	Name of Payor	Amount of Fee or Formula	Nature of Service	Name of Fund (for Formula)
Capital Research and Management Company	American Funds American Balanced R5	24.000 BPS from 1/1/2012 to 12/31/2012	Investment Management Fees	AMRCN BAL FND CL 5 024071839
Boston Management and Research	Eaton Vance Large-Cap Value I	58.000 BPS from 1/1/2012 to 12/31/2012	Investment Management Fees	EATONVANCE LARGE CAP VAL I 277905642
Fidelity Management & Research Co.	Fidelity Advisor Growth Opportunities T	48.000 BPS from 1/1/2012 to 12/31/2012	Investment Management Fees	FID ADV GROW OPP 315807206
Franklin Advisers, Inc.	Franklin Small-Mid Cap Growth A	45.000 BPS from 8/1/2012 to 12/31/2012	Investment Management Fees	FRANK SMALL-MID CAP GROW 354713109
Franklin Advisers, Inc.	Franklin Small-Mid Cap Growth A	46.000 BPS from 1/1/2012 to 7/31/2012	Investment Management Fees	FRANK SMALL-MID CAP GROW 354713109
Franklin Advisers, Inc.	Franklin US Government Secs A	45.000 BPS from 1/1/2012 to 12/31/2012	Investment Management Fees	FRANK US GOVT SEC A 353496607
Franklin Templeton Institutional, LLC	Franklin Real Estate Securities A	53.000 BPS from 8/1/2012 to 12/31/2012	Investment Management Fees	FRANKLIN REAL ESTATE SEC 354602104
Franklin Templeton Institutional, LLC	Franklin Real Estate Securities A	54.000 BPS from 1/1/2012 to 7/31/2012	Investment Management Fees	FRANKLIN REAL ESTATE SEC 354602104
Capital Research and Management Company	American Funds Growth Fund of Amer R5	27.000 BPS from 1/1/2012 to 9/30/2012	Investment Management Fees	GROWTH FUND OF AMERICA R5 399874833
Capital Research and Management Company	American Funds Growth Fund of Amer R5	28.000 BPS from 10/1/2012 to 12/31/2012	Investment Management Fees	GROWTH FUND OF AMERICA R5 399874833

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Attachment 1 - Disclosure on Service Providers Receiving Eligible Indirect Compensation

Plan Name	Plan Number	Plan Year Start Date	Plan Year End Date
MOUNT SINAI MEDICAL CENTER 403(B) RETIREMENT PLAN	004869	01/01/2012	12/31/2012

Name of Person/Entity Who Provided Disclosures on Eligible Indirect Compensation	EIN or Address of Entity Who Provided Disclosures on Eligible Indirect Compensation
The Prudential Insurance Company of America	22-1211670

Eligible Indirect Compensation

Name of Service Provider/Payee	Name of Payor	Amount of Fee or Formula	Nature of Service	Name of Fund (for Formula)
Invesco Advisers, Inc.	Invesco American Franchise A	61.000 BPS from 9/1/2012 to 12/31/2012	Investment Management Fees	INVESCO AMER FRANCH A 00142J578
Invesco Advisers, Inc.	Invesco High Yield A	51.000 BPS from 1/1/2012 to 6/30/2012	Investment Management Fees	INVESCO HIGH YIELD FUND A 00142C706
Invesco Advisers, Inc.	Invesco High Yield A	53.000 BPS from 7/1/2012 to 12/31/2012	Investment Management Fees	INVESCO HIGH YIELD FUND A 00142C706
Invesco Advisers, Inc.	Invesco Van Kampen American Franchise A	61.000 BPS from 1/1/2012 to 8/31/2012	Investment Management Fees	INVESCO VK AMER FRANCH A 00142J578
Janus Capital Management LLC	Janus Balanced T	55.000 BPS from 1/1/2012 to 12/31/2012	Investment Management Fees	JANUS BALANCED FUND T 471023879
Janus Capital Management LLC	Janus Growth & Income T	60.000 BPS from 1/1/2012 to 12/31/2012	Investment Management Fees	JANUS GRTH & INC FD CL T 471023200
Janus Capital Management LLC	Janus Worldwide T	66.000 BPS from 1/1/2012 to 10/31/2012	Investment Management Fees	JANUS WORLDWIDE FND CL T 471023309
Janus Capital Management LLC	Janus Worldwide T	68.000 BPS from 11/1/2012 to 12/31/2012	Investment Management Fees	JANUS WORLDWIDE FND CL T 471023309
John Hancock Advisers, LLC	JHancock Large Cap Equity A	62.000 BPS from 2/1/2012 to 12/31/2012	Investment Management Fees	JOHN HAN LARGE CAP EQU 41013P103
John Hancock Advisers, LLC	JHancock Large Cap Equity A	63.000 BPS from 1/1/2012 to 1/31/2012	Investment Management Fees	JOHN HAN LARGE CAP EQU 41013P103
John Hancock Advisers, LLC	JHancock Small Cap Equity A	70.000 BPS from 1/1/2012 to 12/31/2012	Investment Management Fees	JOHN HAN SMALL CAP EQU 409905700

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Attachment 1 - Disclosure on Service Providers Receiving Eligible Indirect Compensation

Plan Name	Plan Number	Plan Year Start Date	Plan Year End Date
MOUNT SINAI MEDICAL CENTER 403(B) RETIREMENT PLAN	004869	01/01/2012	12/31/2012

Name of Person/Entity Who Provided Disclosures on Eligible Indirect Compensation	EIN or Address of Entity Who Provided Disclosures on Eligible Indirect Compensation
The Prudential Insurance Company of America	22-1211670

Eligible Indirect Compensation

Name of Service Provider/Payee	Name of Payor	Amount of Fee or Formula	Nature of Service	Name of Fund (for Formula)
Massachusetts Financial Services Co	MFS Massachusetts Investors Gr Stk A	33.000 BPS from 1/1/2012 to 12/31/2012	Investment Management Fees	MFS MASS INVESTOR GROWTH 575719109
Massachusetts Financial Services Co	MFS Research A	43.000 BPS from 1/1/2012 to 12/31/2012	Investment Management Fees	MFS RESEARCH FUND A 552981102
Franklin Mutual Advisers, LLC	Mutual Shares A	57.000 BPS from 1/1/2012 to 12/31/2012	Investment Management Fees	MUTUAL SHARES A 628380602
Prudential Investments LLC	Prudential Jennison Growth Z	58.000 BPS from 1/1/2012 to 12/31/2012	Investment Management Fees	PRU JENN GROWTH Z 74437E404
Prudential Investments LLC	Prudential Jennison Mid Cap Growth Z	56.000 BPS from 10/1/2012 to 12/31/2012	Investment Management Fees	PRU JENN MID-CAP GRW Z 74441C808
Prudential Investments LLC	Prudential Jennison Mid Cap Growth Z	57.000 BPS from 1/1/2012 to 9/30/2012	Investment Management Fees	PRU JENN MID-CAP GRW Z 74441C808
Prudential Investments LLC	Prudential Jennison Small Company Z	67.000 BPS from 1/1/2012 to 12/31/2012	Investment Management Fees	PRU JENN SMALL COMPANY Z 74441N408
Prudential Investments LLC	Prudential Jennison Equity Opp Z	60.000 BPS from 1/1/2012 to 12/31/2012	Investment Management Fees	PRU JENNISON EQUITY OPP Z 74437E800
Prudential Investments LLC	Prudential Stock Index I	30.000 BPS from 1/1/2012 to 12/31/2012	Investment Management Fees	PRU STOCK INDEX I 74441F405
Putnam Investment Management, LLC	Putnam Diversified Income A	55.000 BPS from 1/1/2012 to 12/31/2012	Investment Management Fees	PUTNAM DIVERSIFIED INCO A 746704105
Putnam Investment Management, LLC	Putnam Investors A	56.000 BPS from 1/1/2012 to 10/31/2012	Investment Management Fees	PUTNAM INVESTORS FUND A 746809102
Putnam Investment Management, LLC	Putnam Investors A	57.000 BPS from 11/1/2012 to 12/31/2012	Investment Management Fees	PUTNAM INVESTORS FUND A 746809102

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Attachment 1 - Disclosure on Service Providers Receiving Eligible Indirect Compensation

Plan Name	Plan Number	Plan Year Start Date	Plan Year End Date
MOUNT SINAI MEDICAL CENTER 403(B) RETIREMENT PLAN	004869	01/01/2012	12/31/2012

Name of Person/Entity Who Provided Disclosures on Eligible Indirect Compensation	EIN or Address of Entity Who Provided Disclosures on Eligible Indirect Compensation
The Prudential Insurance Company of America	22-1211670

Eligible Indirect Compensation

Name of Service Provider/Payee	Name of Payor	Amount of Fee or Formula	Nature of Service	Name of Fund (for Formula)
Fidelity Management & Research Company	Fidelity Spartan Intern Tr Bd Idx Inv	5.000 BPS from 2/1/2012 to 12/31/2012	Investment Management Fees	SPARTAN INTERM TREAS BOND 315911842
Fidelity Management & Research Company	Fidelity Spartan Intern Tr Bd Idx Inv	10.000 BPS from 1/1/2012 to 1/31/2012	Investment Management Fees	SPARTAN INTERM TREAS BOND 315911842
Templeton Global Advisors Limited	Templeton Foreign A	61.000 BPS from 1/1/2012 to 11/30/2012	Investment Management Fees	TEMPLETON FOREIGN FUND A 880196209
Templeton Global Advisors Limited	Templeton Foreign A	62.000 BPS from 12/1/2012 to 12/31/2012	Investment Management Fees	TEMPLETON FOREIGN FUND A 880196209
Vanguard Group, Inc.	Vanguard Institutional Index I	4.000 BPS from 8/1/2012 to 12/31/2012	Investment Management Fees	VANGUARD INSTITL INDEX 922040100
Vanguard Group, Inc.	Vanguard Institutional Index Instl	4.000 BPS from 1/1/2012 to 7/31/2012	Investment Management Fees	VANGUARD INSTITL INDEX 922040100
Victory Capital Management Inc.	Victory Diversified Stock A	59.000 BPS from 1/1/2012 to 1/31/2012	Investment Management Fees	VICTORY DIVERSIFIED STK A 926464603
Victory Capital Management Inc.	Victory Diversified Stock A	61.000 BPS from 2/1/2012 to 12/31/2012	Investment Management Fees	VICTORY DIVERSIFIED STK A 926464603
The Prudential Insurance Company of America	Fidelity Advisor Growth Opportunities T	10.000 BPS from 1/1/2012 to 12/31/2012	Marketing Fee	FID ADV GROW OPP 315807206
The Prudential Insurance Company of America	Invesco American Franchise A	20.000 BPS from 1/1/2012 to 8/31/2012	Marketing Fee	INVESCO AMER FRANCH A 00142J578

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Attachment 1 - Disclosure on Service Providers Receiving Eligible Indirect Compensation

Plan Name	Plan Number	Plan Year Start Date	Plan Year End Date
MOUNT SINAI MEDICAL CENTER 403(B) RETIREMENT PLAN	004869	01/01/2012	12/31/2012

Name of Person/Entity Who Provided Disclosures on Eligible Indirect Compensation	EIN or Address of Entity Who Provided Disclosures on Eligible Indirect Compensation
The Prudential Insurance Company of America	22-1211670

Eligible Indirect Compensation

Name of Service Provider/Payee	Name of Payor	Amount of Fee or Formula	Nature of Service	Name of Fund (for Formula)
The Prudential Insurance Company of America	Invesco American Franchise A	20.000 BPS from 9/1/2012 to 12/31/2012	Marketing Fee	INVESCO AMER FRANCH A 00142J578
The Prudential Insurance Company of America	Invesco High Yield A	20.000 BPS from 1/1/2012 to 12/31/2012	Marketing Fee	INVESCO HIGH YIELD FUND A 00142C706
The Prudential Insurance Company of America	Invesco Van Kampen American Franchise A	20.000 BPS from 1/1/2012 to 8/31/2012	Marketing Fee	INVESCO VK AMER FRANCH A 00142J578
The Prudential Insurance Company of America	Invesco Van Kampen American Franchise A	20.000 BPS from 9/1/2012 to 12/31/2012	Marketing Fee	INVESCO VK AMER FRANCH A 00142J578
The Prudential Insurance Company of America	Putnam Diversified Income A	20.000 BPS from 1/1/2012 to 12/31/2012	Marketing Fee	PUTNAM DIVERSIFIED INCO A 746704105
The Prudential Insurance Company of America	Putnam Investors A	20.000 BPS from 1/1/2012 to 12/31/2012	Marketing Fee	PUTNAM INVESTORS FUND A 746809102
The Prudential Insurance Company of America	Fidelity Spartan Intern Tr Bd Idx Inv	10.000 BPS from 6/1/2012 to 7/31/2012	Marketing Fee	SPARTAN INTERM TREAS BOND 315911842
The Prudential Insurance Company of America	Victory Diversified Stock A	45.000 BPS from 1/1/2012 to 12/31/2012	Marketing Fee	VICTORY DIVERSIFIED STK A 926464603
The Prudential Insurance Company of America	The Prudential Insurance Company of America	\$43,284	Other Services/Breakage	CAPITAL GROWTH ACCOUNT

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Attachment 1 - Disclosure on Service Providers Receiving Eligible Indirect Compensation

Plan Name	Plan Number	Plan Year Start Date	Plan Year End Date
MOUNT SINAI MEDICAL CENTER 403(B) RETIREMENT PLAN	004869	01/01/2012	12/31/2012

Name of Person/Entity Who Provided Disclosures on Eligible Indirect Compensation	EIN or Address of Entity Who Provided Disclosures on Eligible Indirect Compensation
The Prudential Insurance Company of America	22-1211670

Eligible Indirect Compensation

Name of Service Provider/Payee	Name of Payor	Amount of Fee or Formula	Nature of Service	Name of Fund (for Formula)
The Prudential Insurance Company of America	The Prudential Insurance Company of America	\$7,360	Other Services/Breakage	CONSERVATIVE BALANCED
The Prudential Insurance Company of America	The Prudential Insurance Company of America	\$-1,860	Other Services/Breakage	DIVERSIFIED BOND ACCOUNT
The Prudential Insurance Company of America	The Prudential Insurance Company of America	\$49,741	Other Services/Breakage	EQUITY ACCOUNT
The Prudential Insurance Company of America	The Prudential Insurance Company of America	\$9,013	Other Services/Breakage	FLEXIBLE MANAGED ACCOUNT
The Prudential Insurance Company of America	The Prudential Insurance Company of America	\$20,075	Other Services/Breakage	GLOBAL ACCOUNT
The Prudential Insurance Company of America	The Prudential Insurance Company of America	\$-1,158	Other Services/Breakage	GOVERNMENT INCOME ACCOUNT
The Prudential Insurance Company of America	The Prudential Insurance Company of America	\$4	Other Services/Breakage	MONEY MARKET ACCOUNT
The Prudential Insurance Company of America	The Prudential Insurance Company of America	\$53,216	Other Services/Breakage	STOCK INDEX ACCOUNT
The Prudential Insurance Company of America	The Prudential Insurance Company of America	10.000 BPS	Recordkeeping Fees	GUARANTEED INTEREST ACC

The information contained in this document is not covered by the Certification of Reports and is not intended to be certified under 29 CFR 2520.103-5(C).

Attachment 1 - Disclosure on Service Providers Receiving Eligible Indirect Compensation

Plan Name	Plan Number	Plan Year Start Date	Plan Year End Date
MOUNT SINAI MEDICAL CENTER 403(B) RETIREMENT PLAN	004869	01/01/2012	12/31/2012

Name of Person/Entity Who Provided Disclosures on Eligible Indirect Compensation	EIN or Address of Entity Who Provided Disclosures on Eligible Indirect Compensation
The Prudential Insurance Company of America	22-1211670

Eligible Indirect Compensation

Name of Service Provider/Payee	Name of Payor	Amount of Fee or Formula	Nature of Service	Name of Fund (for Formula)
The Prudential Insurance Company of America	American Funds Bond Fund of Amer R5	5.000 BPS and \$0.00 per participant invested in the fund from 1/1/2012 to 12/31/2012	Sub-Transfer Agency Fee	AMER BND FND CL 5 097873830
The Prudential Insurance Company of America	American Century Income & Growth Inv	35.000 BPS and \$0.00 per participant invested in the fund from 1/1/2012 to 12/31/2012	Sub-Transfer Agency Fee	AMER CENT INCO & GROW 02507M303
The Prudential Insurance Company of America	American Funds EuroPacific Gr R5	5.000 BPS and \$0.00 per participant invested in the fund from 1/1/2012 to 12/31/2012	Sub-Transfer Agency Fee	AMERICAN EURO PAC GR R5 298706839
The Prudential Insurance Company of America	American Funds American Balanced R5	5.000 BPS and \$0.00 per participant invested in the fund from 1/1/2012 to 12/31/2012	Sub-Transfer Agency Fee	AMRCN BAL FND CL 5 024071839
The Prudential Insurance Company of America	Eaton Vance Large-Cap Value I	15.000 BPS and \$0.00 per participant invested in the fund from 1/1/2012 to 12/31/2012	Sub-Transfer Agency Fee	EATONVANCE LARGE CAP VAL I 277905642
The Prudential Insurance Company of America	Fidelity Advisor Growth Opportunities T	15.000 BPS and \$0.00 per participant invested in the fund from 1/1/2012 to 12/31/2012	Sub-Transfer Agency Fee	FID ADV GROW OPP 315807206
The Prudential Insurance Company of America	Franklin Small-Mid Cap Growth A	0.000 BPS and \$12.00 per participant invested in the fund from 1/1/2012 to 12/31/2012	Sub-Transfer Agency Fee	FRANK SMALL-MID CAP GROW 354713109
The Prudential Insurance Company of America	Franklin US Government Secs A	0.000 BPS and \$12.00 per participant invested in the fund from 1/1/2012 to 12/31/2012	Sub-Transfer Agency Fee	FRANK US GOVT SEC A 353496607
The Prudential Insurance Company of America	Franklin Real Estate Securities A	0.000 BPS and \$12.00 per participant invested in the fund from 1/1/2012 to 12/31/2012	Sub-Transfer Agency Fee	FRANKLIN REAL ESTATE SEC 354602104

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Plan Name	Plan Number	Plan Year Start Date	Plan Year End Date
MOUNT SINAI MEDICAL CENTER 403(B) RETIREMENT PLAN	004869	01/01/2012	12/31/2012

Name of Person/Entity Who Provided Disclosures on Eligible Indirect Compensation	EIN or Address of Entity Who Provided Disclosures on Eligible Indirect Compensation
The Prudential Insurance Company of America	22-1211670

Eligible Indirect Compensation

Name of Service Provider/Payee	Name of Payor	Amount of Fee or Formula	Nature of Service	Name of Fund (for Formula)
The Prudential Insurance Company of America	American Funds Growth Fund of America R5	5.000 BPS and \$0.00 per participant invested in the fund from 1/1/2012 to 12/31/2012	Sub-Transfer Agency Fee	GROWTH FUND OF AMERICA R5 399874833
The Prudential Insurance Company of America	Invesco American Franchise A	25.000 BPS and \$0.00 per participant invested in the fund from 9/1/2012 to 12/31/2012	Sub-Transfer Agency Fee	INVESCO AMER FRANCH A 00142J578
The Prudential Insurance Company of America	Invesco High Yield A	25.000 BPS and \$0.00 per participant invested in the fund from 1/1/2012 to 12/31/2012	Sub-Transfer Agency Fee	INVESCO HIGH YIELD FUND A 00142C706
The Prudential Insurance Company of America	Invesco Van Kampen American Franchise A	25.000 BPS and \$0.00 per participant invested in the fund from 1/1/2012 to 8/31/2012	Sub-Transfer Agency Fee	INVESCO VK AMER FRANCH A 00142J578
The Prudential Insurance Company of America	Janus Balanced T	25.000 BPS and \$0.00 per participant invested in the fund from 1/1/2012 to 12/31/2012	Sub-Transfer Agency Fee	JANUS BALANCED FUND T 471023879
The Prudential Insurance Company of America	Janus Growth & Income T	25.000 BPS and \$0.00 per participant invested in the fund from 1/1/2012 to 12/31/2012	Sub-Transfer Agency Fee	JANUS GRTH & INC FD CL T 471023200
The Prudential Insurance Company of America	Janus Worldwide T	25.000 BPS and \$0.00 per participant invested in the fund from 1/1/2012 to 12/31/2012	Sub-Transfer Agency Fee	JANUS WORLDWIDE FND CL T 471023309
The Prudential Insurance Company of America	JHancock Large Cap Equity A	25.000 BPS and \$0.00 per participant invested in the fund from 1/1/2012 to 12/31/2012	Sub-Transfer Agency Fee	JOHN HAN LARGE CAP EQU 41013P103
The Prudential Insurance Company of America	JHancock Small Cap Equity A	25.000 BPS and \$0.00 per participant invested in the fund from 1/1/2012 to 12/31/2012	Sub-Transfer Agency Fee	JOHN HAN SMALL CAP EQU 409905700

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Name of Person/Entity Who Provided Disclosures on Eligible Indirect Compensation	EIN or Address of Entity Who Provided Disclosures on Eligible Indirect Compensation
The Prudential Insurance Company of America	22-1211670

Eligible Indirect Compensation

Name of Service Provider/Payee	Name of Payor	Amount of Fee or Formula	Nature of Service	Name of Fund (for Formula)
The Prudential Insurance Company of America	MFS Massachusetts Investors Gr Stk A	20.000 BPS and \$0.00 per participant invested in the fund from 1/1/2012 to 12/31/2012	Sub-Transfer Agency Fee	MFS MASS INVESTOR GROWTH 575719109
The Prudential Insurance Company of America	MFS Research A	20.000 BPS and \$0.00 per participant invested in the fund from 1/1/2012 to 12/31/2012	Sub-Transfer Agency Fee	MFS RESEARCH FUND A 552981102
The Prudential Insurance Company of America	Prudential MoneyMart Assets Fund	13.000 BPS and \$0.00 per participant invested in the fund from 1/1/2012 to 12/31/2012	Sub-Transfer Agency Fee	MONEYMART Z 74440W805
The Prudential Insurance Company of America	Mutual Shares A	0.000 BPS and \$12.00 per participant invested in the fund from 1/1/2012 to 12/31/2012	Sub-Transfer Agency Fee	MUTUAL SHARES A 628380602
The Prudential Insurance Company of America	Prudential Jennison Growth Fund	13.000 BPS and \$0.00 per participant invested in the fund from 1/1/2012 to 12/31/2012	Sub-Transfer Agency Fee	PRU JENN GROWTH Z 74437E404
The Prudential Insurance Company of America	Prudential Jennison Mid-Cap Growth Fund	13.000 BPS and \$0.00 per participant invested in the fund from 1/1/2012 to 12/31/2012	Sub-Transfer Agency Fee	PRU JENN MID-CAP GRW Z 74441C808
The Prudential Insurance Company of America	Prudential Jennison Small Company Fund	13.000 BPS and \$0.00 per participant invested in the fund from 1/1/2012 to 12/31/2012	Sub-Transfer Agency Fee	PRU JENN SMALL COMPANY Z 74441N408
The Prudential Insurance Company of America	Prudential Jennison Equity Opportunity Fund	13.000 BPS and \$0.00 per participant invested in the fund from 1/1/2012 to 12/31/2012	Sub-Transfer Agency Fee	PRU JENNISON EQUITY OPP Z 74437E800
The Prudential Insurance Company of America	Prudential Stock Index Fund	7.000 BPS and \$0.00 per participant invested in the fund from 1/1/2012 to 12/31/2012	Sub-Transfer Agency Fee	PRU STOCK INDEX I 74441F405

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Plan Name	Plan Number	Plan Year Start Date	Plan Year End Date
MOUNT SINAI MEDICAL CENTER 403(B) RETIREMENT PLAN	004869	01/01/2012	12/31/2012

Name of Person/Entity Who Provided Disclosures on Eligible Indirect Compensation	EIN or Address of Entity Who Provided Disclosures on Eligible Indirect Compensation
The Prudential Insurance Company of America	22-1211670

Eligible Indirect Compensation

Name of Service Provider/Payee	Name of Payor	Amount of Fee or Formula	Nature of Service	Name of Fund (for Formula)
The Prudential Insurance Company of America	Putnam Diversified Income A	10.000 BPS and \$0.00 per participant invested in the fund from 1/1/2012 to 12/31/2012	Sub-Transfer Agency Fee	PUTNAM DIVERSIFIED INCO A 746704105
The Prudential Insurance Company of America	Putnam Investors A	10.000 BPS and \$0.00 per participant invested in the fund from 1/1/2012 to 12/31/2012	Sub-Transfer Agency Fee	PUTNAM INVESTORS FUND A 746809102
The Prudential Insurance Company of America	Templeton Foreign A	0.000 BPS and \$12.00 per participant invested in the fund from 1/1/2012 to 12/31/2012	Sub-Transfer Agency Fee	TEMPLETON FOREIGN FUND A 880196209
The Prudential Insurance Company of America	Victory Diversified Stock A	20.000 BPS and \$0.00 per participant invested in the fund from 1/1/2012 to 12/31/2012	Sub-Transfer Agency Fee	VICTORY DIVERSIFIED STK A 926464603

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Attachment 1 - Disclosure on Service Providers Receiving Eligible Indirect Compensation

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MOUNT SINAI MEDICAL CENTER 403(B) RETIREMENT PLAN	004869	01/01/2012	12/31/2012

Name of Person/Entity Who Provided Disclosures on Eligible Indirect Compensation	EIN or Address of Entity Who Provided Disclosures on Eligible Indirect Compensation
The Prudential Insurance Company of America	22-1211670

Eligible Indirect Compensation

Name of Service Provider/Payee	Name of Payor	Amount of Fee or Formula	Nature of Service	Name of Fund (for Formula)
Jennison Associates LLC	Barclays BofA-ML Citigroup Global Markets Inc Credit Suisse Securities Goldman Sachs & Co ISI Group Inc. J.P. Morgan Securities Knight Capital Americas LP Morgan Stanley & Co. Inc Sanford C Bernstein & Co	Jennison cannot precisely quantify the amount of the soft dollar research received on the plan level and has chosen to use the alternate reporting method. Listed above are the top 10 brokers from whom Jennison received soft dollar research. Please contact your Jennison Client Service Representative if you would like to obtain a complete list of brokers from whom Jennison received soft dollar research during the 2012 calendar year. The investment manager becomes eligible for soft dollar credits by sending trading and paying trade commissions to broker-dealers who both execute the trades and provide the investment manager with research services in the following forms: (1) research reports generated by the broker-dealer, (2) conferences with representatives of issuers, and/or (3) soft dollar credits that can be used to obtain research reports or services from others. The portion of any trade commission attributable to the soft dollar research services cannot be precisely identified. For Fixed Income accounts, soft dollar research is not applicable.	Soft Dollars	CAPITAL GROWTH ACCOUNT

Generally, indirect compensation is reported on a calendar year basis. Fees are disclosed in basis points ("bps") and are expressed as annual fee rates on the amount invested. Unless otherwise noted, for plans with non-calendar fiscal years, fee schedules are for the calendar year ending within your plan year. Note for Short Plan Years - The information in this report is based on the prior calendar year. For more current information, please refer to your account documentation or contact your Prudential Client Service Representative.

With the exception of slippage/breakage, any negative dollar amounts in this report represent fee waivers, rebates, or reimbursements.

Securities lending fees, if any, summarize the fees received for the entire investment fund and not your individual plan.

Please note that this report may not include securities lending fee information with respect to investment managers for all funds offered under your plan due to delays by such managers in providing information to Prudential. For investment managers of collective trusts offered on the Prudential Retirement platform (including, but not limited to, collective trusts offered through Prudential Retirement Insurance and Annuity Company and Prudential Insurance Company of America separate accounts) who receive securities lending fees, Prudential posts any information that Prudential has received from investment managers regarding their receipt of securities lending fees on the Plan Sponsor website furnished by Prudential for your plan. Prudential will post any such information in the format received from investment managers and without alteration on the Plan Sponsor website as soon as possible. Please contact your Prudential Client Service Representative if you need assistance locating this information on the Plan Sponsor website.

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Attachment 1 - Disclosure on Service Providers Receiving Eligible Indirect Compensation

Plan Name	Plan Number	Plan Year Start Date	Plan Year End Date
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The Prudential Insurance Company of America	22-1211670		

Eligible Indirect Compensation

If your report includes slippage/breakage, it is because in certain circumstances (such as trading errors or delays), market trades may occur at times when the security's share price or account's unit value related to the trade is not the price assured to the plan and participants. At the investment fund level, Prudential will net any pricing differences that occur along with other small differences and will either make-up any net loss (reported in this section as a negative number) or retain any net gain that results over the course of the year. The amount reported in this report as slippage/breakage, if any, represents the slippage/breakage incurred for the entire investment fund and not for your individual plan.

For Prudential Retirement Insurance and Annuity Company sub-advised funds, Prudential Insurance Company of America separate accounts, and Prudential Trust Company collective trusts, this report includes soft dollar research compensation and/or disclosures for investment managers who are active as of December 31st.

For investment managers who receive soft dollar research that they can only partially quantify, the soft dollar disclosure language that is populated in the "Amount of Fee or Formula" column may include a subset of the soft dollar research providers, the quantifiable portion of the soft dollar research, and/or a description of the eligibility conditions for the receipt of soft dollars research. Additionally, the top 10 brokers are provided for the portion of research that the investment manager cannot quantify in the "Name of Payor" column.

If all research services are quantifiable, the soft dollar disclosure language that is populated in the "Amount of fee or formula" column will include the amount of soft dollar compensation and may include a subset of the soft dollar research providers and/or soft dollar language. The top 10 brokers that provide soft dollar research are listed in the "Name of Payor" column.

Please contact your Prudential Client Service Representative to obtain a complete list of brokers from whom the manager received soft dollar research.

For investment managers of mutual funds offered on the Prudential Retirement platform (including, but not limited to, mutual funds offered through Prudential Retirement Insurance and Annuity Company and Prudential Insurance Company of America separate accounts) who receive soft dollar research, Prudential posts any information that Prudential has received from investment managers regarding their receipt of soft dollar research on the Plan Sponsor website furnished by Prudential for your plan. Prudential will post any such information in the format received from investment managers and without alteration on the Plan Sponsor website on and after April 30th. Please contact your Prudential Client Service Representative if you need assistance locating this information on the Plan Sponsor website.

For Prudential Retirement Insurance and Annuity Company Alliance funds that may have converted to sub-advised funds during the year, this report includes the fees in effect both before and after the conversion. Please refer to the communications you received for more information regarding which Alliance funds converted and the dates they converted.

For plans with IncomeFlex funds, please note that the fees described above include both investment management fees and guarantee fees.

Prudential Retirement Insurance and Annuity Company sub-advised separate accounts use the State Street Bank and Trust Company ("SSB&T"), Short Term Investment Fund ("STIF") for cash management purposes. The income earned by the cash invested in the SSB&T STIF, is net of SSB&T's management fee for the STIF, which is 0.10% on the first \$100M, 0.08% on the next \$400M, and 0.05% thereafter. To determine the daily effective fee rate, this fee schedule is applied to the aggregate STIF cash balance of all participating Prudential Retirement Insurance and Annuity Company separate accounts. The determined daily fee rate is then netted against the daily investment factor, which is then applied to each fund's respective STIF holding position.

For clients invested in the Prudential Trust Company Collective Trust, please refer to the audited financial statements for information on fees collected with respect to underlying mutual fund holdings.

In "fund-of-funds" arrangements, one "fund-of-funds" separate account invests in other "investment" separate accounts. In some cases, an "investment" separate account invests in mutual fund shares. We report mutual fund management fees, sub-transfer agency fees, 12b-1 fees, securities lending fees, slippage/breakage, and any soft dollar compensation as attributable to the "investment" separate account and not to the "fund-of-funds" separate account.

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Attachment 1 - Disclosure on Service Providers Receiving Eligible Indirect Compensation

Plan Name	Plan Number	Plan Year Start Date	Plan Year End Date
MOUNT SINAI MEDICAL CENTER 403(B) RETIREMENT PLAN	004869	01/01/2012	12/31/2012
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The Prudential Insurance Company of America	22-1211670		

Eligible Indirect Compensation

For plans with an Individually Directed Account (“IDA”), the Variable Rate Savings Account (“VRSA”) balance equals the amount of the IDA deposited in the VRSA, calculated on the basis of the average daily balances for the period. Assumed VRSA Spread is the periodic equivalent of the Federal Funds Rate calculated on the basis of the average daily rate in effect for the period, minus the interest rate credited under the VRSA product, calculated on the basis of the average daily rate in effect for the period.

This report may not summarize all of the eligible indirect compensation associated with your plan. When applicable, we provided (or will provide) you with additional disclosures on other eligible indirect compensation.

The information contained in this report is generally limited to information contained in our ordinary business records. This report, however, may include some limited information that third parties (e.g., sub-advisors and bank collective trusts) provided to us, which we included for your convenience.

If you have questions about the contents of this report, please contact your Prudential Client Service Representative.

Mount Sinai Medical Center 403(b) Retirement Plan

EIN #13-1624096 Plan #005

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

December 31, 2012

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
ACS*			
Mutual Funds:			
Intermediate Term Income Fund	145,456 shares	**	\$ 2,056,744
Third Century Fund	248,804 shares	**	2,739,328
General Government Securities Money Market Fund	342,072 shares	**	342,072
General Money Market Fund	1,559,661 shares	**	1,559,661
Appreciation Fund	192,783 shares	**	8,468,950
MetLife*			
Mutual Funds:			
Fidelity VIP Equity Income	103,209 units	**	5,296,857
BlackRock Large Cap Core	9,452 units	**	756,928
MetLife Stock Index	65,045 units	**	3,403,623
BlackRock Aggressive Growth	45,668 units	**	2,612,972
Fidelity VIP Equity Income	92,546 units	**	4,406,925
Morgan Stanley Mid Cap Groth	1,474 units	**	24,571
Calvert Social Mid Cap Growth	12,083 units	**	467,006
BlackRock Bond Income	6,013 units	**	393,495
MFS Research International	66,633 units	**	1,103,799
Calvert Social Balanced	4,080 units	**	126,386
MFS Total Return Portfolio	14,408 units	**	681,862
Fidelity VIP Investment Grade Bond	17,706 units	**	574,909
BlackRock Diversified	6,895 units	**	379,217
Janus Forty Portfolio	664 units	**	134,848
Barclays Aggregate Bond Index	1,002 units	**	18,716
Morgan Stanley EAFE Index	746 units	**	10,670
MetLife Mid Cap Stock Index	169 units	**	3,580
Russell 2000 Index	166 units	**	3,598
American Funds Balanced Allocation	407 units	**	7,713
Met/Templeton Growth Portfolio	1,845 units	**	19,025
Artio International Stock	9,372 units	**	148,849

Mount Sinai Medical Center 403(b) Retirement Plan

EIN #13-1624096 Plan #005

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
MetLife* (continued)			
Fixed Income Annuity Contract:			
Fixed Interest		***	10,147,865
Prudential*			
Mutual Funds:			
Putnam Investors Fund	74,684 shares	**	1,086,654
Money mart	44,808,183 shares	**	44,808,183
Spartan Intermediate Treasury Bond	491,384 shares	**	5,591,952
John Hancock Large Cap Equity	111,993 shares	**	3,152,590
Victory Diversified Stock	330,291 shares	**	5,499,342
Jennison Small Company	2,605,408 shares	**	61,044,698
John Hancock Small Cap Equity	77,023 shares	**	1,950,212
Stock Index	592,082 shares	**	18,597,302
Frank Small-Mid Cap Growth	354,375 shares	**	12,023,952
Vanguard Institutional Index	220,243 shares	**	28,746,159
Invesco High Yield Fund	31,060 shares	**	137,905
Jennison Equity Opportunities	302,584 shares	**	4,923,038
Massachusetts Investor Growth	200,978 shares	**	3,581,426
Growth Fund Of America	1,883,678 shares	**	64,367,429
Vanguard Admiral Treasury Money			
Market Fund	17,031,383 shares	**	17,031,383
Franklin Real Estate Security	56,343 shares	**	954,445
Mutual Shares	31,662 shares	**	706,375
American Euro Pac Growth	1,636,502 shares	**	67,309,315
American Bond Fund	3,551,718 shares	**	45,994,748
American Balance Fund	629,997 shares	**	12,858,247
American Cent Income & Growth	151,055 shares	**	4,123,789
Fidelity Advanced Growth Opportunities	44,539 shares	**	1,851,946

Mount Sinai Medical Center 403(b) Retirement Plan

EIN #13-1624096 Plan #005

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
Prudential* (continued)			
Mutual Funds (continued):			
MFS Research Fund	61,433 shares	**	\$ 1,755,144
Putnam Diversified Income	14,070 shares	**	109,324
Frank US Government Securities	51,325 shares	**	349,013
Janus Balanced Fund	259,941 shares	**	6,818,246
Janus Growth & Income Fund	265,941 shares	**	9,070,666
Invesco VK Amer Franch A	325,336 shares	**	4,108,997
Appreciation Fund	(311) shares	**	(311)
Eatonvance Largecap Value	3,036,211 shares	**	59,357,933
Janus Worldwide Fund	85,053 shares	**	4,018,746
Jennison Growth	189,644 shares	**	4,134,229
Jennison Mid-Cap Growth	144,030 shares	**	4,669,439
Templeton Foreign Fund	188,004 shares	**	1,291,588
Pooled Separate Accounts:			
Diversified Bond Account	345,160 shares	**	1,843,908
Government Income Account	286,215 shares	**	958,034
Flexible Managed Account	1,303,024 shares	**	6,642,003
Stock Index Account	1,918,615 shares	**	14,027,234
Capital Growth Account	1,851,300 shares	**	19,476,803
Equity Account	1,857,857 shares	**	11,806,418
Global Account	935,924 shares	**	3,075,963
Conservative Balanced	885,312 shares	**	4,017,806
Money Market Account	820,347 shares	**	2,686,987
Group Annuity Contract		***	496,558,584
TIAA-CREF*			
Mutual Funds:			
CREF Bond Market	94,840 units	**	10,408,120
CREF Equity Index	211,166 units	**	22,870,886
CREF Global Equities	504,484 units	**	52,814,227
CREF Growth	319,329 units	**	26,776,280

Mount Sinai Medical Center 403(b) Retirement Plan

EIN #13-1624096 Plan #005

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
TIAA-CREF* (continued)			
Mutual Funds (continued):			
CREF Inflation-Linked Bond	608,364 units	**	\$ 43,050,909
CREF Money Market	1,694,381 units	**	43,263,654
CREF Social Choice	153,363 units	**	23,919,402
CREF Stock	858,274 units	**	230,569,857
Pooled Separate Accounts:			
TIAA Real Estate	73,732 units	**	20,097,194
Guaranteed Investment Contract:			
TIAA Traditional		***	377,720,485
Vanguard*			
Mutual Funds:			
Inflation-Protected Securities Fund	416,570 shares	**	6,052,766
Admiral Treasury Money Market Fund	83,279 shares	**	83,279
Vanguard Wellington Fund	77,383 shares	**	2,618,639
Vanguard Windsor Fund	1,459,422 shares	**	22,037,278
Explorer Fund	200,336 shares	**	15,920,716
Morgan Growth Fund	62,583 shares	**	1,245,400
Vanguard Wellesley Income Fund	63,274 shares	**	1,525,526
Long Term Investment-Growth Investment	54,126 shares	**	587,269
High-Yield Corporate Fund	63,381 shares	**	387,256
Prime Money Market Fund	23,685,207 shares	**	23,685,207
Short Term Treasury Fund	12,028 shares	**	129,181
Federal Money Market Fund	389,592 shares	**	389,592
IT Treasury Investment	15,115 shares	**	176,847
Government National Mortgage Association Fund			
	54,013 shares	**	589,286
Short Term Investment – Grade Fund	46,090 shares	**	499,152
Vanguard 500 Index Fund	70,437 shares	**	9,253,311
International Value Fund	533,607 shares	**	16,637,869
Short Term Federal Fund	16,434 shares	**	177,488
STAR Fund	93,157 shares	**	1,937,663

Mount Sinai Medical Center 403(b) Retirement Plan

EIN #13-1624096 Plan #005

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
Vanguard* (continued)			
Mutual Funds (continued):			
Primecap Fund	606,197 shares	**	\$ 42,124,638
Equity Income Fund Investment	52,777 shares	**	1,274,555
Vanguard Windsor II Fund	60,205 shares	**	1,768,810
Vanguard U.S. Growth Fund	95,183 shares	**	2,023,592
International Growth Fund Investment	850,769 shares	**	16,394,328
Convertible Securities Fund	82,509 shares	**	1,044,562
Long Term Treasury Investment	67,236 shares	**	878,773
Vanguard Total Bond Market Index Fund	1,412,518 shares	**	15,664,826
Growth & Income Fund	55,903 shares	**	1,694,409
Emerging Markets Stock Index Fund	69,771 shares	**	1,954,276
Vanguard Target Retirement 2015	655,706 shares	**	8,773,351
Vanguard Target Retirement 2025	1,200,349 shares	**	16,312,746
Vanguard Target Retirement 2035	1,435,633 shares	**	20,228,066
Vanguard Target Retirement 2045	1,210,530 shares	**	17,613,207
Vanguard Target Retirement 2055	26,151 shares	**	648,538
Vanguard Target Retirement Income Fund	137,480 shares	**	1,675,883
Vanguard Target Retirement 2010	113,028 shares	**	2,727,367
Vanguard Target Retirement 2020	569,125 shares	**	13,562,246
Vanguard Target Retirement 2030	642,483 shares	**	15,021,258
Vanguard Target Retirement 2040	891,828 shares	**	20,672,572
Vanguard Target Retirement 2050	355,368 shares	**	8,205,454
Total investments			<u>\$ 2,274,696,209</u>
	Varying maturity dates with interest rates ranging from		
Notes receivable from participants	4.25% to 10.5%		<u>\$ 10,236,122</u>

* Indicates party-in-interest to the Plan.

** Participant-directed investment, cost not required.

*** Reported at contract value.